

ASS. REQ. BY: Taughlin

REF:

NS/INC20008664/T1vf3

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

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: SH8229M Yr Regn: 2016 / July

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

Truck / Trailer or

Make: Hyundai 1400 c.c. 1685

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

Sp. Reading: 539184 T/Radio: Insured / Std / NI / NA

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

C/No: 14MHLB414M 6U091903

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ Inorder / Jammed / Leaked / Burnt or

Brake: ☒ Inorder / Jammed / Leaked / Burnt or

Modi: Nil / ☒ B/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: u u

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

TOYO / YOKO or

Handmade

Front

Rear

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

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

D.O.A. 18/8/20 D.O.I. 18/8/20

Survey held at Comfortdelgas

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

Frt o/s

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

Date / Time Action / Instruction

24/8/20 Final fig \$510 confirmed by email (Red 1780.80, 78%)

Date/Time, File Pass to?

☐ : Preli. Report

1) \_\_\_\_\_

☐ : Final Report

Date/Time, File Return to?

2) 27/8/20-Typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Form: TP

Lump Sum / L.B. (\$ \$510)

FORM-48

COMFORTDELGRO ENGINEERING PTE LTD

Date: 18.08.2020

REPAIR ESTIMATE

Time: 13:40:41

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 : 305417229  
REGN NO : SH 8229M  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 21.07.2016  
DATE/TIME IN : 18.08.2020 11:05  
ACCIDENT DATE : 18.08.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0573-A I40VC PANEL-FENDER RH+ 1 663.00 20.00 530.40 Rx  
0002 04-01-0103-0782-A I40VC LAMP ASSY-HEAD RH# 1 1,388.00 20.00 1,110.40 X add damage -

SUB-TOTAL : 1,640.80

JOB NATURE

0000 PB PANEL BEATING 300.00 280  
0001 SP SPRAYPAINT CHARGE 300.00 200  
0002 17-01 CHECK ALL LIGHTING 50.00 30

SUB-TOTAL : 650.00

TOTAL : 2,290.80

MVA NAME & SIGNATURE  
DATE : 18/8/20

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Taufik 97475744  
18/8/20 @ 4pm  
Resurvey after repair  
Taufik @ lkhanda.com.  
62 days

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:

Date/Time: 18.08.2020 13:35

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305417229

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

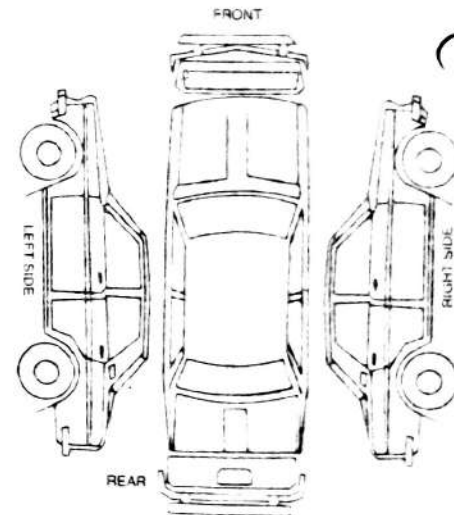
REGN NO: SH 8229M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....
MODEL I-40	DATE/TIME IN 18.08.2020 11:05
YR OF MANU. 21.07.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU091903	COMPLETION DATE/TIME

COUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 18.08.2020  
NATURE: 3P 18.08.2020

3/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: SH 8229M JU NTUC LKK

Vehicle No.: SH 8229M

Service Advisor

Signature/Date

Name of Service Advisor

Date

Turned to Service Reception

## 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 18/08/2020 11:55  
Date Of Accident 18/08/2020 07:30  
Exact Location Of Accident BRIGHT HILL CRESCENT  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SH8229M  
**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 KEN OWYONG ZHI XIANG  
NRIC No SXXXX633A  
Date Of Birth 03/11/1987  
Occupation OUTDOOR  
Date Of Driving Pass 13/06/2013  
Driving Experience 7 YEARS AND 2 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-94517220  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address

Postcode

3 13-1185 JOO CHIAT ROAD

420003

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 COLLISION - MAJOR/MINOR RD

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? 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) 1

### 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

AS PER 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 SCL747E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRT RHT

No. Of Passenger (Including Driver)

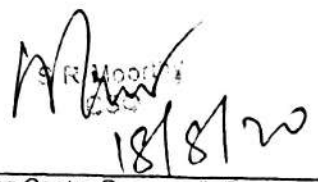
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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.

MAFOT 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

A) SH8229M

B) SCL747E



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/8/20 at about 0730hrs when I Veh A was stationary resetting my GPS for a location, Veh B reversed out of his unit to make a 3 point turn and collided onto the right front portion of my vehicle. Veh B was damaged at the right front portion.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO REG NO. 199303821P

Policyholder's Signature

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

S R Muthy

GAPM

18/8/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:









1818 0730