

ASS REC BY: Taufik

REF:

ALG

## 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 \_\_\_\_\_

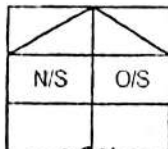
Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

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 2268X Yr Regn: 24/6 Apr 1Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) / Prime Mover /

Truck / Trailer or

Make: Hyundai 140 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 609880 T/Radio: Insured / Std / NI / NA

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

C/No: KMHLCB414M64087888Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil S/Rim / STD A/Rim orTyre Size: F: W5/60R16R: 12 1/2

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

TOYO / YOKO or

Duraton

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 25/5/20Survey held at Comptelgaw by

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 \_\_\_\_\_

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation

S + PS \$

Petrol

Notes

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Insp (\$)☐ : Weekend (\$)Per: Formal

Long Email / 10/11

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 25.08.2020  
Time: 09:45:28  
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 : 305418599  
REGN NO : SHC2268X  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 28.04.2016  
DATE/TIME IN : 24.08.2020 16:00  
ACCIDENT DATE : 24.08.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	1,106.00	20.00	884.80	de
0002 04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	228.00	20.00	182.40	de
0003 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	ne
0004 04-01-0103-0852-G	I40VC REFLECTOR/REFLEX AS	1	30.60	20.00	24.48	?
0005 04-01-0103-0740-G	I40VC BEAM-RR BUMPER#	1	428.40	20.00	342.72	?
0006 04-01-0103-0739-G	I40VC ABSORBER-RR BUMPER	1	119.50	20.00	95.60	?

SUB-TOTAL : 1,547.60

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
0003 20-05	RENEW ADVERTISMENT STICKER-BUMPER	50.00	all
0004 20-05	RENEW ADVERTISMENT STICKER-FENDER	200.00	all

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
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383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
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JOB NO : 305418599  
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MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 28.04.2016  
DATE/TIME IN : 24.08.2020 16:0  
ACCIDENT DATE : 24.08.2020

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

0005 L REMOVE/REFIX REVERSE SENSOR

80.00 30

SUB-TOTAL : 980.00

TOTAL : 2,527.60

MVA NAME & SIGNATURE

DATE:

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE:

Tanpin 97495749  
WP 25/8/2020 3pm  
1/5 Resurvey after repair  
2 days Duration  
Tanpin & LKK Auto Consultants

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 179571  
Mainline : 65 6383 5250 Facsimile : 65 6290 9735

## Workshops

151 Upper Dover Road, Singapore 150068 24 Serangoon Road, Singapore 159158  
381 Sin Ming Road, Singapore 151211 1 Serangoon Road, Singapore 159151  
151 Upper Dover Road, Singapore 150068 801 Northbrook Drive, Singapore 158732

Date/Time: 25.08.2020 09:38

Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 305418599

CUSTOMER  
COMFORT TRANSPORTATION PTE LTD  
CUSTOMER NO. 7010045  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)

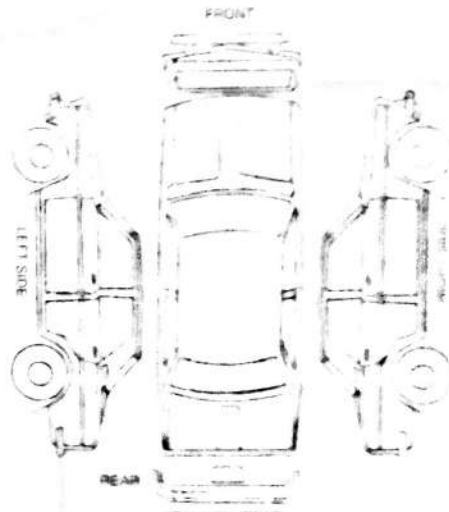
REGN NO.	SHC2268X	MILEAGE
MAKE :	HYUNDAI	FUEL
MODEL	I-40	E. 1/2 F.
YR OF MANU.	28.04.2016	DATE/TIME IN
CHASSIS CODE	KMH1B41UMGU087888	TARGET DATE
		COMPLETION DATE/TIME:

QUANTITY CARD NO.

## JOB DESCRIPTION

Accident Date: 24.08.2020  
NATURE: 3P 24.08.2020

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Reception Slip

Exit Pass

SHC2268X

JU AIG

Vehicle No.:

SHC2268X

Signature/Date

Signature/Date

Name of Service Advisor

Date

When to Service Reception upon collection

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 24/08/2020 17:00  
Date Of Accident 24/08/2020 14:45  
Exact Location Of Accident JALAN BUKIT MERAH TOWARDS CTE  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE:

Vehicle Registration Number SHC2268X  
**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 YAP TONG BEE  
NRIC No SXXXX928J  
Date Of Birth 08/11/1962  
Occupation OUTDOOR  
Date Of Driving Pass 06/03/1984  
Driving Experience 36 YEARS AND 5 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-86472881  
Fax Number  
Contact Number  
Email Address YAPTONGBEE@HOTMAIL.COM

Address 112 #07-653 PASIR RIS STREET 11  
Postcode 510112  
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? 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: : 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

SEE ATTACH.

#### Attachment(s)

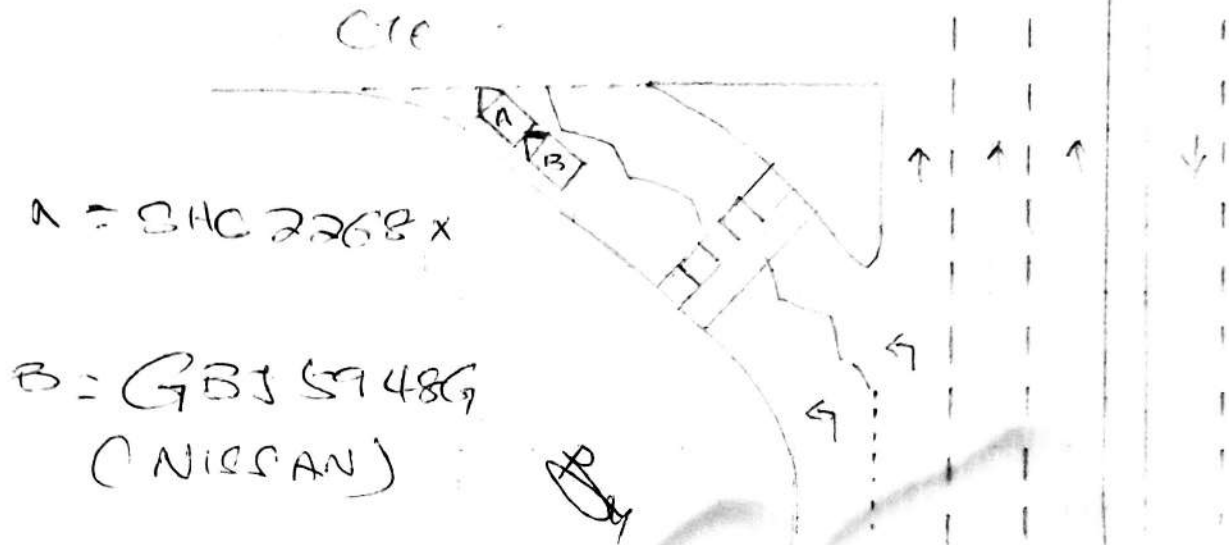
Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Remarks/ Reasons. -  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number GBJ5948G  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRT

No. Of Passenger (Including Driver)

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 24/8/2020 @ 1445hrs I was driving along Jalan Bukit Merah towards CTE direction with 1 passenger on board my taxi.

As I reached the slip road, I slow down to stop to check any incoming vehicle before I proceed to drive out.

Then suddenly there is an impact from behind my taxi. I step out to check and found a van with GBJ 57486 front portion had collided into my taxi rear portion.

No injury at the point of accident.

## DECLARATION

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

JOY RIDE 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: Olivia Weng  
NRIC/Fin No: 24 AUG 2020



# 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 199301821R

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: 24 AUG 2020  
NRIC/Fin No :