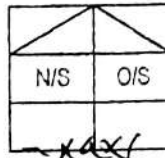


REF: NS/INC20008381/T1vf3

ASS. REC. BY: Tanglin

INC
ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / (TP) WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: SCU 211L
Policy No. 5116290491
Claims No. MT/1099722-002
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____



(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / 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: Oliver Vehicle: IN / OUT

Veh No: SHD 3229Y Yr Regn: 2016, June
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: 575769 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: UHM L B 414 M 6409/606
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 205/60R16
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Flawless
Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 12/8/20 D.O.I. 12/8/20
Survey held at Compass Motor
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
19/8/20	LS \$1150 confirmed by email (Red 2297.06, 67%)

Date/Time, File Pass to? ☐ : Prel. Report
1) ☐ : Final Report

Date/Time, File Return to?

2) 20/8/20-Typist

Rep. Former: TP

Lump Sum / L.B.I. / LS \$1150

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS \$

Photos

Others

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

DATE: 12/08/20
 MODEL: HYUNDAI I 40
 VEH NO.: SHD3229Y

3P INSURANCE: NTUC
 SURVEYOR: LKK
 MVA: OLIVIA

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Rear Bumper	1		\$1,106.00 <i>See</i>
	Rear Bumper Under Cover	1		\$228.00 <i>RY</i>
	Rear Bumper Reflector Lamp(RH)	1		\$31.90 <i>X</i>
	Rear Bumper Reinforcement Bracket (RH)	1		\$80.30 <i>X</i>
	Rear Bumper Reinforcement	1		\$428.40 <i>X</i>
	Rear Bumper Clip (10 pcs)	10	\$2.20	\$22.00 <i>See</i>
	Rear Bumper Side Bracket (RH)	1		\$35.60 <i>X</i>
	Rear Bumper Sponge	1		\$119.50 <i>X</i>
SPARE PARTS SUB TOTAL				\$2,051.70
LESS 20%				\$410.34
DISCOUNTED SPARE PARTS TOTAL				\$1,641.36
	Rear Bumper Rubber Mat	1		\$50.00 <i>Nett See</i>
	Rear Bumper Reverse Sensor	1		\$135.70 <i>Nett ?</i>
NETT TOTAL				\$185.70
SPARE PARTS & NETT TOTAL				\$1,827.06
	Panel Beating			\$900.00 <i>280</i>
	Spray Painting			\$600.00 <i>200</i>
	Remove/Refix Reverse Sensor			\$120.00 <i>20</i>
	<i>Tanfer 97495749 - WP</i>			
	<i>12/8/20 @ 2pm - 2 days</i>			
	<i>Lumpsum</i>			
	<i>Recovery after repair</i>			
	<i>Tanfer @ 11h15 to 1.00am Markkay.</i>			
LABOUR TOTAL				\$1,620.00
ESTIMATE TOTAL				\$3,447.06

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.

A member of COMFORTDELGRO

Date/Time: 12.08.2020 12:00

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305416123

STOMER
COMFORT TRANSPORTATION PTE LTD
/MS 7010045
STOMER NO
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

REGN NO: SHD3229Y

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL I-40

DATE/TIME IN 12.08.2020 09:00

YR OF MANU 30.06.2016

TARGET DATE

CHASSIS CODE KMHLB41UMGU091606

COMPLETION DATE/TIME:

COUNT CARD NO

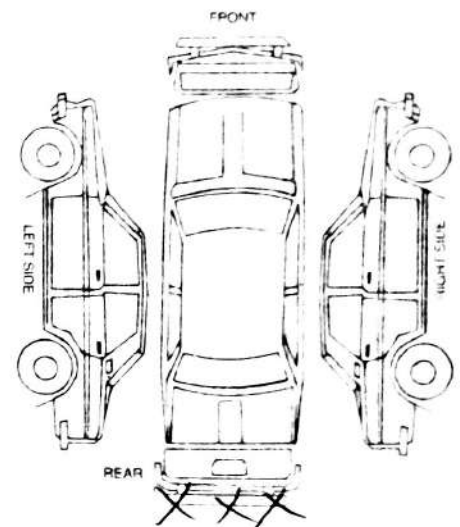
JOB DESCRIPTION

Accident Date: 12.08.2020
NATURE: 3P 12.08.2020

3P NTUC

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

No.: SHD3229Y OLIVIA

Vehicle No.: SHD3229Y

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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 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. 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report 12/08/2020 10:25
Date Of Accident 12/08/2020 08:00
Exact Location Of Accident PIE(AIRPORT) BF UPP SERANGOON EXIT)
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD3229Y
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 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-18088936MFSH
Cover Note Number

Driver

Name of Driver WONG CHANG SHENG (RUAN CHANGSHENG)
NRIC No SXXXX514J
Date Of Birth 30/06/1985
Occupation OUTDOOR
Date Of Driving Pass 17/07/2009
Driving Experience 11 YEARS AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-93635930
Fax Number
Contact Number
E Mail Address CHOICEISYOURS@LIVE.COM.SG

Address 471B #09-368 UPPER SERANGOON CRESCENT
 Postcode 532471
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface WET

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? 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) 4
 Passenger 1
 NAME: : -
 GENDER: : FEMALE
 Passenger 2
 NAME: : -
 GENDER: : MALE
 Passenger 3
 NAME: : -
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

SEE ATTACH.

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 SCU211L
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver NICOLE ANG XIN YI
 NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

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 set out 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.

SKY TRANSPORTATION PTE LTD
CO REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.:

A) SHD32294

B) SCH2HL

B A

PIE (Airport) Before Upp Serangoon Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/8/20 at about 0800hrs when I Veh A gradually stopped behind other vehicles ahead, Veh B collided onto the rear of my stationary vehicle.

DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD.
CO. REG NO 199303621R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.:

Signature, 12/8/20
CSO