ASS. REC BY: Taufik REF: 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 Rport: _____ 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: SMD 7237Y Yr Regn 2018, Nov

Type: M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Hyundai Veloster cc 1580

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

Sp.Reading 23253 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVKU115256

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi : Nil / 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 Westlake

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	1/9/20

Survey held at Comfortdelgro Tuas

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?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp ($ _____)

☐ Interview ($ _____)

☐ Tech. Insp. ($ _____)

Survey Fee:

Transportation: ___$ + PS ___ SI

Photos

Fee Formula :

Life NTUC

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 31.08.2020
Time: 18:22:46
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	:	305419880
REGN NO	:	SHD7237Y
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	IONIQ(G2)
DATE OF REGN	:	22.11.2018
DATE/TIME IN	:	31.08.2020 12:40
ACCIDENT DATE	:	30.08.2020

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT	
PART REQUISITION							
0001 04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1	L	459.40	20.00	367.52	RY
0002 04-01-0103-1150-A	I40VC PROTECTOR MAT	1	N	50.00	2.00-	50.00	X
0003 04-01-0104-2469-G	IONIQVC MOULDING ASSY-W/L	1	L	116.20	20.00	92.96	ant ✓
0004 04-01-0104-2467-G	IONIQV MOULDING ASSY-W/LI	1	L	116.20	20.00	92.96	ant ✓
0005 28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1	N	75.00	10.00	67.50	ne ✓
0006 28-01-9999-2023-A	APP LOGO REAR DOOR L/R CT	1	N	80.00	10.00	72.00	ne ✓
0007 04-01-0104-0920-G	IONIQVC MOULDING ASSY-SID	1	L	290.00	20.00	232.00	ant +R
0008 04-01-0104-3813-G	IONIQVC EMBLEM-BLUE DRIVE	1	L	26.60	20.00	21.28	ne ✓
0009 03-01-0104-2061-G	IONIQV1&3 CAP REAR-WHEEL	1	L	346.40	20.00	277.12	ant ✓
0010 03-01-0104-2061-G	IONIQV1&3 CAP FRT-WHEEL H	1	L	346.40	20.00	277.12	ant ✓
0011 19-01-0302-2022-A	IONIQ WL 195/65R15 RP26 F	1	N	216.00	10.00	194.40	X

SUB-TOTAL : 1,744.86

JOB NATURE

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 31.08.2020
Time: 18:22:46

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

JOB NO	:	305419880
REGN NO	:	SHD7237Y
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	IONIQ(G2)
DATE OF REGN	:	22.11.2018
DATE/TIME IN	:	31.08.2020 12:4
ACCIDENT DATE	:	30.08.2020

	JOB / PARTS DESCRIPTION	QTY IND UNIT-PRICE DISC% AMOUNT
0000 L	PANEL BEAT(repair B.doors & B.fenders Lh	800.00 640
0001 23-502	SPRAYPAINT ON AFFECTED AREA	1250.00 600
0002 20-00	TUFF COAT ON AFFECTED PARTS.	80.00 30
0003 20-08	ADJUST WHEEL ALIGNMENT	120.00 80

SUB-TOTAL : 2,250.00

TOTAL : 3,994.86

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

Tanfhu 97497749
'up'
1/9/20 C 4pm 3 days
P/P Resurvey after repair
tanfric Ikhanton

Wintlake

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:

COMFORTDELGRO ENGINEERING

a member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline : +65 6383 9280 Facsimile : +65 6280 9755
Workshops
53 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609246
24 Senoko Loop Singapore 758136
7 Sungei Kadut Way Singapore 728761
501 Yishun Industrial Park A Singapore 768732

Date/Time: 31.08.2020 16:21 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305419880

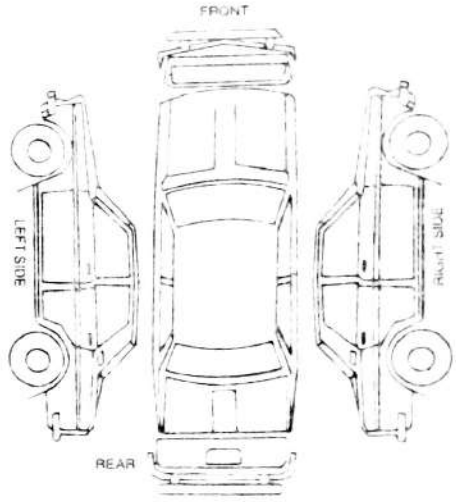
TOMER	REGN NO.: SHD7237Y	MILEAGE
MS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....F
TOMER NO. 7010045	MODEL IONIQ(G2)	DATE/TIME IN 31.08.2020 12:40
RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 22.11.2018	TARGET DATE
(R) 65508755 (O)	CHASSIS CODE KMHC851CVKU115250	COMPLETION DATE/TIME:
(P)		
OUNT CARD NO.		

NTUC

JOB DESCRIPTION

Accident Date: 30.08.2020
NATURE: 3P 30.08.2020

S/NO	LABOR CODE	DESCRIPTION



D & PASSED OUT BY

SERVICE ADVISOR

CUSTOMER S SIGNATURE

ement Slip

SHD7237Y LKE Taufik

Signature/Date

Service Reception upon collection

Exit Pass

Vehicle No. SHD7237Y

Name of Service Advisor

Date

To be kept by Security Guard

MCD620074766 / ComfortDelGro Engineering Pte Ltd - Loyang
ENTRY DATE & TIME 31/08/2020 15:01
SUBMITTED BY Huang XiaoYan

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 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 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	31/08/2020 15:01
Date Of Accident	30/08/2020 16:10
Exact Location Of Accident	BLK 105B EDGEFIELD PLAINS CP DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7237Y
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	IONIQ
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 LIN WEE
NRIC No	SXXXX744G
Date Of Birth	17/12/1956
Occupation	OUTDOOR
Date Of Driving Pass	14/11/1977
Driving Experience	42 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91468797
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 289 BISHAN STREET 24 #15-23
Postcode	570289
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 - HEAD ON COLLISION
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	**ROAD**: TAMPINES N.P.C , **POSTCODE:** 529682 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE / POLICE REPORT : T/20200831/2022

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

[redacted] DETAILS OF OTHER VEHICLE / PROPERTY [redacted]

Vehicle Registration Number	SJQ5413B
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	FRT
No Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN LIN WEE
Approximate Age	63
Injuries Sustain	NECK AND BACK PAIN. ON 3 DAYS MC.
Injured person in which vehicle?	SHD7237Y
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 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)

(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 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, 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. 199303821K

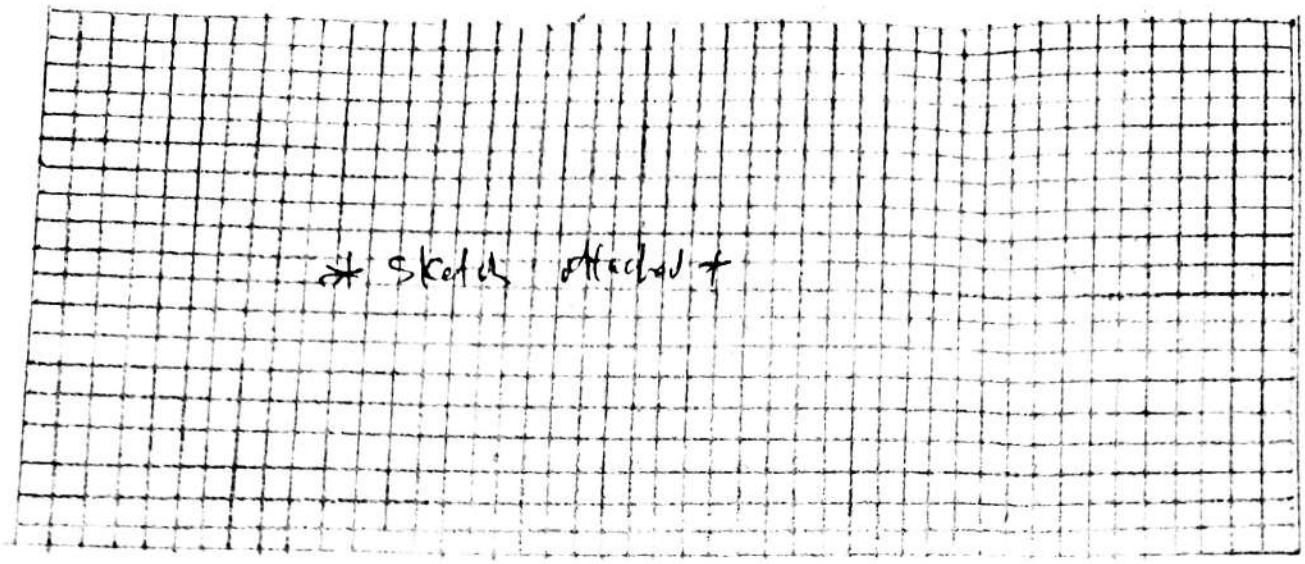
olicyholder's Signature
ate & Time

Driver's Signature
(if driver is not the policyholder)
Date & Time 31.08.2020
1350m

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

1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Police report T/20200831/2022 *

DECLARATION

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

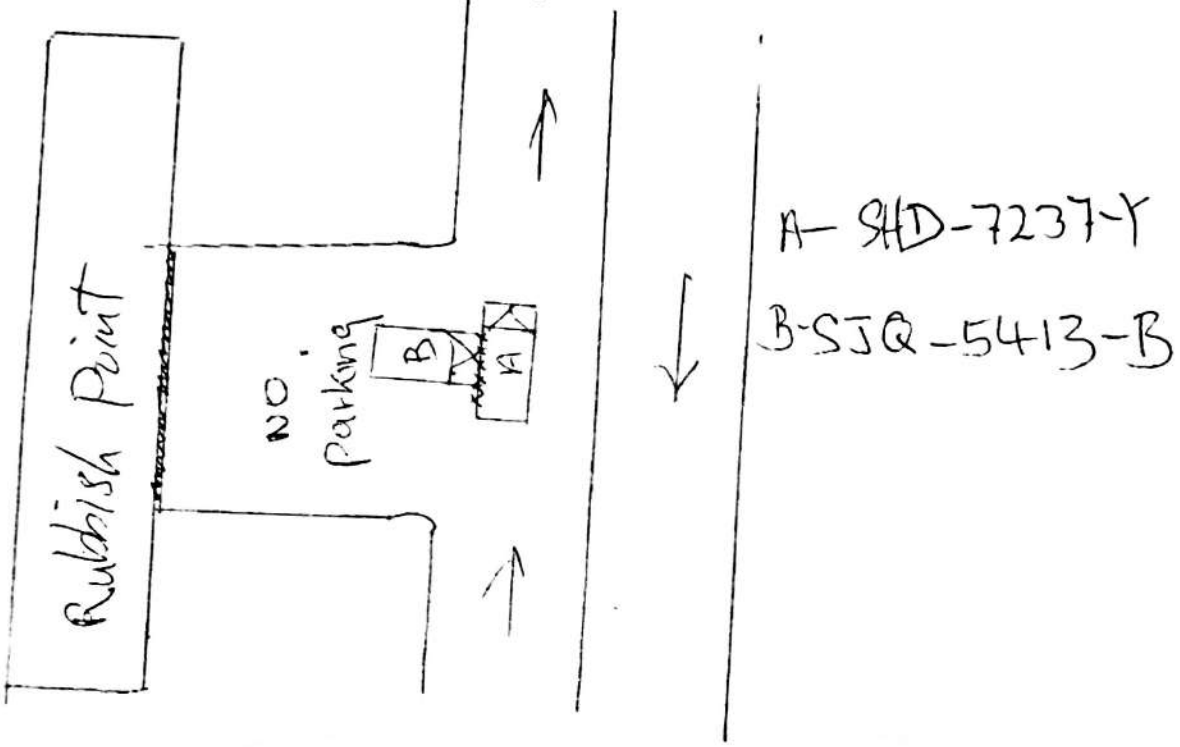
COMFORT TRANSPORTATION PTE LTD
CO REG NO. 199303821R

Policyholder's Signature
Date & Time

Driver's Signature
(If driver is not the policyholder)
Date & Time
31.08.2020
1350hr

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

Blk 105-B
Edgefield Plains



31.08.2020

SINGAPORE POLICE FORCE

T/20200831/2022

Police Station Of Origin
Tampines N P C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No 1800-5871999

Report No T/20200831/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made	Vide Report No	Station Diary No
31/08/2020 11:41		24

Informant's Particulars

Name of Informant	Address	
TAN LIN WEE	APT BLK 289 BISHAN STREET 24 #15-23 SINGAPORE 570289	
ID Type / ID No	Contact No	
NRIC NO / S1162744G	Home/Office:	Mobile 91468797
Nationality	Email	
SINGAPORE CITIZEN		
Sex / Age / Date of Birth	Type of Informant	
Male / 63 / 17/12/1956	Driver	
Race	Language	Institution / School Name
Chinese		
Occupation	Driving Licence Information	
Taxi driver	Class:	Date of Expiry:

General Information of the Accident

Type of Accident	Injury	Drink Drive	Date/Time of Accident	Type of Location
	Others	No	30/08/2020 16:10	

Location:

EDGEFIELD PLAINS

Weather	Road Surface	Road Speed Limit
Traffic Flow	Traffic Control	Traffic Volume
Type of Collision		Anyone conveyed by ambulance
		No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD7237Y	Car				Slightly Damaged	0
SJQ5413B	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved No

No of Pedestrians Injured NIL | Use of Pedestrian Crossing NA

SINGAPORE POLICE FORCE

T/20200831/2022

Police Station Of Origin:
Tampines N P C
5 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No: T/20200831/2022

CONTINUATION OF REPORT

Driver			
Name	TAN LIN WEE	ID No.	S1162744G
Related Vehicle	SHD7237Y (Car)	Contact No.	91468797
Hospital/Clinic	CHERN MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date of Treatment	31/08/2020	Date Discharge	31/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 31/08/2020, at about 4.10pm, I was travelling along a road near to Blk 105B Edgefield plains. Subsequently, as I drove past the loading/unloading parking lots, another vehicle started driving out from the lot. This caused the vehicle to hit my vehicle at my left side front and rear door. The other driver then got out of the vehicle and informed me that the blue recycle bin was blocking his view so he did not see my vehicle coming. I went to the doctor and received 3 days of MC due to pain on my neck and back area

SINGAPORE POLICE FORCE

T/2020083 1/2022

Police Station Of Origin
Tampines N P C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No: T/2020083 /2022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If y[illegible]n't h[illegible] the certificate with you now, please fax a copy to 65474885 stating the **report number as** r[illegible]ce.

Signature Of Officer Recording The Report:
G /
Sgt 3 MUHAMMAD FIRDAUS BIN YUSOFF

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
31/08/2020 11:41

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168


SJQ5413B


SJQ5413B


COMFO


BOOK NOW