

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

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

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

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

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

of \_\_\_\_\_

Insured: **FBQ 486T**

Policy No. **5118239021**

Claims No. **MT/1099638-002**

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

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: **SHD 3198C** Yr Pagn: **2016, June.**

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

Truck / Trailer or

Make: **Hyundai** / **1400** c.c. **1685**

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

Sp. Reading: **611751** T/Radio: Insured / Std / NI / NA

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

C/No: **16M HCB414M.GU91582.**

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 of **205/60R16**

Tyre Size: F: \_\_\_\_\_ R: \_\_\_\_\_

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

TOYO / YOKO or **Duraflex**

Front Rear

R/Bal. **6** mm R/Bal. **6** mm

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

D.O.A. **11/8/20** D.O.I. **17/8/20**

Survey held at **Confidential Copy**

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

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

Date / Time	Action / Instruction
25/8/20	LS \$1050 confirmed by email (Red 416.64, 28%)

Date/Time, File Pass to?

☐ : Preli. Report
 ☐ : Final Report

Date/Time, File Return to?

2) 26/8/20-Typist

Days Of Repair: 2

Resurvey No. of Trip: 1

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

☐ : Interview (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS \_\_\_\_\_ \$

Photos \_\_\_\_\_

COMFORTDELGRO ENGINEERING PTE LTD

Date: 17.08.2020

REPAIR ESTIMATE

Time: 09:50:57

Page: 1

NTUC-HS  
LKK-Taufikh

TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010045  
 ADDRESS : COMFORT TRANSPORTATION PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65508755

JOB NO : 305416879  
 REGN NO : SHD3198C  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 30.06.2016  
 DATE/TIME IN : 17.08.2020 09:00  
 ACCIDENT DATE : 11.08.2020

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-2322-A FRT BUMPER 1 1,052.20 20.00 841.76 *de*  
 0002 04-01-0103-4891-G FRT BUMPER GRILLE LH 1 93.60 20.00 74.88 *dy*

SUB-TOTAL : 916.64

## JOB NATURE

0000 PB PANEL BEATING 300.00 *280*  
 0001 SP SPRAYPAINT CHARGE 250.00 *200*

SUB-TOTAL : 550.00

TOTAL : 1,466.64

Lmkf

MVA NAME &amp; SIGNATURE

SURVEYOR NAME &amp; SIGNATURE

AUTHORISED : YES / NO

DATE :

DATE :

*Taufikh 92445744*  
*- WP' 17/8/20 Apr -*  
*o 2 days*  
*4/3 Resurvey after repair*  
*Taufikh C. Khanthorun*

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:

# COMFORTDELGRO ENGINEERING

Member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Bras Basah Road Singapore 189 011  
 Muzium : 65 6343 6280 / Faxsimile : 65 6280 9755

### Workshops

54 Layang Drive Singapore 409 009 24 Serangoon Road Singapore 758 156  
 383 Sin Ming Drive Singapore 570 177 7 Serangoon Road Singapore 758 791  
 45 Pongalan Road Singapore 670 986 901 Nishan Industrial Park A Singapore 768 732  
 320 Bukit Timah Road Singapore 269 641

Date/Time: 17.08.2020 09:27

Page : 1

Team: ARC Repair TP(CLS0)1

## JOB CARD

Sales Order:

JC NO.: 305416879

COMER

AS COMFORT TRANSPORTATION PTE LTD

COMER NO 7010045

RESS 383 SIN MING DRIVE  
 Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

OUNT CARD NO.

REGN NO:

SHD3198C

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN  
 17.08.2020 09:00

YR OF MANU

30.06.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU091582

COMPLETION DATE/TIME:

Accident Date: 11.08.2020

NATURE: 3P 11.08.2020/C

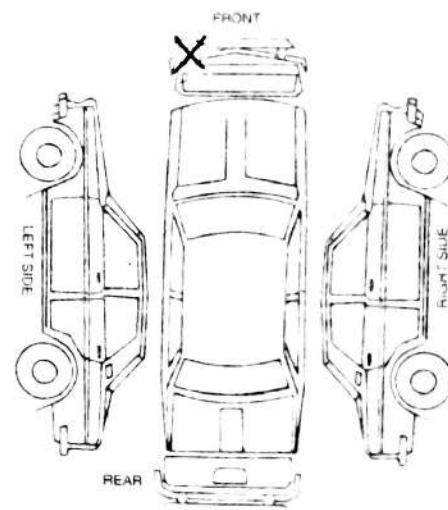
## JOB DESCRIPTION

C

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Payment Slip

Exit Pass

SHD3198C

LIMITS

Vehicle No.:

SHD3198C

Signature: Date

## 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	11/08/2020 14:35
Date Of Accident	11/08/2020 11:10
Exact Location Of Accident	BEDOK NORTH ST 1 & BEDOK NORHT AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3198C
<b>Insured/Policyholder</b>	
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	TAN GUANG CAI
NRIC No	SXXXX161I
Date Of Birth	23/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	20/10/1990
Driving Experience	29 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96786345
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address 345 11-107 KANG CHING ROAD  
Postcode 610345  
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 SIDE SWIPE  
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? 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) 2  
Passenger 1  
NAME: : -  
GENDER: : FEMALE

#### 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 1:

Vehicle Registration Number FBQ486T  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category MOTORCYCLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage PEDAL

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1:**

Name	RIDER
Approximate Age	
Injuries Sustain	LEG
Injured person in which vehicle?	FBQ486T
Were seat belts worn?	
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**.
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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.  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

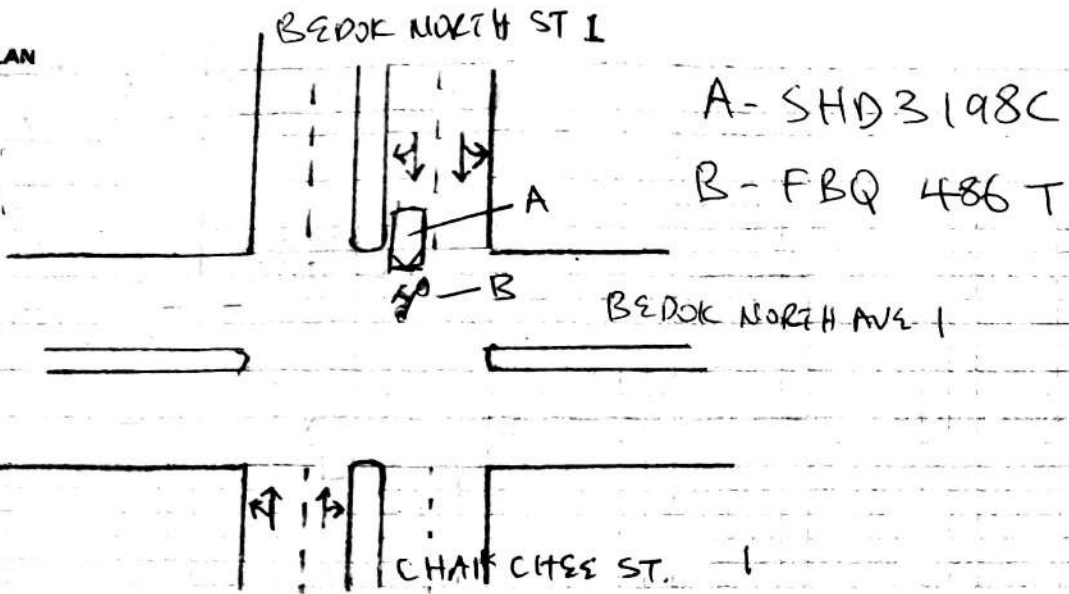
Reporting Centre Personnel's Signature  
Name:  
NRIC/Fin No.:

11.08.2020  
1345m

Larry Ng



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

\* Statement attached

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

CO REG NO. 189303821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

11.08.2020

1345hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Larry Ng



**Describe Circumstances of the Accident.**

On 11.08.2020, at about 1110hrs, I stopped my Comfort taxi, SHD3198C, on the right lane of Bedok North St 1 and the cross junction with Bedok North Ave 1 due to red lights.

A while later, a motorcycle, B, stopped beside me on my left.

When the lights turned green, the motorcycle moved and I moved too.

Suddenly, B cut into my lane and stopped in front of me.

I quickly braked but as it was too sudden, could not stop in time and hit B.

Minor damage to my taxi front left side and B clutch pedal was bent.

1 female pax in my taxi and not injured.

B male rider fell and said he was injured in one leg, not sure left or right.

**Declaration**

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

COMFORT TRANSPORTATION PTE LTD

Policyholder's Signature/Date &

Time

Driver's Signature (If driver is not the policyholder)/Date

& Time

11.08.2020

1345m

Larry Ng

Witnessed by Reporting  
Centre Personnel