

ASS. REC. BY:

Steve

REF:

NS/INC20010559/Eqf3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop m/s

ol

Insured:

Policy No. 5108381858-01 (21/03/2020-20/03/2021)

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: 2 days Res.: Yes or No

Sum Sum % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Person Contacted:

Veh No:

SHA 1152 M

Yr Regn:

25/11/17

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

Truck / Trailer or

Make:

Hyundai I-40

c.c

1685

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

466.715

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB 414M H4098263

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/69R16

R:

n

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

☒ TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

30/9/20

D.O.I.

1/10/20

Survey held at

Confidential

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

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

05/10/20@5.40pm Steve finalised with Jumani LS \$2050, 2 days (Red \$657.36, 24%)

Date/Time, File Pass to?

☐

: Prell. Report

06/10 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Rep. Form:

TP

Lump Sum

2050

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

NTM (L/S)

Date: 01.10.2020
Time: 10:25:32
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 : 305425539
REGN NO : SHA1152M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 25.01.2017
DATE/TIME IN : 30.09.2020 16:00
ACCIDENT DATE : 30.09.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1	1,052.20	20.00	841.76	/	DET
0002 04-01-0103-2164-A	I40V3 GRILLE ASSY-RADIATO	1	1,480.00	20.00	1,184.00	/	DR
0003 04-01-0103-2175-G	I40V3 SYMBOL MARK-H	1	39.50	20.00	31.60	/	MC

SUB-TOTAL : 2,057.36

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

SUB-TOTAL : 650.00

TOTAL : 2,707.36

MVA NAME & SIGNATURE
DATE: 1/10/20

Steve (LKK) 83228813
AUTHORISED: YES / NO
SURVEYOR NAME & SIGNATURE
DATE: 1/10/20, 11.39am

WHL PngL

2 days

L/S

Ry AL sm

ComfortDelGro Engineering Pte Ltd205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755**Workshops**59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Hill Road Singapore 109649
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 01.10.2020 10:10

Page : 1

JOB CARD Sales Order:

JC NO.: 305425539

Customer: ARC Repair TP(CLSO)1

Customer:

AS

Customer NO.

Address

(R)

(P)

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

REGN NO.

SHA1152M

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN 30.09.2020 16:00

YR OF MANU.

25.01.2017

TARGET DATE

CHASSIS CODE

KMHLB41UMHU098263

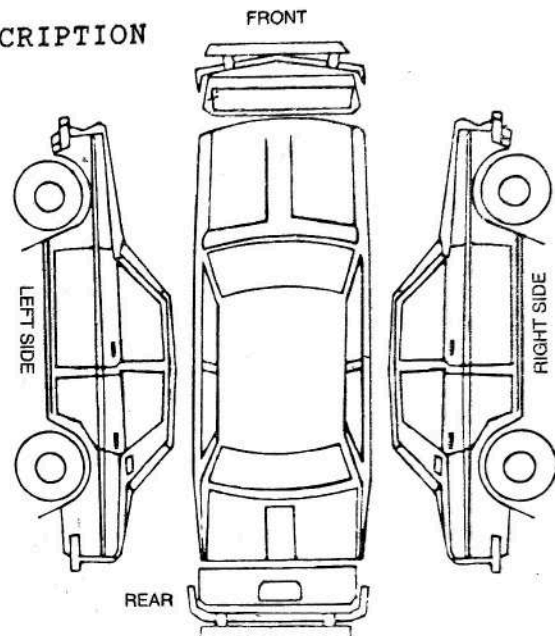
COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTIONAccident Date: 30.09.2020
NATURE: 3P 30.09.2020 / C

S/NO

LABOR CODE

DESCRIPTION

BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.:

SHA1152M

JU NTUC LKK

Vehicle No.:

SHA1152M

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

SINGAPORE ACCIDENT STATEMENT

of the accident to speed up the claims process.
 completed by the Policyholder and/or the Authorised Driver.
 provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to
 policy liability.
 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 01/10/2020 08:40
 Date Of Accident 30/09/2020 13:45
 Exact Location Of Accident CHOA CHU KANG DRIVE TWDS TECK WHYE AVE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA1152M
 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 INDIA INTERNATIONAL INSURANCE PTE LTD
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy YES
 Policy Number MCOM0015
 Cover Note Number

Driver

Name of Driver PHUA BAH CHEE
 NRIC No SXXXX149G
 Date Of Birth 01/11/1947
 Occupation OUTDOOR
 Date Of Driving Pass 10/12/1975
 Driving Experience 44 YEARS AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97211681
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address BLK 629 YISHUN STREET 61
#06-19
Postcode 760629
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? 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

REFER ATTACHED * TYPE OF ACCIDENT :- MOTORCYCLE CHANGE LANE

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 FBQ9817M
Vehicle Make/Model/Colour MOTORCYCLE
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver AUNI BISYARAH BTE AZMI
NRIC/Passport Number
Contact Number 88145635
Address
Postcode
Insurance Company Name
Nature Of Damage REAR
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1:

Name

AUNI BISYARAH BTE AZMI

Approximate Age

Injuries Sustain

HAND AND LEG

Injured person in which vehicle?

FBQ9817M

Were seat belts worn?

NO

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)
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary documents relating to the claims;
 - assessing, investigating, handling and/or my claims;
 - complying with my instructions or responding to any enquiries by me;
 - settling my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, involve disclosure of certain personal data about me to bring about delivery of the same as well as on the cover of envelopes/mail packages); and/or
 - complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the **"Purposes"**)
- (b) 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



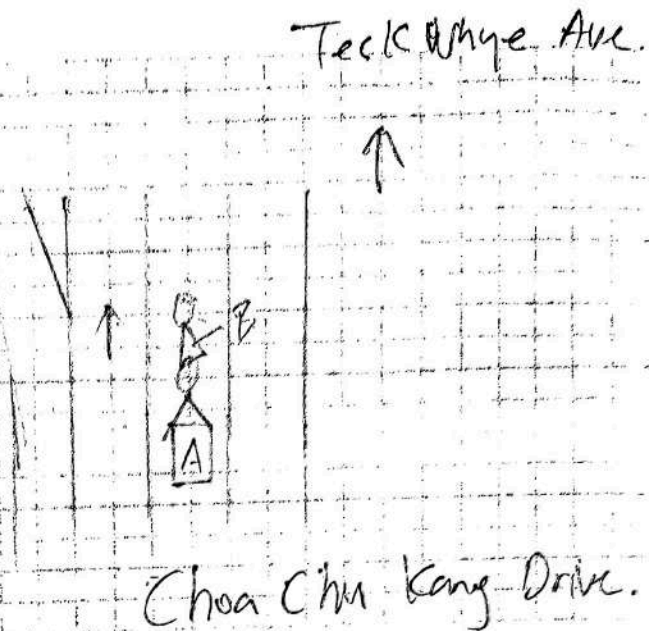
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A SIA 1152M
B SBF 9817M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/9/2020 @ about 1345 hr i was travelling at Choa Chu Kong Road towards Teck Whye Ave with no passenger onboard. While i was driving along center lane, B motorbike suddenly from first lane on the left cut into my lane without checking behind vehicle. it happen too fast before i could react my vehicle already hit the motorbike B rear portion. the rider sustained minor injured but she refused to comply by ambulance. Traffic police have attended and advise that not necessary to report police just want us to go to our workshop to report.

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: