

ASS. REC. BY:

REF:

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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

lim TS

Veh No: SHIA 1951Z Yr Regn: 2018 / July

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

Truck / Trailer or

Make: Hyundai Tonig c.c. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 250947 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVJ4103449Gen. 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: 195/65 R15R: 1 1

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

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 7/9/20Survey held at Comptelena boyangDes. of Damages Fr 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 \$3444.52, 2 days.
(red:2,993.52;46%)

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$

) S + RS SI

COMFORTDELGRO ENGINEERING PTE LTD

Date: 07.09.2020

REPAIR ESTIMATE

Time: 11:20:18

Page: 1/2

(Merimen)

To Go Marine CP/D
LKK - Taufik.

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

JOB NO : 305421062
 REGN NO : SHA1951Z
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 05.07.2018
 DATE/TIME IN : 07.09.2020 10:45
 ACCIDENT DATE : 05.09.2020

Tyre Brand : Westlake

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2534-G	FRT BUMPER	1	418.30	20.00	334.64	ac
0002 04-01-0104-2164-G	RADIATOR GRILLE	1	1,409.10	20.00	1,127.28	GA
0003 04-01-0104-2417-G	FRT BUMPER CTR MOULDING	1	188.00	20.00	150.40	at
0004 04-01-0104-3922-G	FRT BUMPER AIR FLAP UPR RH	1	356.00	20.00	284.80	x
0005 04-01-0104-3822-G	FRT BUMPER AIR FLAP UPR LH	1	356.00	20.00	284.80	x
0006 09-01-0104-2132-G	SMART CRUISE CONTROL	1	2,910.90	20.00	2,328.72	x

SUB-TOTAL : 4,510.64

JOB NATURE

0000 PB	PANEL BEATING	400.00	320
0001 SP	SPRAYPAINT CHARGE	300.00	200
0002 L	Dia/reset Smart Cruise Control	200.00	x
0003 L	TP MERIMEN	11.00	✓

SUB-TOTAL : 911.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

TOKIO Marine C/P
LKK - Tanfih

Date: 07.09.2020

Time: 11:20:18

Page: 2

IS

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

JOB NO : 305421062
REGN NO : SHA1951Z
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 05.07.2018
DATE/TIME IN : 07.09.2020 10:4
ACCIDENT DATE : 05.09.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 5,421.64

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Tanfih 97495747
- WP'

7/9/2020 4pm

• 2 days

p/p Resurvey before paint

tanfih@lkkauto.com
west labi

6438.04

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 Braddell Road, Singapore 579701
 Mobile: + 65 6363 8280 Fax: + 65 6280 9755

Workshops

54 Luyang Drive, Singapore 508969
 383 Sin Ming Drive, Singapore 575717
 45 Pandan Road, Singapore 120296
 24 Serangoon Road, Singapore 158156
 11 Sungei Road, Singapore 119101
 501 Yishun Industrial Park A, Singapore 150711

Date/Time: 07.09.2020 11:13

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305421062

OWNER

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

COUNT CARD NO.

REGN NO.

SHA1951Z

MILEAGE

MAKE :

HYUNDAI

FUEL

E 1/2 F

MODEL

IONIQ(G2)

DATE/TIME IN 07.09.2020 10:45

YR OF MANU.

05.07.2018

TARGET DATE

CHASSIS CODE

KMHC851CVJU103449

COMPLETION DATE/TIME:

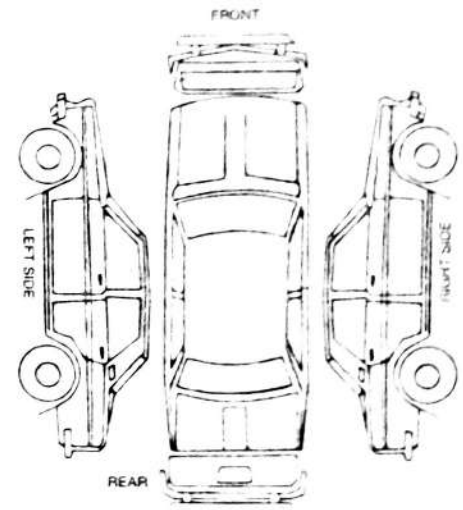
JOB DESCRIPTION

Accident Date: 05.09.2020
 NATURE: 3P 05.09.2020

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHA1951Z

LIMITS

Vehicle No.:

SHA1951Z

Signature/Date

Signature/Date

Name of Service Advisor

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 08:48
Date Of Accident 05/09/2020 01:05
Exact Location Of Accident JALAN BESAR BEFORE DICKSON RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA1951Z
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 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 INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy YES
Policy Number D-18088937MFSH
Cover Note Number

Driver

Name of Driver LIEW FOO KEONG
NRIC No SXXXX720G
Date Of Birth 22/02/1964
Occupation OUTDOOR
Date Of Driving Pass 18/08/1982
Driving Experience 38 YEARS AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-93887443
Fax Number
Contact Number
Email Address MENGINLIEW@GMAIL.COM

Address	BLK 765 PASIR RIS STREET 71 #12-100
Postcode	510765
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 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)	0

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 :- 3P REVERSED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM7621Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGE
No. Of Passenger (Including Driver)	

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) 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. 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.:

05.09.2020
1222m

Larry Ng

Describe Circumstances of the Accident.

On 05.09.2020, at about 0105hrs, I parked my Comfort taxi, SHA1951Z, before the junction of Jalan Besar and Dickson Rd to go to the toilet at the nearby coffeeshop.

After that, I walked back to my taxi. As I was approaching my taxi, I saw a lorry, B, tried to park in front of me. B was reversing and hit my taxi front side.

The male driver, admitted his fault and was willing to compensate me.

However, after hearing the quotation, it did not work out.

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

05.09.2020
122m

Larry Ng

Witnessed by Reporting
Centre Personnel