

ASS. REC. BY:

Rasul

REF:

NS/INC20009093/R1qf3

82/R

## 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: MT/1101442-002

Policy No. 5108834130-01 (30/05/2020-29/05/2021)

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: 1 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: SHA7636U Yr Regn: 2015 / May

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

Truck / Trailer or \_\_\_\_\_

Make: HYUNDAI (401-7 CRDI AT cc 1685

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

Sp. Reading: 597166 T/Radio: Insured / Std / NI / NA

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

C/No: KMH LB4UMF U068865

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: M / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or WESTLAKG

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A. 26/08/2020 D.O.I. 27/08/2020

Survey held at CONFORT LYNN

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

O/S FAT

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

Date / Time Action / Instruction

02/09/20 @ 8.54am Rasul finalised with Mr Chiang LS \$550, 1 day (Red \$236, 30%)

Date/Time, File Pass to?

☐

Prel. Report

☐

Final Report

02/09 Typist

Date/Time, File Return to?

2)

Report Format:

TP

Lump Sum (LS): 550

Days Of Repair: 1

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

Photos

Others

TOTAL

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO SHA7636U

26/08/20

Chang

MAKE :

MODEL I-40

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	RH WING MIRROR RH <i>SCR ✓</i>			\$670.00
	<b>SUB TOTAL</b>			<b>\$670.00</b>
	<b>20.00%</b>			<b>\$134.00</b>
				<b>\$536.00</b>
	<b>Labour Charge</b>			
	Panel Beating			<i>100</i> <del>\$150.00</del>
	Spray Painting Charge			<del>\$100.00</del> ✓
	<b>TOTAL LABOUR</b>			<b>\$250.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$786.00</b>

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.

Rasul

Hp 90010068

1 day - 4/5

27/08/2020 @ 14:45

Revy after repair

# COMFORTDELGRO ENGINEERING

Member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701  
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

### Workshops

59 Loyang Drive Singapore 508969  
333 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
320 Upper Macao Road Singapore 60443

24 Senoko Loop Singapore 758156  
7 Sungei Kadut Way Singapore 728791  
501 Yishun Industrial Park A Singapore 768733

Date/Time: 26.08.2020 16:10

Page : 1

Team: ARC Repair TP(CLS0)1

### JOB CARD

Sales Order:

JC NO.: 305419021

CUSTOMER

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

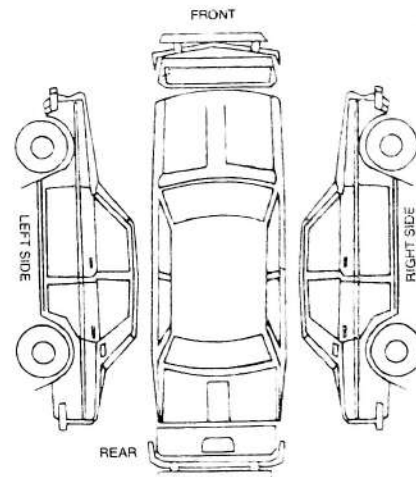
REGN NO: SHA7636U	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 26.08.2020 13:30
YR OF MANU. 07.05.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU068865	COMPLETION DATE/TIME:

COUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 25.08.2020  
NATURE: 3P 25.08.2020

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA7636U CHIANG

Vehicle No.: SHA7636U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

Modi: Nil / Sirim / STD ARim or

## 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 26/08/2020 14:31  
Date Of Accident 25/08/2020 14:10  
Exact Location Of Accident NORTHPOINT CITY TAXI STAND  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA7636U  
**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 ONG TECK THIAM  
NRIC No SXXXX656J  
Date Of Birth 12/06/1956  
Occupation OUTDOOR  
Date Of Driving Pass 08/10/1976  
Driving Experience 43 YEARS AND 10 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-96233668  
Fax Number  
Contact Number  
Email Address TECKTHIAMO@GMAIL.COM

Address BLK 123 PENDING ROAD #10-48  
Postcode 670123  
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 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? 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) 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

PLS REFER TO 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:1

Vehicle Registration Number SJQ9420D  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Nature Of Damage LEFT WING MIRROR  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

ONG TECK THIAM

Approximate Age

64

Injuries Sustain

NECK SPRAIN.

Injured person in which vehicle?

SHA7636U

Were seat belts worn?

YES

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.
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, investigating, 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.:

Loke Wei Yeng

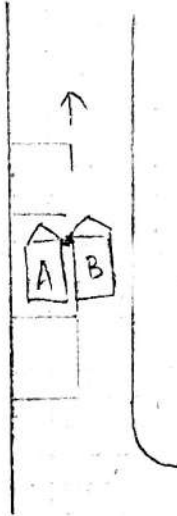


61 11 22 11 42  
SKETCH PLAN

Northpoint City  
Taxi Stand

A: SHIA 76360

B: SJB 94200



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/8/2020 at about 14:10 hrs, I Ven A was stopped at above said location to drop off passenger. Out of sudden, Ven B drive past from right hand side. My left wing mirror hit onto the right wing mirror of my taxi. Ven B driver continue drive and stop further ahead to drop his passenger. I step out from taxi and approach the driver, he express apologies but he ignore when I highlighted my taxi sustained damage due to this. I suffered neck sprain due to I turn my neck to right when collision happened.

### 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:

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

*1* 26/8/2020  
Reporting Centre Personnel's Signature  
Name: Loke Wei Yeng  
NRIC/Fin No.:



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	821R

Vehicle No.:	SHA7636U
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Aug 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7L CRDI AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2015
Engine No.:	D4FDEU500058
Chassis No.:	KMHLB41UMFU068865
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,209.00
Original Registration Date:	07 May 2015
First Registration Date:	07 May 2015
Transfer Count:	0
Actual ARF Paid:	\$12,793.00

### Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 May 2023
PARF Rebate Amount:	\$8,955.00

### Intended COE Rebate Details

COE Expiry Date:	06 May 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,756.00
COE Rebate Amount:	\$17,056.00
Total Rebate Amount:	\$26,011.00

### Notes

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 28 Aug 2020

OK

Blue