

INC  
ASSIGNMENT

ASS REQ BY: Tauphik

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SMQ 5134X

Policy No. 5113975451

Claims No. MT/1099748-002

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
<u>xxx</u>	

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rport: \_\_\_\_\_ Consistent? : Yes or No

G.A / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: Olivia Vehicle: IN / OUT

Veh No: SHA 3297R Yr Regn: 2015, March  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Hyundai 140 c.c 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: \_\_\_\_\_ T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHLCB4144F4064710

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_

Tyre Size: F: 205/60R16

R: u n

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

Front R/Bal. 6 mm Rear R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 9/8/20 D.O.I. 12/8/20

Survey held at Confidential Logistics

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Battery weak</u>
<u>19/8/20</u>	<u>LS \$1150 confirmed by email (Red 2271.54, 66%)</u>

Date/Time, File Pass to?  : Preli. Report

1)  : Final Report

Date/Time, File Return to? 20/8/20-Typist

2) 20/8/20-Typist

Pe, ~~Formal~~ : TP

LS \$1150

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

Survey Fee:	_____
Transportation:	_____
_____ S + RS _____ \$	_____
Photos	_____
Others	_____

# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

DATE: 11/08/20  
 MODEL: HYUNDAI I 40  
 VEH NO.: SHA3297R

3P INSURANCE: NTUC  
 SURVEYOR: LKK  
 MVA: OLIVIA

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Rear Bumper	1		\$1,106.00
	Rear Bumper Reinforcement Bracket	1		\$80.30
	Rear Bumper Reinforcement	1		\$428.40
	Rear Bumper Clip (10 pcs)	1		\$22.00
	Rear Bumper Bracket	1		\$35.60
	Rear Bumper Sponge	1		\$119.50
	Rear Bumper Under Cover	1		\$228.00
<b>SPARE PARTS SUB TOTAL</b>				<b>\$2,019.80</b>
<b>LESS 20%</b>				<b>\$403.96</b>
<b>DISCOUNTED SPARE PARTS TOTAL</b>				<b>\$1,615.84</b>
	Rear Bumper Reverse Sensor			\$135.70
	Rear Bumper Rubber Mat			\$50.00
<b>NETT TOTAL</b>				<b>\$185.70</b>
<b>SPARE PARTS &amp; NETT TOTAL</b>				<b>\$1,801.54</b>
	Panel Beating		\$900.00	280
	Spray Painting		\$600.00	200
	Remove/Refix Reverse Sensor		\$120.00	30-
<b>LABOUR TOTAL</b>				<b>\$1,620.00</b>
<b>ESTIMATE TOTAL</b>				<b>\$3,421.54</b>

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

*Tanpin 97495749  
 12/8/20 @ 7pm  
 Lumpsum 02 days  
 Resurvey after repair  
 tanpin (Mandi. lion).  
 with take Batt weak.*

- 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

Date/Time: 11.08.2020 16:35 Page: 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO: 305416009

ISSUED TO: COMFORT TRANSPORTATION PTE LTD  
 TAG: 7010045  
 STORAGE NO: 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 (04) 65508755 (02)

REG NO: SHA3297R	MILEAGE
MAKE: HYUNDAI	FUEL: F 1/2 F
MODEL: I-40	DATE/TIME IN: 11.08.2020 07:50
YR OF MANU: 05.03.2015	TARGET DATE
CHASSIS NO: KMILB41UMFU064710	COMPLETION DATE/TIME

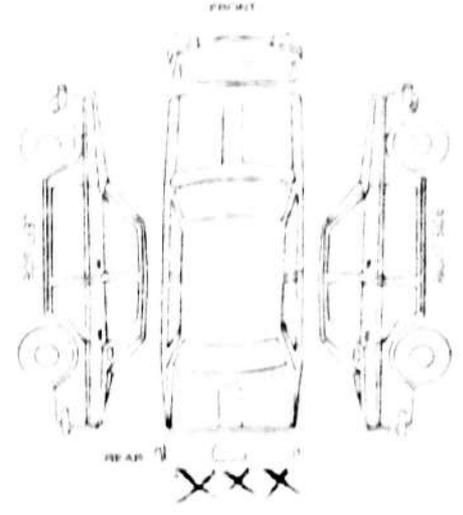
COUNT CARD NO

JOB DESCRIPTION

3P NTUC

Accident Date: 09.08.2020  
 NATURE: 3P 09.08.2020

S/NO LABOR CODE DESCRIPTION



KEY & PASSEY OUT BY

SERVICE ATTENDANT

CUSTOMER'S SIGNATURE

Management Sign

Exit Pass

Tag: SHA 3297R OLIVIA

Vehicle No: SHA 3297R

Signature of Customer

Signature of Date

Name of Service Advisor

Date

Approved by: Service Manager/Authorized Officer/Chief

To be kept by Service Advisor

## 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 willful misrepresentation or withholding 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 judgement 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.

### ACCIDENT STATEMENT

Date Of Report: 11/08/2020 08:56  
Date Of Accident: 09/08/2020 18:00  
Exact Location Of Accident: BUKIT NERAH ROAD SLIP ROAD TO CTE  
Country/State of Loss: SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number: SHA3297R  
**Insured Policyholder**  
Name Of Registered Owner: COMFORT TRANSPORTATION PTE LTD  
Co. Reg No: 1XXXXX821R  
Email Address: FLEETSAFETY@CDGETAXI.COM.SG  
Mobile Phone No:  
Alternative Phone No: OFFICE-65508768

### Vehicle Particulars

Manufacturer: HYUNDAI  
Model: I40  
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? NO  
If No, Please state action to be taken: THIRD PARTY  
Vehicle Category: TAXI

### Insurance Company

Name of Insurance Company: MS FIRST CAPITAL INSURANCE LTD  
Type Of Coverage: THIRD PARTY FIRE AND/OR THEFT  
Fleet Policy: YES  
Policy Number: D-18088937MFSH  
Cover Note Number:

### Driver

Name of Driver: MOHAMAD FAIZAL BIN MOHAMED HUSSAIN  
NRIC No: SXXXX779I  
Date Of Birth: 26/11/1974  
Occupation: OUTDOOR  
Date Of Driving Pass: 25/02/2014  
Driving Experience: 6 YEARS AND 5 MONTHS  
Gender: MALE  
Mobile Number: (LOCAL) +65-98067551  
Fax Number:  
Contact Number:  
E-Mail Address: NOEMAIL

Address BLK 492G TAMPINES STREET 45  
 #06-620  
 Postcode 527492  
 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 CHAIN COLLISION  
 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 3  
 Was any body injured in the Accident? YES  
 Was any injured conveyed to hospital by ambulance? NO  
 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) 1

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name TAMPINES NORTH NEIGHBOURHOOD POLICE POST  
 Police Station Address ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-7818999 - FAX NO: 67838603  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

REFER POLICE REPORT NO: T/20200810/2016

**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**

Vehicle Registration Number SMQ5134X  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver FONG SHENG YAW  
 NRIC/Passport Number  
 Contact Number 87421426  
 Address  
 Postcode

Insurance Company Name

Nature Of Damage

FRONT AND REAR

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SMJ5246T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHENG JIAQI

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

MOHAMAD FAIZAL BIN MOHAMED HUSSAIN

Approximate Age

Injuries Sustain

SPINE

Injured person in which vehicle?

SHA3297R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

**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 wilful misrepresentation or withholding 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. The 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 aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

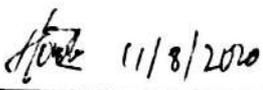
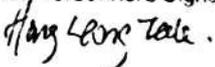
I understand, acknowledge, agree and consent that:

- (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 may be sited outside 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 court orders.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

 11/8/2020  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/Fin No: 

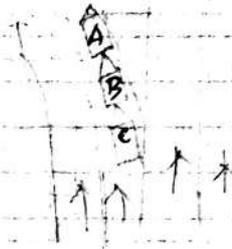
SKETCH PLAN

A STA 3297R

B SMQ 5134X

C SMJ 5246T

← E7B  
←



Buloh Merah Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached Police report: T/20200810/2016

DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD

CO. REG. NO. 199303821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

11/8/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

Hong Leong Teik



**SINGAPORE  
POLICE FORCE**



T/20200810/2016

1 of 4

Report No. T/20200810/2016

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/08/2020 12:26	Vide Report No.:	Station Diary No.: 12
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**Informant's Particulars**

Name of Informant: MOHAMAD FAIZAL BIN MOHAMED HUSSAIN		Address: APT BLK 492G TAMPINES STREET 45 #06-620 SINGAPORE 527492	
ID Type / ID No.: NRIC NO / S7438779I		Contact No.: Home/Office: Mobile: 98067551	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 26/11/1974	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/08/2020 18:00	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY BUKIT MERAH ROAD SLIP ROAD INTO CTE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA3297R	Car					0
SMJ5246T	Car					0
SMQ5134X	Car					0



**SINGAPORE  
POLICE FORCE**



T/20200810/2016

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Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

Report No. T/20200810/2016

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MOHAMAD FAIZAL BIN MOHAMED HUSSAIN	ID No.	S7438779I
Related Vehicle	SHA3297R (Car)	Contact No.	98067551
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/08/2020	Date Discharge	09/08/2020
No. of Days granted Medical Leave	06	Degree of Injury	NIL
<b>Driver</b>			
Name	CHENG JIAQI	ID No.	G223763U
Related Vehicle	SMJ5246T (Car)	Contact No.	86858520
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	FONG SHENG YAW	ID No.	S9139830C
Related Vehicle	SMQ5134X (Car)	Contact No.	87421426
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date, time and location I was driving my vehicle on bukit merah road and on the slip road to enter CTE when I got into a accident. I stopped at the give way sign while waiting for incoming traffic to clear, then around 1 to 2 seconds later I felt a impact from the rear. When I get down to inspect the damage, I found out that there was a third vehicle (SMJ5246T) behind which hit the second vehicle (SMQ5134X) causing it to hit my car. We were not injured and all exchange particulars and took pictures of the vehicles. EMAS came to scene to assist us and we left shortly. I then visited the doctor and received 6 days MC.



**SINGAPORE  
POLICE FORCE**



T/20200810/2016

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Report No. T/20200810/2016

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

**CONTINUATION OF REPORT**



SINGAPORE  
POLICE FORCE



T/20200810/2016

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

4 of 4

Report No. T/20200810/2016

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 3 GAN JIAN CAI, DARREN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/08/2020 12:26
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp  
NP168