

ASS. REC. BY:

Stern

REF:

NTUC

NS/INC20010765/Evd3

ASSIGNMENT

From:

Date:

Estimated Cost:

QD ☒ TR / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured: SJX 6951X

Policy No. 5118009621

Claims No. MT/1105756-003

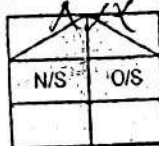
Sum Insured:

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 Report: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHD 6889Y

Yr Regn:

8/10/15

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

Truck / Trailer or

Make:

Hyundai T40

c.c. 1685

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

762/40

T/Radlo: Insured / Std / NI / NA

Eng/No:

C/No:

KHL B 41UM 64 978414

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:

205/60 R16

R:

n

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.

6/10/20

D.O.A.

6/10/20

Survey held at

Comfort delgin

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

9/10/20 LS \$2050 confirmed by email (Red 674.674.46, 25%)

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

Date/Time, File Return to?

15/10/20-Typist

Pop Formed:

TP

Lump Sum / L.E.R. /

LS \$2050

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 06.10.2020

Time: 15:25:36

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 : 305426680
REGN NO : SHD6889Y
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 08.10.2015
DATE/TIME IN : 06.10.2020 12:10
ACCIDENT DATE : 06.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1 L	1,052.20	20.00	841.76	X / OR
0002	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	X
0003	04-01-0103-2164-A	I40V3 GRILLE ASSY-RADIATO	1 L	1,480.00	20.00	1,184.00	/ OR
0004	04-01-0103-2175-G	I40V3 SYMBOL MARK-H	1 L	39.50	20.00	31.60	/ nec
0005	FNPS	NO PLATE(S) WITH TRIM COV	1 N	55.00	10.00	49.50	/ cut

SUB-TOTAL : 2,124.46

JOB NATURE

0000 L	PANEL BEATING	350.00	280
0001 23-502	SPRAYPAINT ON AFFECTED AREA	250.00	200

SUB-TOTAL : 600.00

TOTAL : 2,724.46

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

Steve (LKK) ML PHL
6/10/20, 3.00pm
2 days
L/S
My ALSM

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 Pandan Road Singapore 609649

24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

member of COMFORTDELGRO

Date/Time: 06.10.2020 15:07

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.:305426680

TOMER AS COMFORT TRANSPORTATION PTE LTD 7010045 TOMER NO. 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO: SHD6889Y	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 06.10.2020 12:10
	YR OF MANU. 08.10.2015	TARGET DATE
	CHASSIS CODE KMHLB41UMGU078414	COMPLETION DATE/TIME:

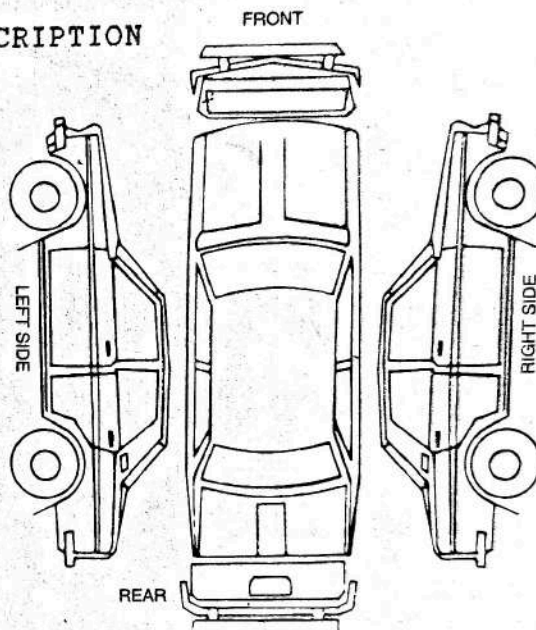
COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 06.10.2020
NATURE: 3P 06.10.2020

S/NO LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

pledgement Slip

No.: SHD6889Y

LKE

STEVE

Exit Pass

Vehicle No.:

SHD6889Y

f Service Advisor

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

turned to Service Reception upon collection

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	06/10/2020 14:17
Date Of Accident	06/10/2020 11:30
Exact Location Of Accident	SERANGOON RD NEAR WHAMPOA SOUTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6889Y
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	OTHMAN BIN MOHAMED ALI
NRIC No	SXXXX893C
Date Of Birth	28/03/1949
Occupation	OUTDOOR
Date Of Driving Pass	16/10/2002
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97621156
Fax Number	
Contact Number	
Email Address	SAFFY17R@HOTMAIL.COM

Address BLK 843 WOODLANDS STREET 82
Postcode #04-79
730843
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 3
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

REFER ATTACHED * TYPE OF ACCIDENT :- 3P ROLLED BACKWARD

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 SJX6951X
Vehicle Make/Model/Colour VOLKSWAGEN
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver UNKNOWN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage FRONT & REAR
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Registration Number	SKR8873U
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 06.10.2022
1315m

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

SKETCH PLAN

A - SHD 6889 Y F
 B - S3X 6951 X W [A] [B] [C]
 C - SKR 8873 U N

SERAMADIN Rd

WHAMPON
 SOUTH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Stated * * * * *

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: 06.10.2020
 1315m

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

Describe Circumstances of the Accident.

On 06.10.2020, at about 1130hrs, I was driving my Comfort taxi, SHD6889Y, on lane 3

along Serangoon Rd with no pax. Weather was clear and moderate traffic.

Somewhere near the Whampao South road, I noticed the front car, B, had collided with another car C.

I slowed down and stopped some distance behind the accident. However, B started to roll back due to the sloping road. I immediately sounded the horn but B kept rolling down and eventually hit my taxi front. I have a video recording of the accident.

Photos taken at the scene.

No injury.

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

06-10-2020
1315h

Larry Ng

Witnessed by Reporting
Centre Personnel