ASS REGION NS/INC200	008600/T1vf3		
recorded BY: Taupha	NC		
ASSI	GNMENT		
From: Date:	Veh No: SH 7259 H. Yr Regn: 2019, Oct.		
Estimated Cost: Type: M.Car / M.Cycle / Bus / Van / Lorry Daxi / Prime Mover /			
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or		
To Inspect Vehicle No:	Make: Hyunda Louig; c.c. 1580		
at Workshop m/s	Colour Blue - A/C: Insured / Std / NI / NA		
of	Sp.Reading (65/25 T/Radio: Insured / Std / NI / NA		
Insured: SJP 842J	Eng/No:		
Policy No. 5106477548-01	C/NO: KMHC 851CVL 41.86483		
Claims No. MT/1100266-002	Gen. Cond: God / Fair / Poor / Burnt		
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or		
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or		
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or		
	Tyre Size: F: 195/65 RIS		
(Policy Condition)	R:		
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! /		
repair at the time of inspection.	TOYO/YOKO or wasflute		
Bal. or Market Value:	Front Rear		
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. mm		
GIA / PR Seen: Consistent? : Yes or No	L/Bal. L/Bal. mm		
Est. Repairs: days Res.: Yes or No	D.O.A. 15/8/20 D.O.I. 17/8/20		
Lum Sum: % 3 Val.: Yes or No	Survey held at Composition ligary		
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / 0/S / N/S / U/C / Roottop or		

Date: Person Contacted: Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

28/8/20 Final fig \$1249.50 confirmed by email (Red 2273.92, 64%)

Date/Time, File Pass to? Preli. Report Days Of Repair: 3

Per - 1249.50

Date/Time, File Return to?

2) 28/8/20-Typist

: Final Report

Resurvey No. of Trip: 1

Interview

Survey Fee: Transportation:

**Photos** 

Add Fee: : Site Insp

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\_S + RS.\_\_SI

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Time: 16:00:39

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)

**CUSTOMER: 7010045** 

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO : 305417013 : SH 7259H

MILEAGE MAKE

0000000000 HYUNDAI

MODEL

IONIQ(G3) : 22.10.2019

DATE OF REGN DATE/TIME IN

: 15.08.2020 19:00

ACCIDENT DATE

: 15.08.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-0596-G IONIQVC PANEL ASSY-REAR D 1 L 1,789.90 20.00 1,431.92 KP

1 L 290.00 20.00 232.00 RY 0002 04-01-0104-0920-G IONIQVC MOULDING ASSY-SID

1 N 80.00 10.00 72.00 hel 0003 28-01-9999-2023-A APP LOGO REAR DOOR L/R CT

1 N 75.00 10.00 67.50 0004 28-01-0103-0003-A (I40)FRT DOOR LOGO CTPL

SUB-TOTAL : 1,803.42

SUB-TOTAL : 1,720.00

1:0-

## JOB NATURE

0000 L	PANEL BEATING (repair fender Lh)	700.00 480.
0001 23-502	SPRAYPAINT ON AFFECTED AREA	850.00 Goo
0002 20-00	TUFF COAT ON AFFECTED PARTS.	50.00 <b>3 0</b>
0003 20-02	TRANSFER OF REAR DOOR LH	120.00 <b>X</b>

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:

# ONFORTDELGRO

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 205 araqueii noau singapore 373731 Mainline + 55 6383 6280 Facsimile + 65 6280 9755

Worksnops 59 Layang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717 45 Pandar Rond Singapore 509286

24 Senoko Loob Singapore 158150 7 Sunger Kadut Way Singapure 728791 501 Yishun industrial Park A Singapure 768732

Date/Time:217.08.2020 15:24

Page: 1

Sales Order: JOB CARD

JC NO.: 305417013

eam: OMER

15

RESS

COMFORT TRANSPORTATION PTE LTD

7010045

ARC Repair TP(CLSO)1

TOMER NO 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

MILEAGE REGN NO THE 7259H FUEL HYUNDAI E.....F 15.08.2020 19:00 IONIQ(G3) TARGET DATE YR OF MANU. 10. 2019

CHASSIS CODE KMHC851CVLU186483

COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

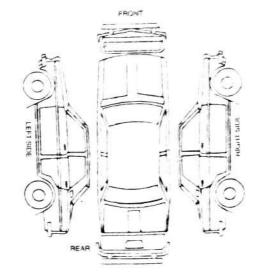
Accident Date: 15.08.2020

WATURE: 3P 15.08.2020

3/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY					
SERVICE ADVISOR				CUSTOMER'S SIGNA	TURE
ledgement Slip	1:1	Exit Pass	*		

Vehicle No.:

SH 7259H





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#### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- 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 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 longement 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 17/08/2020 10:37 15/08/2020 16:00 Date Of Accident

SLIP RD (EXIT 2) FROM KJE TO WOOELANDS RD Exact Location Of Accident

SINGAPORE Country State of Loss

#### II DETAILS OF OWN VEHICLE

SH7259H Vehicle Registration Number

# Insured/Policyholder

COMFORT TRANSPORTATION PTE LTD Name Of Registered Owner

1XXXXX821R Co Reg No

FLEETSAFETY@CDGETAXI.COM.SG Email Address

Mobile Phone No

Alternative Phone No. OFFICE-65508768

#### Vehicle Particulars

**HYUNDAI** Manufacturer IONIQ Model

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

Verside Category

TAXI

#### Insurance Company

MS FIRST CAPITAL INSURANCE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

YES Fleet Policy

D-18088937MFSH Policy Number

Cover Note Number

#### Driver

RICHARD AW YONG SOW LEONG Name of Driver

SXXXX819D NPIC NO

Date Of Birth 26/09/1958

OUTDOOR NO. BOLON

Date Of Driving Pass 04/04/1979

Driving Expérience 41 YEARS AND 4 MONTHS

MALE 10 100

Mobile Number (LOCAL) +65-96468721

at the proper

Address

BLK 770 CHOA CHU KANG STREET 54

#15-09

Postcode

680770

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

SIDE SWIPE

Weather Conditions

RAINING

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

NO

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

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 18** 

Vehicle Registration Number

SJP842J

Vehicle Make/Model/Colour

**HYUNDAI** 

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

## IMPORTANT NOTICE

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- 2 This form must be completed by the Policyholder and/or the Authorised Driver.
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- 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 peing made available aforesaid.
- 8 Consent under the Personal Data Protection Act (PDPA)
  - lunderstand, acknowledge, agree and consent that:
  - a Milinaurer 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)
    - 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 daims;
    - (iii) sarrying out and or dealing with my instructions or responding to any enquiries by me;
    - (iv) administering my claims (including the mailing of correspondence, statements, involces, 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
  - (\*) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
  - (c) all resurer'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 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, messignors and management in present and all future claims.
  - a. the information so collected under (d) above may be shared/disclosed:
    - to all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulative, 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

SOME SIRT TRANSPISED RETAININ PIE LTD

CO. REG. NO. 199903521R

Follopiocets Square Des & Time Oriver's Signature
(if driver is not the policyholder)
Date & Time

17.08.2020

1.4

Reporting Centre Personnel's Signature

Name:

NRIC/Fin No : Larry Ng

SKETCH PLAN				
A	-SH -	7259 t	4	1
3	9TZ-	842	5	/ [
<b>V</b> one of the same	and the second second			1
			1	1/1
	B			7
	A	<u> </u>		
SI;	p Rd fr	im KJ	٢.	

DESCRIBE C	CIRCUMSTANCES OF 1	THE ACCIDENT
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# **DECLARATION**

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

COMPORT TRANSPORTATION PTE LTD GO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

17.08.2020

100chs

Reporting Centre Personnel's Signature

Name:

NRIC/Fin No.:

Larry Ng

## Sketch Plan Pg. 3

Describe Circumstances of t	he Accident.	
On 15.08.2020, at about 16	00hrs, I was driving my Comfort taxi, SH7259H	, along the
slip road (Exit 2) from KJE to	owards Woodlands Road with 1 male pax. I wa	s on the right lane.
It was raining and moderate	e traffic. While approaching the T junction wit	h
Woodlands Rd, a private ca	r, B, which was travelling on the centre lane, s	uddenly,
cut into my lane from my le	ft and hit my taxi left doors and left rear side.	
I have a video recording of	the accident. Photos taken after the accident.	
No injury at the time of acc	ident.	
Declaration		
I/We declare the foregoing partic	culars are true in every respect.	
COMFORT TRANSPORTATION CO. REG. NO. 19930382	PIELTO PLA	i arry Ng
Policyholder's Signature/Date &	Driver's Signature(If driver is not the policyholder)/Date	Witnessed by Reporting Centre Personnel
Time	& Time 17.05.2020	Centre rersonner

10000







