Afuc (chsum)

COMFORTDELGRO ENGINEERING PTE LTD

Date: 11.08.2020

Time: 11:26:15

Page: 1

REPAIR ESTIMATE

COMPANY: THIRD PARTIES CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PIELID

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO **REGN NO**  305415676 SHD3053L

MILEAGE

0000000000

MAKE

: HYUNDAI

MODEL

: I-40

DATE OF REGN

09.06.2016

DATE/TIME IN

: 08.08.2020 16:55

ACCIDENT DATE

: 08.08.2020

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0579-G I40VC COVER ASSY-RR BUMPE 1 1,106.00 20.00 884.80

35.60 20.00 28.48

0003 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP 10 L 22.00 20.00 17.60 Me - V

1 2,171.40 20.00 1,737.12 RV

0005 04-01-0103-1150-A I40VC PROTECTOR MAT 1 N 50.00 2.00- 50.00 Net-

SUB-TOTAL : 2,718.00

#### JOB NATURE

0000 PB	PANEL BEATING	900.00 560
0001 SP	SPRAYPAINT CHARGE	
0002 17-01	CHECK ALL LIGHTING	500.00 Hoo
0003 20-00	TUFF COAT ON AFFECTED PARTS.	50.00 30.
0004 20-204	REMOVE/REFIX UPHOLSTERY ASST REPAIR	50.00 30
0005 20-05	RENEW ADVERTISMENT STICKER-fender	120.00 40
		100100 #

#### COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 11.08.2020 Time: 11:26:15

Page: 2

COMPANY: THIRD PARTY'S CLAIMS (CAS)

**CUSTOMER: 7010045** 

ADDRESS: COMFORT TRANSPORTATION PUE LTD

383 SIN MING DPIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO

: 305415676

**REGN NO** MILEAGE : SHD30531, : 0000000000

MAKE

: HYUNDAI

MODEL

1-40

DATE OF REGN

DATE/TIME IN

09.06.2016 08.08.2020 16:5

ACCIDENT DATE

08.08.2020

#### JOB / PARTS DESCRIPTION

## OTY IND UNIT-PRICE DISC% AMOUNT

0006 20-05

RENEW ADVERTISMENT STICKER-bumper

50.00 Vice

0007 L

REMOVE/REFIX REVERSE SENSOR

80.00 30

SUB-TOTAL : 1,850.00

TOTAL

: 4,568.00

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

DATE:

LKK Auto Consultants hence notify

the Repairer of the following:

- . To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- · Parts prices are subject to confirmation
- . Third party survey is on a "Without Prejudice" basis
- . No illegal modification(s) is allowed
- · Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Umpenn o. Zduys Resny after reprise tayfric (Mant won tunkash

# COMFORTDELGRO ENGINEERING

A member of COMFORDELGRO

ComfortDelGro Engineering Pte Ltd

Maintine + 65 6383 6280 Facsimile + 65 6280 975

Workshops 531 county Open Singapora 508969

24 Services of age of species (1919) 7 Services For B. C. A., Service of St. A.

Date/Time: 11.08.2020 11:27

Page : 1

JOB CARD ARC Repair TP(CLSO)1 Sales Order: 4024038 JC NO.: 305415676 Team: REGN NO. SHD3053L MILEAGE STOMER COMFORT TRANSPORTATION PTE LTD MAKE: FUEL /MS 7010045 HYUNDAI STOMER NO. 383 SIN MING DRIVE E.....1/2.... 08.08.2020 16:55 MODEL Singapore SINGAPORE 575717 65508755 YR OF MANU 06.2016 TARGET DATE (R) (P) CHASSIS CODE KYHLB41UMGU091346 COMPLETION DATE/TIME COUNT CARD NO

JOB DESCRIPTION

Accident Date: 08.08.2020

NATURE: 3P 08.08.2020

S/NO	LABOR	CODE
000050	PB	
000060	SP	
000070	17-01	
080000	20-00	
000090	20-204	
000100	20-05	
000110	20-05	
000120	L	13

DESCRIPTION

PANEL BEATING

SPRAYPAINT CHARGE

CHECK ALL LIGHTING

TUFF COAT ON AFFECTED PARTS.

REMOVE/REFIX UPHOLSTERY ASST REPAIR

RENEW ADVERTISMENT STICKER-fender

RENEW ADVERTISMENT STICKER-bumper

REMOVE/REFIX REVERSE SENSOR

ECKED & PASSED OUT BY.

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wiedgement Slip

Į.

e No

SHD3053L

JU NTUC LKK

Vertier les Nus

**Exit Pass** 

SHD3053L

of Service Advisor

Signature/Date

Name of Service Advisor

To be kept by Security Guard

Date

returned to Service Reception upon collection

MCD620067322 / ComfortDelCiro Engineering Pte Ltd - Loyang ENTRY DATE & TIME 11.05.2020 10.52 SUBMITTED BY Huang Xiao Yan

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any witful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5 Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

#### ACCIDENT STATEMENT made in the second second

Date Of Report

11/08/2020 10:52

Date Of Accident

08/08/2020 14:30

**Exact Location Of Accident** 

FARRER ROAD TWDS ADAM ROAD X DUNEARN ROAD

Country/State of Loss

SINGAPORE

#### DETAILS OF OWN VEHICLES

Vehicle Registration Number

SHD3053L

Insured/Policyholder

Name Of Registered Owner

COMFORT TRANSPORTATION PTE LTD

Co Reg No

1XXXXX821R

Email Address

FLEETSAFETY@CDGTAXI.COM.SG

Mobile Phone No

Alternative Phone No.

OFFICE-65508768

Vehicle Particulars

Manufacturer

**HYUNDAI** 

Model

140

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

If No. Please state action to be taken

THIRD PARTY

Vehicle Category

TAXI

#### Insurance Company

Name of Insurance Company

INDIA INTERNATIONAL INSURANCE PTE LTD

Type Of Coverage

THIRD PARTY FIRE AND/OR THEFT

Fleet Policy

YES

Policy Number

MCOM0015

Cover Note Number

Driver

Name of Driver

TAN MONG CHAY

NRIC No

SXXXX223A

Date Of Birth

Occupation

06/08/1960

Date Of Driving Pass

OUTDOOR

**Driving Experience** 

22/12/1977

42 YEARS AND 7 MONTHS

Gender

FEMALE.

Mobile Number

Fax Number

(LOCAL) +65-96393898

Contact Number

**EMail Address** 

DAVETANMC@GMAIL COM

Address

BLK 123 SIMEI STREET 1 #09-398

Postcode

520123

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OTHER - TAXI DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CROSS JUNCTION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes Please state which Police Station

Police Station Name

**CHANGI N.P.C** 

Police Station Address

ROAD: 9 SIMEI STREET 2, POSTCODE: 529914, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE / POLICE REPORT : S/D REF : 23

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMQ8210P

Vehicle Make/Model/Colour **Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

VERA SHAW MING YOKE

NRIC/Passport Number

Contact Number Address

90012608

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage No. Of Passenger (Including Driver) FRT LEFT

## Sketch Plan Pg. 1

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver. 2
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material 3 facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the 4 insurance companies.
- Any false reporting may be referred to the Police for Investigation. 5
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance 6 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- Consent under the Personal Data Protection Act (PDPA) 8

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore (\*GIA\*) may/are permitted to collect, use, disclose and/or process my personal data/personal information setout in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) Involved In this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me. which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which my be sited outlisde of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared/disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or ourt orders

COMFORT TRANSPORTATION PIE LID CO REG NO 199303321H

Policyholder's Signature Date & Time:

Driver's Signature (if driver is not the policyholder) Date & Time

Reporting Centre Personnel's S Name NRICIFIN NO

1 Pera wine

## Sketch Plan Pg. 2

	P Adam Food		Farrar Pool
B: 2MQ 824	Accident  Annex	E.	Tarker Pool
B: 2MQ 824	Accident  Annex		Tarker Pool
B: 2MQ 824	Accident  Annex		
B: 2MQ 824	Accident  Annex		
ESCRIBE CIRCUMSTANCES OF TH	Accident  Annex		
AH	E ACCIDENT		
AH	adud. Annex		
AH	adud. Annex		
AH	adud. Annex		Road
			Road
Veh B das	ed red light	from Adam	Road
			1
	· · · · · · · · · · · · · · · · · · ·		
CLARATION			
e declare the foregoing particulars an FURCL UNANGPORTATION - TF			1
GO. N.C. 16 1593038217	true in every respect		1
cyholder's Signature	(1)  Oht		11/8/200
& Time.	Cyther's pignature		Personners Signature

Annex E

## NOTICE OF REPORTING

This is to confirm that <u>Tan Mong Chav (HP: 96393898)</u> NRIC/FIN <u>S1414223A</u>, has reported to the Police a non-injury traffic accident which occurred at <u>Under Farrer Flyover</u> on <u>08/08/2020</u> at <u>1430hrs</u> involving the following

Vehicles: 1) SHD3053L 2) SMQ8210P

- On 08/08/2020, I was travelling along Farrer Road towards Adam Road direction. I was on the most right lane. At the junction of Farrer Road (under Farrer flyover) and Dunearn Road, the traffic light turned green arrow as such I turned right. In the process of turning right, a car from the oncoming traffic collided to the left portion of my vehicle.
- There was no foreign vehicle involved, no one was conveyed to hospital nor was anyone injured.
- If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank / Name of Issuing Officer: SGT T140227 Ng Zhong Qian

Date: 08/08/2020 Time: 1730 hrs

S/D Ref: 23

Police Post / Unit : Changi NPC

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

Hangi NP

1F 10-587.







