

ASS. REC. BY: Tough

REF:

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. _____

Claims No. _____

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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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: _____ Vehicle: IN / OUT

Veh No:

SHC 834T

Yr Regn:

2019 / June

Type: M.Car / M.Cycle / Bus / Van / Lorry ☒ Taxi / Prime Mover /

Truck / Trailer or

Make:

Hyundai

c.c 1580

Colour

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

—

T/Radio: Insured / Std / NI / NA

Eng/No:

KM HC851CV 14164413

C/No:

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

145/65R15

Tyre Size:

F:

R:

u u.

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

TOYO / YOKO or Davant

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

14/8/20

Survey held at

Comptelops 6/20

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

Safety

Date/Time File Pass to?

☐

Prell. Report

☐

Final Report

Date/Time File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

West end (\$

Photos

Draws

For: Form 1

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHC8336T DOA: 13.08.2020

Date: ###

Make : HYUNDAI

Insurance: NTUC

Model : IONIQ

MVA: JUMANI

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER ASSY			\$459.40
1	REAR BUMPER CENTRE MOULDING			\$451.25
1	REAR BUMPER TOW COVER			\$82.70
10	REAR BUMPER CLIP		\$2.20	\$22.00
1	REAR BUMPER RETAINER LH			\$55.80
1	REAR FOG LAMP ASSY			\$201.50
<div style="border: 1px solid black; padding: 5px;"> <p><u>LKK Auto Consultants</u> hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer Signature: Date:</p> </div>				
SUB TOTAL				\$1,272.65
LESS 20%				\$254.53
DISCOUNTED TOTAL				\$1,018.12
	REAR NUMBER PLATE			\$25.00
				\$50.00
	Labour Charge			
	PANEL BEATING			\$400.00
	SPRAYPAINT			\$300.00
	REMOVE/REFIX REVERSE SENSOR			\$80.00
	Tanpha 93495749 paint			
	14/8/2023m			
	2 days			
	p/p Resurvey before paint			
TOTAL LABOUR				\$780.00
ESTIMATE TOTAL				\$1,823.12

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.

Tanpha 93495749 paint

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.: 305416538

OWNER

COMFORT TRANSPORTATION PTE LTD

7010045

IS

OWNER NO

RESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

QUANTITY CARD NO.

REGN NO: SHC8336T

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL IONIQ(G2)

DATE/TIME IN 13.08.2020 13:55

YR OF MANU. 26.06.2019

TARGET DATE

CHASSIS CODE KMHC851CVKU164463

COMPLETION DATE/TIME:

JOB DESCRIPTION

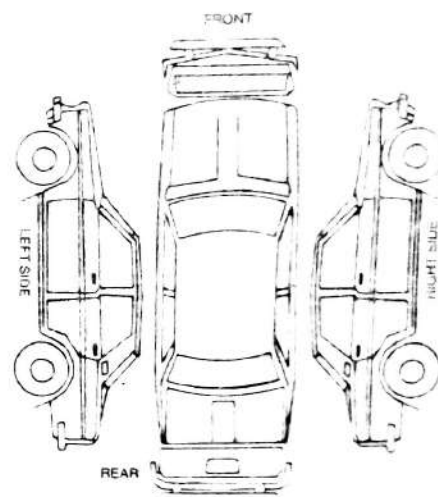
Accident Date: 13.08.2020

NATURE: 3P 13.08.2020

3/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

SHC8336T

JU NTUC LKK

Vehicle No

SHC8336T

Signature/Date

Name of Service Advisor

Date

Service Advisor

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 13/08/2020 17:36
Date Of Accident 13/08/2020 13:55
Exact Location Of Accident MOUNTBATTEN RD X CRESCENT RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8336T
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 IONIQ
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 SEETOH SIEW WENG
NRIC No SXXXX595F
Date Of Birth 04/05/1968
Occupation OUTDOOR
Date Of Driving Pass 15/05/2001
Driving Experience 19 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98999978
Fax Number
Contact Number
E Mail Address SIEWWENGSEETOH@GMAIL.COM

Address BLK 630 HOUGANG AVENUE 8 #02-64
Postcode 530630
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 ON 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 2
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by ambulance? YES
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: : FEMALE
Passenger 3 NAME: : -
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989
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 : T/20200813/2089

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBG650M
Vehicle Make/Model/Colour
Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

RIDER

Approximate Age

Injuries Sustain

KNEES INJURED

Injured person in which vehicle?

FBG650M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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 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.

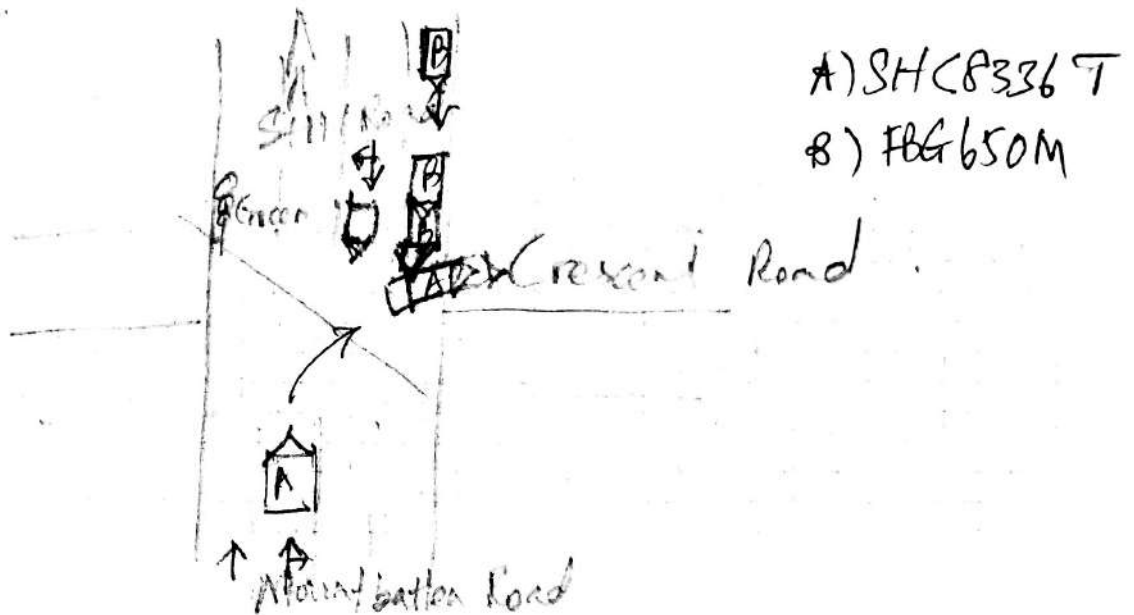
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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 :

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/8/20 at about 1353hrs when I Veh A was making a right turn onto Crescent Road, Veh B from the opposite direction of Mountbatten Road collided into the left rear portion of my moving vehicle.

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:

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

[Signature]
CSO 13/8/20



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20200813/2089

RECEIVED
14 AUG 2020

1 of 3

Report No. T/20200813/2089

BY: XU**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/08/2020 17:54	Vide Report No.:	Station Diary No.: 115
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Informant's Particulars

Name of Informant: SEETOH SIEW WENG			Address: APT BLK 630 HOUGANG AVENUE 8 #02-64 SINGAPORE 530630		
ID Type / ID No.: NRIC NO / S6820595F			Contact No.: Home/Office: Mobile: 98999978		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 04/05/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/08/2020 13:55	Type of Location: Straight Road
Location: MOUNTBATTEN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG650M	Motorcycle				Slightly Damaged	0
SHC8336T	Taxi				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved No	
No of Pedestrians Injured NIL	Use of Pedestrian Crossing NA



**SINGAPORE
POLICE FORCE**



T/20200813/2089

2 of 3

Report No. T/20200813/2089

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Driver			
Name	SEETOH SIEW WENG	ID No.	S6820595F
Related Vehicle	SHC8336T (Taxi)	Contact No.	98999978
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 13/08/2020 at about 1355hrs, I was driving my taxi with registration plate number SHC8336T along Mountbatten Road turning right towards Crescent Road. I was in a stationary position awaiting for the front vehicle to move off. After the vehicle move off, I slowly drive off after checking that there was no incoming vehicle. When I was about to finish my turn, out of a sudden, a motorcycle with registration plate number FBG650M collided into the rear left of my taxi.

Due to the impact, the said rider fell and the motorcycle fall as well. He called for ambulance and was conveyed to the hospital.

There was traffic police at scene.

I am not injured and I do not have any MC at this moment.

My in-vehicle camera was taken away by the traffic police, Sgt Radin.

My taxi were damaged at the rear left side of my taxi and the bumper came off.

I do not have another party particulars. There was three passengers in my vehicle. they stay at 38 crescent road. One of them the contact was Claire, HP.91463901.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Hougang N P C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No 1800-4890999



T/20200813/2089

3 of 3

Report No T/20200813/2089

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: F / Sgt 3 ALICIA NG YU SHAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2020 17:54
Officer In Charge Of Case TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No 65476216	Classification Of Case:
Authentication Stamp NP168	