

ASS. REC. BY: SteveREF: 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: 5113975451 (26/12/2019-25/12/2020)Claims No: MT/1105949-002

Sum Insured:

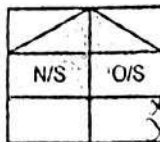
Excess:

(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: 2 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:

SHK 35660

Yr Regn:

7/11/19Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /

Truck / Trailer or

Make:

Hyundai

c.c

1580

Colour:

Black

A/C: Insured / Std / NI / NA

Sp.Rending

94642

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHK 8SICVL4188133

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

195/65R15

R:

1

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.

8/10/20

D.O.I.

8/10/20

Survey held at

Confidential

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear R11.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

12/10/20@10.20pm Steve finalise with Juman final fig \$1509.12, 2 days. (Red \$2769.76, 65%)

Date/Time, File Pass to?

☐

: Prell. Report

15/10 Typist

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Fees

Others

TOTAL

Pop. Form:

TP

Lump Sum / L.E.S. /

1509.12

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 08.10.2020
Time: 10:23:56
Page: 1

NTUC-CLK PIP
74

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

JOB NO : 305426867
REGN NO : SHC3566D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 07.11.2019
DATE/TIME IN : 08.10.2020 08:45
ACCIDENT DATE : 08.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1	459.40	20.00	367.52	X	R
0002 04-01-0104-0575-G	IONIQVC PANEL ASSY-QUARTE	1	1,768.30	20.00	1,414.64	X	R
0003 04-01-0104-1150-A	IONIQVC PROTECTOR MAT	1 N	50.00	2.00-	50.00	/	MC
0004 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	X	
0005 03-01-0104-2061-G	IONIQV1&3 CAP ASSY-WHEEL	1	346.40	20.00	277.12	/	CNT
0006 28-01-9999-2023-A	APP LOGO REAR DOOR L/R CT	1 N	80.00	10.00	72.00	/	MC

SUB-TOTAL : 2,198.88

JOB NATURE

0000 PB	PANEL BEATING	1000.00	480
0001 SP	SPRAYPAINT CHARGE	800.00	600
0002 17-01	CHECK ALL LIGHTING	50.00	30
0003 20-00	TUFF COAT ON AFFECTED PARTS.	50.00	X
0004 20-204	REMOVE/REFIX UPHOLSTERY ASST REPAIR	100.00	X

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 08.10.2020

Time: 10:23:56

Page: 2

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

JOB NO : 305426867
REGN NO : SHC3566D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 07.11.2019
DATE/TIME IN : 08.10.2020 08:4
ACCIDENT DATE : 08.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0005 L REMOVE/REFIX REVERSE SENSOR ASSY

80.00 X

SUB-TOTAL : 2,080.00

TOTAL : 4,278.88

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

SURVEYOR NAME & SIGNATURE

DATE :

DATE :

Steve (CLKK)

MIL A/L

3 dy

P/P

Ry Bel SS

8/10/20, 2.00 pm

member of COMFORTDELGRO

Date/Time: 08.10.2020 10:09

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305426867

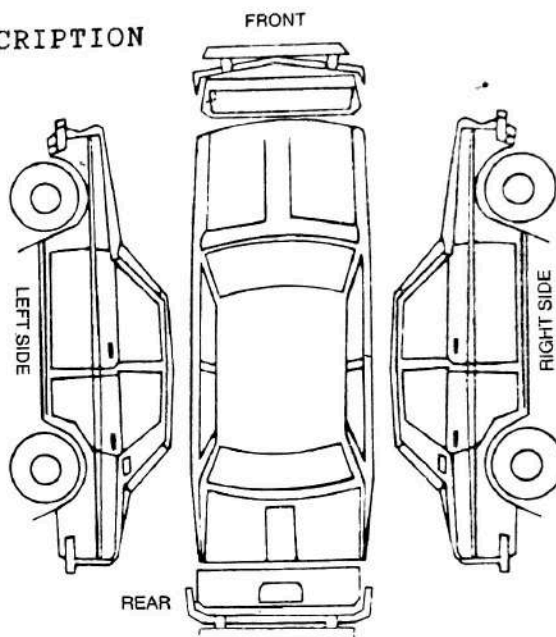
FORMER AS FORMER NO. PRESS (R) (P)	COMFORT TRANSPORTATION PTE LTD		REGN NO: SHC3566D	MILEAGE
	7010045		MAKE: HYUNDAI	FUEL
	383 SIN MING DRIVE		MODEL IONIQ(G3)	E.....1/2.....F
	Singapore SINGAPORE 575717		YR OF MANU 07.11.2019	DATE/TIME IN 08.10.2020 08:45
	65508755		CHASSIS CODE KMHC851CVLU188133	TARGET DATE
OUNT CARD NO.			COMPLETION DATE/TIME:	

JOB DESCRIPTION

Accident Date: 08.10.2020
NATURE: 3P 08.10.2020

S/NO LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

Vehicle No.: SHC3566D

JU NTUC LKK

Vehicle No.:

SHC3566D

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 08/10/2020 09:32
Date Of Accident 08/10/2020 08:10
Exact Location Of Accident ALONG SIMEI AVE ROAD BEFORE SIMEI STREET 3
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC3566D
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 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 ONG POH WATT
NRIC No SXXXXX510G
Date Of Birth 14/12/1963
Occupation OUTDOOR
Date Of Driving Pass 06/06/1984
Driving Experience 36 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91123856
Fax Number
Contact Number
Email Address POHWATTONG@GMAIL.COM

Address	BLK 836 TAMPINES STREET 82
Postcode	#12-61
	520836
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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?	YES
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: : FEMALE

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	SMH3240H
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM YONG NSING JEREMY
NRIC/Passport Number	
Contact Number	83282033
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

LEFT FRONT

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.
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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)**

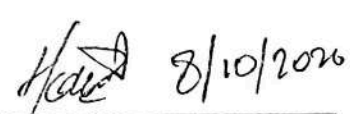
I understand, acknowledge, agree and consent that:

- (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:


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

A SHC 3566D

B SMH 3240H

Simei Ave.
Simei Street 3.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CNC 8/10/2020 @ about 0810 hrs. I was travelling along Simei Ave road with passenger onboard.. it was raining and traffic was congested.. I was on the extreme left lane and driving slowly follow the queue. When my taxi reaching the Bus stop (B06) suddenly there is B vehicle SMH 3240H cut into my lane and collided onto my right rear portion.

No one was injured at that time of accident.

DECLARATION

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:

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

8/10/2020
Hoy Long Tan