

ASS. REQ. BY:

Steve

REF:

NT4C

## 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:

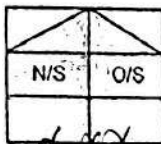
Excess:

(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:

SHR 4271C

Yr Regn:

11/7/18

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

Truck / Trailer or

Make:

Hyundai Tonk

c.c 1580

Colour:

22 Blue

A/C: Insured / Std / NI / NA

Sp. Reading

233/55

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

K MHC851CVJ4193645

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 / R/Rim or

Tyre Size:

F:

195/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

3/10/20

D.O.A.

5/10/20

Survey held at

Comfortable/gm

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

lumpsum \$1900, 3days  
Red: 855.44; 31%

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

2)

Pop. Formed:

Lump Sum / U.C. /

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 05.10.2020

Time: 14:15:53

Page: 1

NTUC - 4S  
LKK - Steve

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

JOB NO : 305426426  
 REGN NO : SHB4271C  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : IONIQ(G2)  
 DATE OF REGN : 19.07.2018  
 DATE/TIME IN : 05.10.2020 11:55  
 ACCIDENT DATE : 03.10.2020

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0104-2282-G	REAR BUMPER / BR	1	459.40	20.00	367.52	
0002	04-01-0104-2533-G	REAR BUMPER CENTER-Black	1	451.25	20.00	361.00	/ BR
0003	04-01-0104-2370-G	REAR BUMPER FOGLAMP	1	201.50	20.00	161.20	/ <del>BR</del> BR
0004	04-01-0104-2270-G	TAILGATE EMBLEM-HYBRID	1	24.30	20.00	19.44	- MK
0005	04-01-0104-2271-G	TAILGATE EMBLEM-IONIQ	1	31.30	20.00	25.04	- MK
0006	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	- MK
0007	28-01-0103-0005-A	TAILGATE COMFORTDELGRO	1	30.00	10.00	27.00	- MK
0008	28-01-0103-0006-A	TAILGATE 65521111	1	30.00	10.00	27.00	- MK
0009	09-01-9999-0068-A	REVERSE SENSOR	1	180.00	10.00	162.00	- Shred
SUB-TOTAL : 1,167.80							

## JOB NATURE

0000	PB	PANEL BEATING	700.00	<del>640</del> 480
0001	SP	SPRAYPAINT CHARGE	500.00	480

Steve (LKK) ML ML  
 5/10/20, 2.30 pm  
 3 days  
 L/S  
 Rg AL SPY

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

NTUC - 45  
LKF - Steve

Date: 05.10.2020

Time: 14:15:53

Page: 2

12 TB

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

JOB NO : 305426426  
REGN NO : SHB4271C  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 19.07.2018  
DATE/TIME IN : 05.10.2020 11:5  
ACCIDENT DATE : 03.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0002 L R/I REVERSE SENSOR

120.00 39

SUB-TOTAL : 1,320.00

TOTAL : 2,487.80

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES/NO  
SURVEYOR NAME & SIGNATURE  
DATE :

# COMFORTDELGRO ENGINEERING

## 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 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: 05.10.2020 14:05

Page : 1

**JOB CARD** Sales Order: 4034611

JC NO.: 305426426

Member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)1

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

REGN NO: SHB4271C	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 05.10.2020 11:55
YR OF MANU. 19.07.2018	TARGET DATE
CHASSIS CODE KMHC851CVJU103645	COMPLETION DATE/TIME:

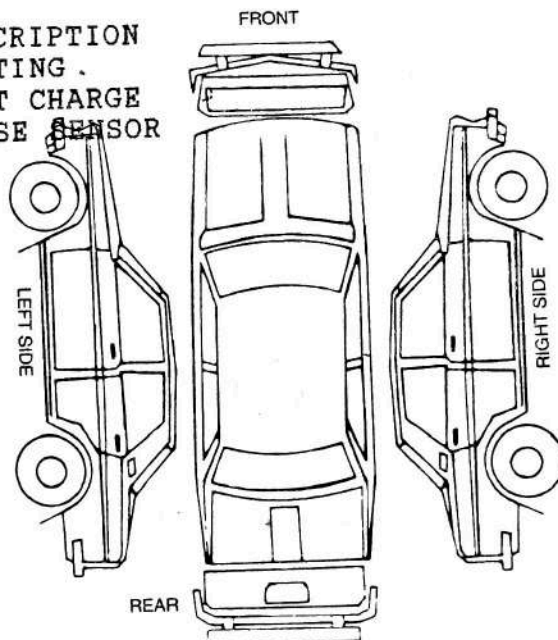
DUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 03.10.2020  
NATURE: 3P 03.10.2020

QTY/NO	LABOR CODE
000100	PB
000110	SP
000120	L

DESCRIPTION  
PANEL BEATING .  
SPRAYPAINT CHARGE  
R/I REVERSE SENSOR



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Adgement Slip

Exit Pass

o.: SHB4271C

LIMITS

Vehicle No.:

SHB4271C

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

## 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 05/10/2020 13:37  
Date Of Accident 03/10/2020 22:55  
Exact Location Of Accident SLIP RD FROM TAMPINES AVE 2 TO TAMPINES AVE 5  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB4271C  
**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 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 YEO KIM POH  
NRIC No SXXXXX934A  
Date Of Birth 20/05/1947  
Occupation OUTDOOR  
Date Of Driving Pass 30/11/1965  
Driving Experience 54 YEARS AND 10 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-91998099  
Fax Number  
Contact Number  
Email Address YEOKIMPOH@YAHOO.COM.SG



Address,	30 #11-99 KELANTAN ROAD
Postcode	200030
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)	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

see attach.

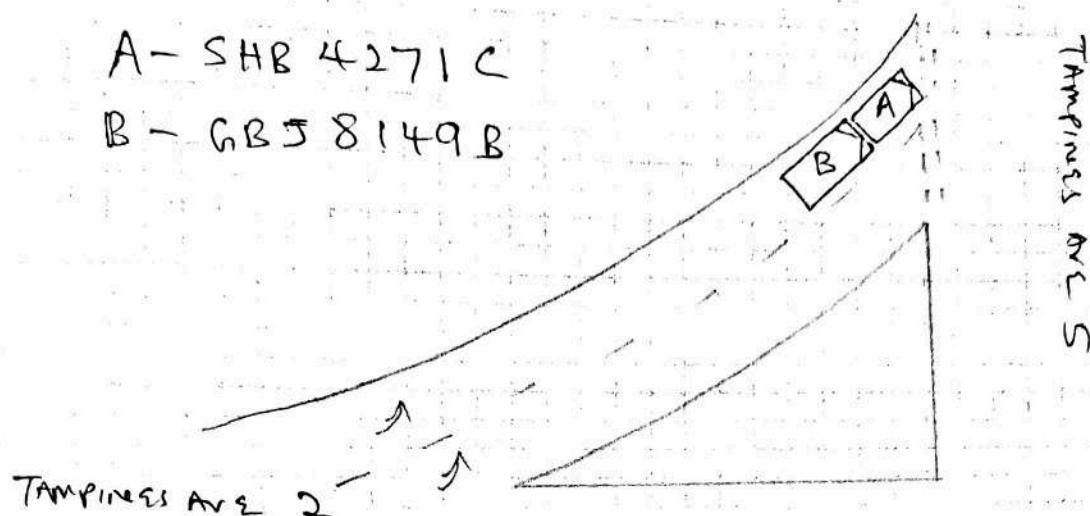
#### Attachment(s)

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	GBJ8149B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03.10.2020, at about 2255hrs, I was driving my Comfort taxi, SHB 4271C, along Tampines Ave 2 with no pax.

As I entered the slip road to Tampines Ave S, I slowed down and then stopped at the give way line to give way to traffic on the main road.

After a motorcycle had passed, I suddenly felt a big impact from the rear.

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

No injuries

## 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: 05.10.2020

1230m

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

# 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)
  - (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. 199303621R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 05.10.2020  
12 30 hrs

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