

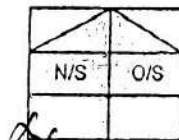
ASS. REC. BY: Steve REF: NTUC

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.



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: SHC 3361C Yr Regn: 1/2/19
Type: M.Car / M.Cycle / Bus / Van / Lorry / Trailer / Prime Mover /
Truck / Trailer or
Make: Hyundai Iony c.c. 1589
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: 195 356 T/Radlo: Insured / Std / NI / NA
Eng/No: _____
C/No: K MHC 851 CV R4 134 061
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 195/65 R15
R: 11
BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or B
Front Rear
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.A. 2/10/20 D.O.I. 5/10/20
Survey held at Comfort delgry
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear LH
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

We confirm the finalize \$1,396.28 (P/P, before GST). 2 repair days.
RED: 933.52; 40%

Date/Time, File Pass to? ☐ : Prell. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Rep. Formed: _____

Lump Sum / L.E. / C: _____

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Photos _____

Others _____

TOTAL _____

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

DATE: 03/10/20

3P INSURANCE: NTUC

MODEL: HYUNDAI IONIQ

SURVEYOR: LKK

VEH NO.: SHC3361C

MVA: LOKE WY

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Rear Bumper / LR	1		\$459.40
	Rear Bumper Cover Clips / MC	10		\$22.00
	Rear Bumper Reinforcement Bracket LH X	1		\$138.10
	Rear Bumper Side Bracket LH / BR	1		\$55.80
	Rear Bumper Towing Cover X	1		\$98.80
	Rear Bumper Reflector Lamp LH / CUT	1		\$31.90
	Rear Bumper Centre Moulding Assy / CUT	1		\$451.25
	Rear Bumper Lower Centre Moulding Assy X	1		\$155.00
	SPARE PARTS SUB TOTAL			\$1,412.25
	LESS 20%			\$282.45
	DISCOUNTED SPARE PARTS TOTAL			\$1,129.80
	Reverse Sensor X	1		\$180.00 Nett
	DISCOUNTED SPARE PARTS & NETT TOTAL			\$180.00
	Panel Beating			\$450.00 320
	Spray Painting			\$300.00 200
	Remove / Replace Reverse Sensor			\$120.00 30
	Tuff Kote			\$90.00 X
	Check Lighting			\$60.00 30
	LABOUR TOTAL			\$1,020.00
	ESTIMATE TOTAL			\$2,329.80

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.

Steve (LKK)

WHL P/P/L

5/10/20, 9.15 am

2 days

P/P

Roy Del SM

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	03/10/2020 11:11
Date Of Accident	02/10/2020 18:30
Exact Location Of Accident	BUKIT TIMAH RD BEFORE KING ALBERT PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3361C
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	MCOM0015
Cover Note Number	

Driver

Name of Driver	YONG MANG CHEE
NRIC No	SXXXX934J
Date Of Birth	07/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1995
Driving Experience	25 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81986271
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 625 SENJA ROAD
#28-140
Postcode 670625
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) 2
Passenger 1 NAME: : -
GENDER: : MALE

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

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 SKL8257E
Vehicle Make/Model/Colour VOLKSWAGEN
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver TAN MEI CHEE
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name

Location Of Damage

FRONT RH

Location Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAN MEI CHEE

Approximate Age

Injuries Sustain

UNCOMFORTABLE

Injured person in which vehicle?

SHC3361C

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Authorised Driver.

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.

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation

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.

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.

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, 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
e & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 03.10.2020
1020m

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

Larry Ng

SKETCH PLAN

A - SHC 3361 C
B - SKL 8257 E

VIN
ALBERT
PARK

BUKIT TIMAH RD →

B A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Start affected *

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: 03.10.2020
1020h

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

Sketch Plan Pg. 3

Describe Circumstances of the Accident.

On 02.10.2020, at about 1830hrs, I was driving my Comfort taxi, SHC33661C, on the left lane along Bukit Timah Rd with 1 male pax. Weather was clear and heavy traffic.

Somewhere before the junction with King Albert Park, the front vehicles slowed down and stopped. I slowed down and stopped too. About 2 seconds later, I felt an impact from the rear.

A private car, B, had hit my taxi rear left side. I have a video recording of the accident impact. Photos taken at the scene.

After the accident, I now feel uncomfortable and may consult a doctor later.


Declaration

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303824R

Policyholder's Signature/Date &
Time

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


03.10.2020
1020 hrs

Larry Ng

Witnessed by Reporting
Centre Personnel

**DELGRO
ENGINEERING**

COMFORTDELGRO

ARC Repair TP(CLSO)1

ComfortDelGro Engineering Pte Ltd

205 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 079285

320 Pandan Road Singapore 079949

24 Senoko Loop Singapore 758156

7 Sungai Karut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 03.10.2020 11:38

Page : 1

JOB CARD

Sales Order:

JC NO.:305426043

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

REGN NO: SHC3361C	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 03.10.2020 09:10
YR OF MANUF. 01.02.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU134061	COMPLETION DATE/TIME

CARD NO.

Accident Date: 02.10.2020
NATURE: 3P 02.10.2020

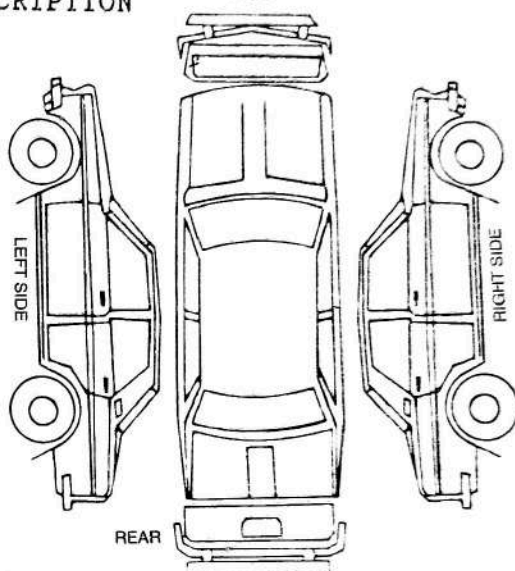
JOB DESCRIPTION

S/NO

LABOR CODE

DESCRIPTION

FRONT



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.: SHC3361C YY

Vehicle No.: SHC3361C

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard