

A.S. REC. BY:

Ster

REF:

NTUC

NS/INC20010812/Evd3

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: FBP 3998T

Policy No. 5108470092-01

Claims No. MT/1106243-001

Sum Insured:

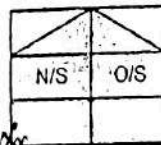
Excess:

(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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC 2059H

Yr Regn:

13/12/17

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

383629

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB41UMH098646

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:

205/60R16

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.

3/10/20

D.O.A.

7/10/20

Survey held at

Comfortable/g/s

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

11/10/20 LS \$1350 confirmed by email (Red 1231.54, 48%)

Date/Time, File Pass to?



: Prel. Report



: Final Report

1)

Date/Time, File Return to?

15/10/20-Typist

Pop. Form: TP

Lump Sum / U.C. / LS \$1350

Days Of Repair: 2

Resurvey No. of Trip: 2

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

DATE: 7. Oct. 2020

LWY

VEHICLE NO SHC2059H

MAKE : HYUNDAI

DOA: 3. Oct. 2020

NTUC

MODEL : i40

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|------------------|---|------|------------|--------------|
| 1 | Rear Bumper / DD | | \$2.20 | \$1,106.00 |
| 10 | Rear Bumper Clips / MC | | | \$22.00 |
| 1 | Rear Bumper Side Bracket - LH / BR | | | \$35.60 |
| 1 | Rear Bumper Reinforcement X | | | \$428.40 |
| 1 | Rear Bumper Reinforcement Bracket LH X | | | \$80.30 |
| 1 | Rear Bumper Undercover X | | | \$228.00 |
| 1 | Rear Bumper Reflector - LH / NT | | | \$32.00 |
| SUB TOTAL | | | | \$1,932.30 |
| LESS 20% | | | | \$386.46 |
| DISCOUNTED TOTAL | | | | \$1,545.84 |
| 1 | Rear Bumper Rubber Mat / MC | | | \$50.00 |
| 1 | Rear Bumper Advertisement sticker / MC | | | \$50.00 |
| 1 | Rear Left Fender Advertisement sticker / MC | | | \$100.00 |
| 1 | Rear Bumper Reverse Sensor X | | | \$135.70 |
| | | | | Less 10% |
| | | | | \$335.70 |
| Labour Charge | | | | |
| 1 | Panel Beating | | | 280 \$300.00 |
| 1 | Spray Painting Charge | | | 200 \$250.00 |
| 1 | Wiring Charge | | | 30 \$50.00 |
| 1 | Remove/refix Reverse Sensor | | | 30 \$100.00 |
| TOTAL LABOUR | | | | \$700.00 |
| ESTIMATE TOTAL | | | | \$2,581.54 |

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.

Stere (LKK) mr Profr
 7/10/20, 2.30pm
 2 days
 L/S
 My MC spy

SINGAPORE ACCIDENT STATEMENT

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.**
- 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.
- 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 12:01
Date Of Accident 03/10/2020 11:40
Exact Location Of Accident BENDEMEER RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC2059H
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 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-18088936MFSH
Cover Note Number

Driver

Name of Driver WONG LIANG BENG
NRIC No SXXXX117C
Date Of Birth 04/03/1954
Occupation OUTDOOR
Date Of Driving Pass 01/01/1999
Driving Experience 21 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98320055
Fax Number
Contact Number
Email Address WONGLB4588@GMAIL.COM

26 16-559 BENDEMEER ROAD
330026

employee of the Insured's Company NO
Relationship of the Driver with the Insured OTHER - TAXI DRIVER
Registration Number of Driver's Own -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLIDED INTO MOTORCYCLIST
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:

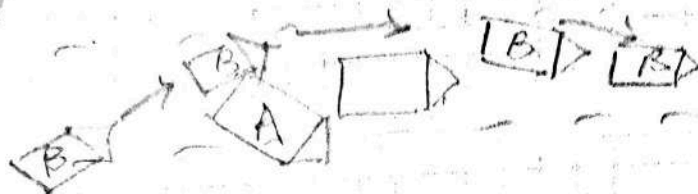
Vehicle Registration Number FBP3998T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage NOT SURE
No. Of Passenger (Including Driver)

LAN

Bendemeer Road.

A) SHC2059 H

B) FBP3998T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/10/20 at about 1140hrs when I Veh A filtered to the extreme right and stopped because the vehicle in front stopped. Veh B from the right rear of my vehicle filtered left onto the lane 3 and collided onto the left rear portion of my stationary vehicle but failed to stop. I chased the Veh B till Ross King Road and stopped to talk to Veh B but he just left without any exchange of his particulars.

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:

S R Moorthy
CSO

6/10/20

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

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.

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. 199303821R



Policyholder's Signature
Date & Time:

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



S R Moorthy
CSQ

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MC0620087114 Vehicle Registration No: S4C 20594
Name (as shown in NRIC) : Wong Liang Beng NRIC/FIN/Passport No : _____
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 3/10/20 Time of Accident : 1145H.
Place of Accident : Bendemeer rd
Insurance Company : First Capital Insurance Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Before I filter to the right lane, I signal right
to indicate my intend.

Policyholder / Driver's Signature

Date:

7/10/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

Date/Time: 07.10.2020 10:36

Page : 1

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.:305426685

Team: STOMER
MS
STOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)
(P)

| | |
|--------------------------------|-------------------------------|
| REGN NO. SHC2059H | MILEAGE |
| MAKE: HYUNDAI | FUEL E.....1/2.....F |
| MODEL I-40 | DATE/TIME IN 07.10.2020 09:45 |
| YR OF MANU. 13.12.2017 | TARGET DATE |
| CHASSIS CODE KMHLB41UMHU098646 | COMPLETION DATE/TIME: |

COUNT CARD NO.

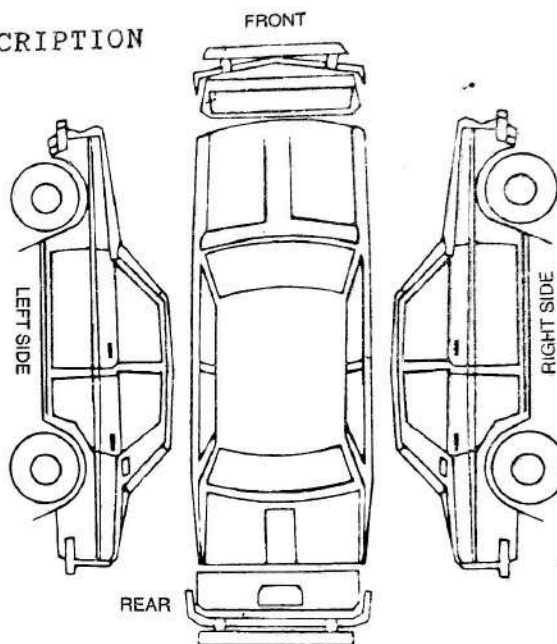
JOB DESCRIPTION

Accident Date: 03.10.2020
NATURE: 3P 03.10.2020

S/NO LABOR CODE

NTUC LKK.

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

Vehicle No.: SHC2059H

YY

Vehicle No.:

SHC2059H

Signature/Date

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard