

ASS. REC. BY:

SHEK

REF:

NTUC

ASSIGNMENT

From

Date

Estimated Cost

OD / IP / WS / IP RES / OD RES / EVA / INV / MY

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:

DAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No

SHEK 1380K

Yr Regn:

13/9/18

Type: M. Car / M. Cycle / Bus / Van / Lorry

(Tall / Prime Mover /

Truck / Trailer or

Make:

Hyundai Ioniq

c.c. 1580

Colour:

Blue

A/C: Insured / Std / Nil / N.

Sp Reading

253204

T/Radio: Insured / Std / Nil / N.

Eng/No:

KMH C8S1CVK 107521

C/No:

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:

P5/65R15

R:

1

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

5

mm

R/Bal.

5

L/Bal.

5

mm

L/Bal.

5

D.O.A.

9/10/20

D.O.A.

12/10/20

Survey held at

Confidential

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

Rear U1

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

File/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S. + RS. \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Rep. Forms:

Lump Sum / L.B. / C.

Lke NTUC

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 12.10.2020
Time: 14:00:04
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 : 305427471
REGN NO : SHC1380K
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 13.09.2018
DATE/TIME IN : 10.10.2020 11:00
ACCIDENT DATE : 09.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1 L	459.40	20.00	367.52	X R
0002 04-01-0104-1150-A	IONIQVC PROTECTOR MAT	10 N	500.00	2.00-	500.00	X NM
0003 28-01-9999-2023-A	APP LOGO REAR DOOR L/R CT	1 N	80.00	0.20	80.00	/ MC
0004 03-01-0104-2137-G	IONIQV4 CAP ASSY-WHEEL HU	1 L	346.40	20.00	277.12	/ CUT

SUB-TOTAL : 1,224.64

JOB NATURE

0000 20-05	REAR BUMPER ADVERTISMENT LOGO
0001 20-05	REAR FENDER ADVERTISMENT LOGO LH
0002 20-05	REAR FENDER ADVERTISMENT LOGO RH
0003 20-05	REAR DOOR ADVERTISMENT LOGO LH
0004 L	PANEL BEATING (repair rear fender Lh)
0005 23-502	SPRAYPAINT ON AFFECTED AREA
0006 20-00	TUFF COAT ON AFFECTED PARTS.

700.00 320
650.00 600
50.00 X

50.00 / MC
100.00 / MC
100.00 / MC
100.00 / MC

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 12.10.2020
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DATE/TIME IN : 10.10.2020 11:00
ACCIDENT DATE : 09.10.2020

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0007 20-22 REMOVE/REFIX REVERSE SENSOR	80.00		X		
0008 20-08 ADJUST REAR WHEEL ALIGNMENT	80.00		60		
SUB-TOTAL :					1,910.00

TOTAL : 3,134.64

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Stere (LKK) WKL P/P/L

12/10/20, 4.10pm

2 days

L/S (my spare part is P/P)

My AL SH

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

2020

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops
59 Layan Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pawan Road Singapore 609286
320 Braddell Road Singapore 579549

24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728731
501 Yishun Industrial Park A Singapore 758732

Date/Time: 12.10.2020 10:54

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305427471

FROMER

COMFORT TRANSPORTATION PTE LTD

AS 7010045

FROMER NO. 383 SIN MING DRIVE

RESS Singapore SINGAPORE 575717

65508755

(R) (O)

(P)

OUNT CARD NO.

REGN NO. SHC1380K

MAKE: HYUNDAI

MODEL IONIQ(G2)

YR OF MANU 13.09.2018

CHASSIS CODE KMH851CVKU107521

MILEAGE

FUEL

E 1/2 F

DATE/TIME IN 10.10.2020 11:00

TARGET DATE

COMPLETION DATE/TIME:

JOB DESCRIPTION

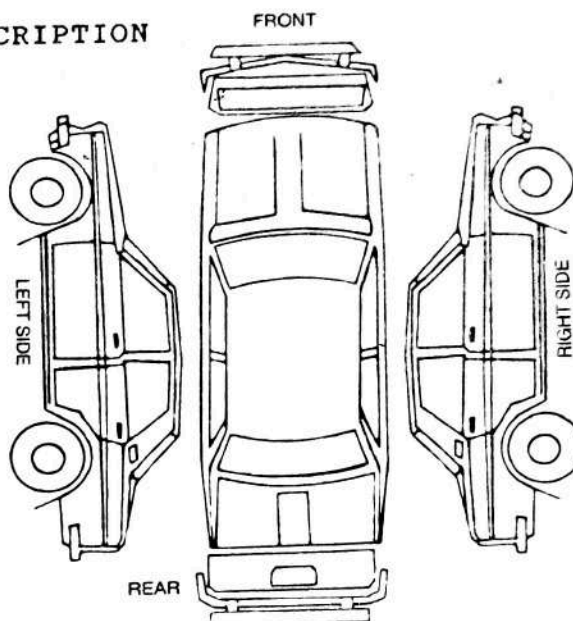
Accident Date: 09.10.2020

NATURE: 3P 09.10.2020

3/NO

LABOR CODE

DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Vehicle No.: SHC1380K

LKE

STEVE

Signature/Date

Exit Pass

Vehicle No.: SHC1380K

Name of Service Advisor

Date

urned 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 10/10/2020 12:28
Date Of Accident 09/10/2020 17:30
Exact Location Of Accident BLK 146 POTONG PASIR AVE 1
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC1380K
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 WOO FOOK KHEONG
NRIC No SXXXX845A
Date Of Birth 22/06/1962
Occupation OUTDOOR
Date Of Driving Pass 20/06/1984
Driving Experience 36 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98292639
Fax Number
Contact Number
Email Address KENNYWOO62@GMAIL.COM

Address BLK 403D FERREVALE LANE #09-145
Postcode 704403
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) 3
Passenger 1 NAME: : -
GENDER: : MALE
Passenger 2 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

PLS REFER TO ATTACHED / Type Of Accident : 3P REVERSE

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 SLA8692C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number 94371088
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NTUC INCOME INSURANCE CO-OPERATIVE LTD
RIGHT FRT

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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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:

Reporting Centre Person's Signature
Name: Olivia Wendy
NRIC/FIn No.: 10 OCT 2020

A = SHC 1380K

146 POTOSI
PACIFIC AVE 1

B = SLA8692C
(Lexus)

147
POTOSI PACIFIC
AVE 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

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: Olivia Wendy
NRIC/Fin No.:

10 OCT 2020

Describe Circumstances of the Accident.

On the 09/10/2020 @ about 17:30hrs, I was driving along the open space car park at 146 Potong Pasir Ave 1 direction with 2 passenger on board my taxi.

As I was driving to look for empty parking lot suddenly there's a slight jerk on my taxi left rear portion. So I stop to checked and found out a vehicle of SLA8692C was reversing onto a parking lot and grazed onto my taxi.

No injury at the point of accident.

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

Witnessed by Reporting
Centre Personnel

Olivia Wendy

10 OCT 2020

