

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: SKE 5804H
Policy No. 5058654500-07
Claims No. MT/1105619-002
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
Turn Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHK 1079 G Yr Regn: 19/8/18
Type: M.Car / M.Cycle / Bus / Van / Lorry ☒ Taxi / Prime Mover /
Truck / Trailer or
Make: Hyundai Tong c.c. 1589
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: 324361 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KMHK 851CVK4196514
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: 195/65R15
R: _____
☒ BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front
R/Bal. 4 mm R/Bal. 4 mm
L/Bal. 4 mm L/Bal. 4 mm
D.O.A. 5/10/20 D.O.I. 5/10/20
Survey held at Confidential
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
frt RH
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
8/10/20	LS \$2400 confirmed by email (Red 2259.32, 48%)

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

Days Of Repair: 3
Resurvey No. of Trip: 1

Date/Time, File Return to?
9/10/20-Typist

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:	
Transportation:	
S + RS	SI
Fees	
Others	
TOTAL	

Rep. Formed: TP
Lump Sum / L.P. / LS \$2400

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

NTUC-(LS)
LKK - Steve

Date: 05.10.2020

Time: 13:11:55

Page: 1

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

JOB NO : 305426420
 REGN NO : SHC1079G
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 10.08.2018
 DATE/TIME IN : 05.10.2020 07:30
 ACCIDENT DATE : 05.10.2020

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	/	DEF
0002	04-01-0104-2971-G	FRT BUMPER SIDE SUPT RH	1	35.00	20.00	28.00	X	BR
0003	04-01-0104-3918-G	FRT BUMPER BRKT RH	1	28.00	20.00	22.40	/	BR
0004	04-01-0104-0633-G	FRT BUMPER MOULDING RH	1	93.00	20.00	74.40	/	CUT
0005	04-01-0104-2915-G	HEADLAMP RH	1	1,993.65	20.00	1,594.92	/	CUT
0006	04-01-0104-4991-G	FOGLAMP RH	1	642.50	20.00	514.00	X	BR
0007	04-01-0104-0573-G	FRT FENDER RH	1	490.70	20.00	392.56	X	R
0008	04-01-0104-3913-G	FRT FENDER BLUE DRIVE RH	1	26.60	20.00	21.28	/	MC
0009	03-01-0104-2057-G	FRT WHEEL CAP RH	1	346.40	20.00	277.12	X	

SUB-TOTAL : 3,259.32

JOB NATURE

0000	PB	PANEL BEATING	700.00	480
0001	SP	SPRAYPAINT CHARGE	500.00	400

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 05.10.2020

Time: 13:11:55

Page: 2

NTUC-LIS

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 : 305426420
REGN NO : SHC1079G
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 10.08.2018
DATE/TIME IN : 05.10.2020 07:3
ACCIDENT DATE : 05.10.2020

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0002 17-01	CHECK ALL LIGHTING	40.00		39		
0003 20-00	TUFF COAT ON AFFECTED PARTS.	40.00		30		
0004 L	WHEEL ALIGNMENT	120.00		X		
0005 23-01	TOWING FEE	0.00				

SUB-TOTAL : 1,400.00

TOTAL : 4,659.32

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

Steve (LKK) Wil PpL

3 dgi

LIS

Ry AL SH

5/10/20, 2.00pm

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 10:12
Date Of Accident 05/10/2020 07:30
Exact Location Of Accident ALONG NEWTON CIRCUSE TOWARDS BUKIT TIMAH
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC1079G
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 MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy YES
Policy Number D-18088936MFSH
Cover Note Number

Driver

Name of Driver LEE KOK THYE
NRIC No SXXXX384Z
Date Of Birth 24/09/1962
Occupation OUTDOOR
Date Of Driving Pass 26/01/1980
Driving Experience 40 YEARS AND 8 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96398860
Fax Number
Contact Number
Email Address LEEKOKTHYE@YAHOO.COM.SG

Address
Postcode
Was driver an employee of the Insured's Company
No. Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own
Vehicle
Insurance Company of Driver's Own Vehicle

182 #08-48 BEDOK NORTH ROAD
460182

NO
OTHER - TAXI DRIVER

-
-
-
-
-

General Information of the Accident

Type Of Accident SIDE SWIPE
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 SKE5804H
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver SEOW KWOK LONG
NRIC/Passport Number
Contact Number 92979871
Address
Postcode
Insurance Company Name
Nature Of Damage REAR LEFT
No. Of Passenger (Including Driver)

SKETCH PLAN

A SHC 10796

B SKE 5804H

SCOTT'S ROAD

Bukit Timah

Newton Circus

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/10/2020 @ about 0730 hr, I was travelling along Newton Circus towards Bukit Timah, while I was reaching the junction where left side is Scott's Road, my vehicle was travelling third lane on the right where I can go straight, suddenly vehicle B - SKE 5804H from 2nd lane from the right cut onto my lane and collided onto my front right portion. No one was injured at that time of accident. There is no passenger on my taxi.

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.
CO. REG. NO. 159303821R

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 5/10/2020
Reporting Centre Personnel's Signature
Name: *[Signature]*
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.
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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.

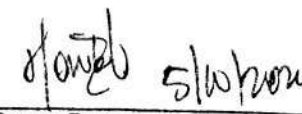
8. Consent under the Personal Data Protection Act (PDPA)

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)
 - (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
CORP REG NO 199303521R
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.: 