

ASS. REC BY: Taufikh

REF:

NS/INC20008591/T1qf3

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: _____

Policy No. 5101294558-02 (14/06/2020-13/06/2021)

Claims No. MT/1100087-002

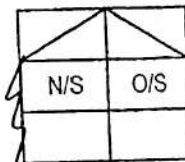
Sum Insured: _____ Excess: _____

(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: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Chay Vehicle: IN / OUT

Veh No: SHC 1772M Yr Regn: 2017 Dc

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: 337962 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB 414144 / 2053

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: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Westlake

Front 6 mm Rear 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____ D.O.I. 14/8/20

Survey held at Confidential Agency

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
19/08/20 @ 12.52pm	Taufikh finalised with Mr Chiang LS \$1500, 3 days. (Red \$5857.36, 80%)

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

1) 20/08 Typist ☐ : Final Report

Date/Time, File Return to?

2) _____

TP

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

_____ \$ + RS. _____ \$

Photos

Others

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

COMFORTDELGRO PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHC1772M

DATE 14.08.20

MAKE :

CHIANG/NTUC

MODEL I-40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR DOOR LH			\$2,201.10
1	REAR FENDER LH			\$2,171.40
1	LHS GARNISH			\$403.00
1	FRONT RH WING MIRROR			\$670.00
1	REAR BUMPER COVER			\$1,106.00
1	REAR BUMPER BRACKET LH			\$35.60
1	RH WHEEL HUB COVER			\$107.10
	SUB TOTAL			\$6,694.20
	20.00%			\$1,338.84
	DISCOUNTED TOTAL			\$5,355.36
1	REAR DOOR COMFORT APP STICKER			\$80.00
1	REAR FENDER ADVERTISEMENT			\$100.00
1	REAR DOOR ADVERTISEMENT			\$100.00
1	REAR BUMPER MAT			\$50.00
				\$322.00
	Labour Charge			
	Panel Beating			\$720.00
	Spray Painting Charge			\$660.00
	Remove & refix door parts			\$90.00
	Remove & refix upholstery fender			\$90.00
	Check lighting			\$60.00
	tuff kote			\$60.00
	TOTAL LABOUR			\$1,680.00
	ESTIMATE TOTAL			\$7,357.36

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.

with later
 Tayhi 97495149
 WP 14/8/20 24pm.
 Lmgsun 03 days
 Resy after repair
 tuffkote & khandi.com

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: 14.08.2020 15:01

Page 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.: 305416

STOMER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

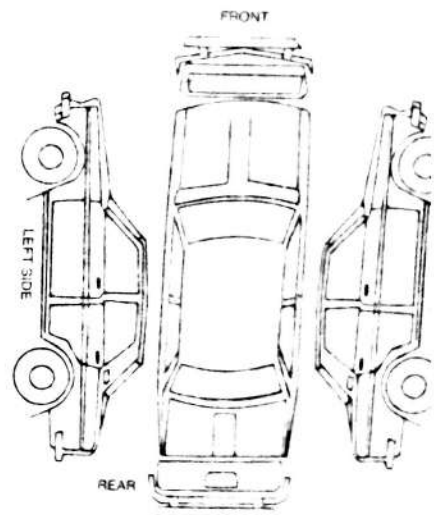
COUNT CARD NO.

REGN NO SHC1772M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2
MODEL I-40	DATE/TIME IN 14.08.2020 12:
YR OF MANU 20.12.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU100053	COMPLETION DATE

Accident Date: 14.08.2020
NATURE: 3P 14.08.2020

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge ment Slip

Exit Pass

SHC1772M

CHIANG

Vehicle No.:

SHC1772M

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	14/08/2020 14:16
Date Of Accident	14/08/2020 08:30
Exact Location Of Accident	SENGKANG WEST RD & SLIP RD FROM SENGKANG WEST AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1772M
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	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 CHEW CHUAN
NRIC No	SXXXX004H
Date Of Birth	17/01/1954
Occupation	OUTDOOR
Date Of Driving Pass	18/07/1983
Driving Experience	37 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97577997
Fax Number	
Contact Number	
Email Address	TOMMYTANCHEWCHUAN@GMAIL.COM

Address BLK 31 BALAM ROAD
#06-101
Postcode 370031
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 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) 2
Passenger 1 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

REFER ATTACHED * TYPE OF ACCIDENT :- HEAD TO SIDE

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 SMA6482T
Vehicle Make/Model/Colour HONDA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver UNKNOWN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

FRONT RH

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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.

COMFORT TRANSPORTATION PTE LTD
COR. REG. NO. 199313821K

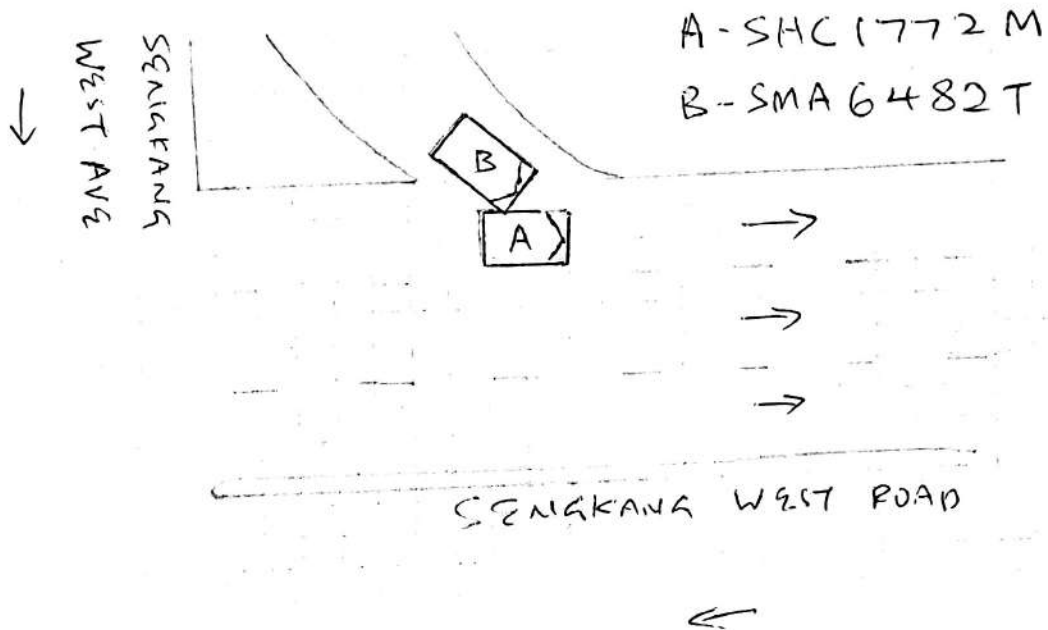
Policyholder's Signature
Date & Time.

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

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

Larry Ng

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

no statement attached

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 1006002116

Policyholder's Signature
Date & Time

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

14.08.2020
1335h

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

Describe Circumstances of the Accident.

On 14.08.2020, at about 0830hrs, I was driving my Comfort taxi, SHC1772M, on the left

lane along Sengkang West Road with 1 male pax. My destination was Fernvale Lane.

As I was driving along, a private car, B, came out of a slip road from Sengkang West Ave and hit my taxi left rear side.

No injury. Weather was clear and light traffic.

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

14.08.2020
1335hrs

Larry Ng

Witnessed by Reporting
Centre Personnel