

ASS. REC. BY: Tanfer

REF:

ECICS

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: SH A1330R Yr Regn: 2016, June

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

Truck / Trailer or

Make: Myndor 140 c.c. 1685

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

Sp. Reading: 416660 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: UMHLS414M64090135

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 or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Wishbone

Front _____ Rear _____

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

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

D.O.A. _____ D.O.J. 8/9/20

Survey held at Confidential Agency

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

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

Date / Time Action / Instruction

COR \$1335, 2 days (RED: 766.24; 36%).

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS _____ \$

Photos _____

Others _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Per Formal :

Lump Sum / L.B. / C:

REPAIR ESTIMATE

DATE: 07/09/20

3P INSURANCE: ECICS

MODEL: HYUNDAI I40

SURVEYOR:

VEH NO.: SHA1336R

MVA: HONG

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Rocker Panel Outer Garnish (LH)	1		\$682.80
	SPARE PARTS SUB TOTAL			\$682.80
	LESS 20%			\$136.56
	DISCOUNTED SPARE PARTS TOTAL			\$546.24
	FRONT DOOR COMFORTDELGRO LOGO	1		Net \$75.00
	Rear Door APPS LOGO	1		Net \$80.00
	NETT TOTAL			\$155.00
	SPARE PARTS & NETT TOTAL			\$701.24
	Panel Beating			\$400.00
	Spray Painting			\$1,000.00
	LABOUR TOTAL			\$1,400.00
	ESTIMATE TOTAL			\$2,101.24

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: _____

Taufik 97495489
 8/9/2020
 c/s Resurvey after repair
 2 days
 Taufik e/late on work

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.

Date/Time: 07.09.2020 15:10

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305421227

STOMER

WMS

STOMER NO.

DRESS

(R)

(P)

COUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

REGN NO.

SHA1330R

MAKE:

HYUNDAI

MODEL

I-40

YR OF MANU.

09.06.2016

CHASSIS CODE

KMHLB41UMGU090135

MILEAGE

FUEL

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

DATE/TIME IN

07.09.2020 10:25

TARGET DATE

COMPLETION DATE/TIME

JOB DESCRIPTION

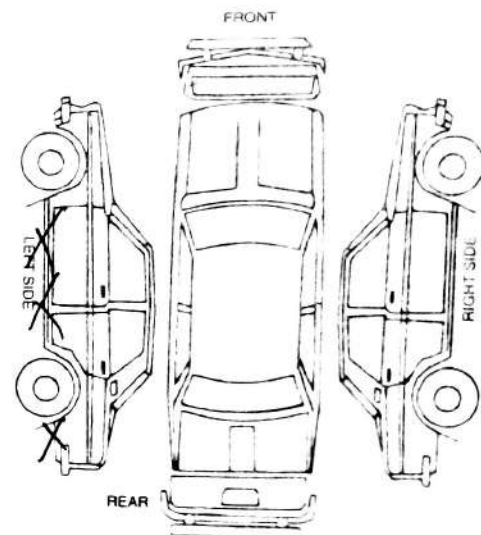
Accident Date: 06.09.2020

NATURE: 3P 06.09.2020

S/NO

LABOR CODE

DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

gement Slip

SHA1330R

HONG-ECICS

Service Advisor

ried to Service Reception upon collection

Signature/Date

Exit Pass

Vehicle No.:

SHA1330R

Name of Service Advisor

To be kept by Security Guard

CUSTOMER'S 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 07/09/2020 12:43
Date Of Accident 06/09/2020 15:10
Exact Location Of Accident 624 BUKIT BATOK CENTRAL OPEN SPACE CARPARK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA1330R
Insured/Policyholder
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Co Reg No 1XXXXX821R
Email Address FLEETSAFETY@CDGETAXI.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-18088937MFSH
Cover Note Number

Driver

Name of Driver CHAI CHIN KEONG
NRIC No SXXXX207G
Date Of Birth 23/08/1973
Occupation OUTDOOR
Date Of Driving Pass 17/02/1994
Driving Experience 26 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91465717
Fax Number
Contact Number
E Mail Address CHAICHINKEONG@GMAIL.COM

Address BLK 86 REDHILL CLOSE
#11-594
Postcode 150086
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) 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

REFER ATTACHED * TYPE OF ACCIDENT :- HEAD TO SIDE

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 SMM2173Z
Vehicle Make/Model/Colour AUDI
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MD BABIBUL HAQUE
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage NO DAMAGE
No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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.
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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) of:
 - (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. 190303621R

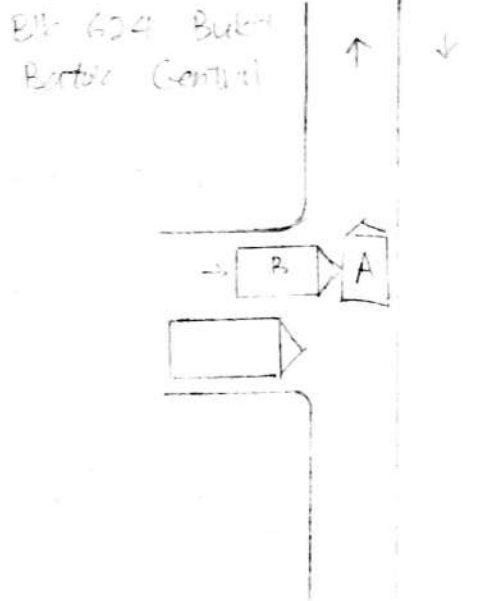
Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NRIC/FIN No.

SKETCH PLAN

A: SHIA 1330R
B: SMM 2173Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/9/2020 at about 15:10 hrs, I veh A was driving straight at above said location with 3 adult 2 child pax onboard. Suddenly I heard a scratching sound from left hand side. I got down to have a check and found veh B drive out from carpark lot and it front portion hit onto the left portion of my taxi. Scene photo taken. No injury at the point of accident.

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:

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

7/9/2020
Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: *Lotus...*