

ASS. REC. BY: Steve REF: NTUC NS/INC20011039/Eqd3

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 CO ☒ TP ☐ WS ☐ TR ☐ RES ☐ LO ☐ RES ☐ EVA ☐ INV ☐ MV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured \_\_\_\_\_  
 Policy No: 5113958549 (07/11/2019-06/11/2020)  
 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.

N/S	O/S

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: SHIA 5092B Yr Regn: 15/12/16  
 Type: M.Car / M.Cycle / Bus / Van / Lorry ☒ Tail / Prime Mover /  
 Truck / Trailer or  
 Make: Hyundai 1-40 C.C. 1685  
 Colour: Blue A/C: Insured / Std / Nil / NA  
 Sp Reading: 474087 T/Radio: Insured / Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHLS414MFA09789  
 Gen. Cond: Good ☒ / Poor / Burnt  
 Steering: In order ☒ / Jammed / Leaked / Burnt or  
 Brakes: In order ☒ / Jammed / Leaked / Burnt or  
 Modl: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 205/60R16  
 R: 1  
 BS / DUN / EXNOVA / GY ☒ FS ☐ LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or 8  
 Front Rear  
 R/Bal. 4 mm R/Bal. 4 mm  
 L/Bal. 4 mm L/Bal. 4 mm  
 D.O.A. 10/10/20 D.O.I. 12/10/22  
 Survey held at Comfort delgro  
 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
13/10/20 @ 11.20pm	Steve finalised with Jumaní LS \$1600, 2 days (Red \$540.64, 25%)

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

15/10 Typist ☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Rep. Formula: TP  
 Lump Sum 1600

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

S + RS \$ \_\_\_\_\_

Fuel

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 12.10.2020  
Time: 11:40:18  
Page: 1

APUL- (L18um)

JY

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

JOB NO : 305427473  
REGN NO : SH1A5092B  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 15.12.2016  
DATE/TIME IN : 12.10.2020 09:50  
ACCIDENT DATE : 10.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	1,106.00	20.00	884.80	/	DD
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	/	APC
0003 04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	2.00-	50.00	/	APC
0004 04-01-0103-0581-A	I40VC LAMP ASSY-RR COMB O	1	697.80	20.00	558.24	/	CUT

SUB-TOTAL : 1,510.64

JOB NATURE

0000 PB	PANEL BEATING	300.00	280
0001 SP	SPRAYPAINT CHARGE	200.00	/
0002 17-01	CHECK ALL LIGHTING	50.00	30
0003 L	LUBRICATE LOCK HINGES & HOOH LATCH	80.00	X

SUB-TOTAL : 630.00

Steve (LKK) WL AL

2 day

L/S

My AL SL

12/10/20, 1.30pm

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:

# COMFORTDELGRO ENGINEERING

Member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 571701  
Mobile: + 65 9383 6200 Facsimile: + 65 6280 9755

### Workshops

591 Yung Fong Singapore 508909 24 Serangoon Road Singapore 758156  
381 Sin Ming Drive Singapore 575117 7 Serangoon Road Singapore 728791  
451 Yung Fong Singapore 508909 9/1 Kallang Industrial Park A Singapore 768732

Date/Time: 10.10.2020 11:35

Page: 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO: 305427473

OWNER COMFORT TRANSPORTATION PTE LTD AS 7010045 OWNER NO 383 SIN MING DRIVE RESS Singapore SINGAPORE 575717 65508755 (R) (C)	REGN NO SHA5092B	MILEAGE
	MAKE: HYUNDAI	FUEL E 1/2 F
	MODEL I-40	DATE/TIME IN 12.10.2020 09:50
	YR OF MANU 15.12.2016	TARGET DATE
	CHASSIS CODE KMLB41UMHU097089	COMPLETION DATE/TIME

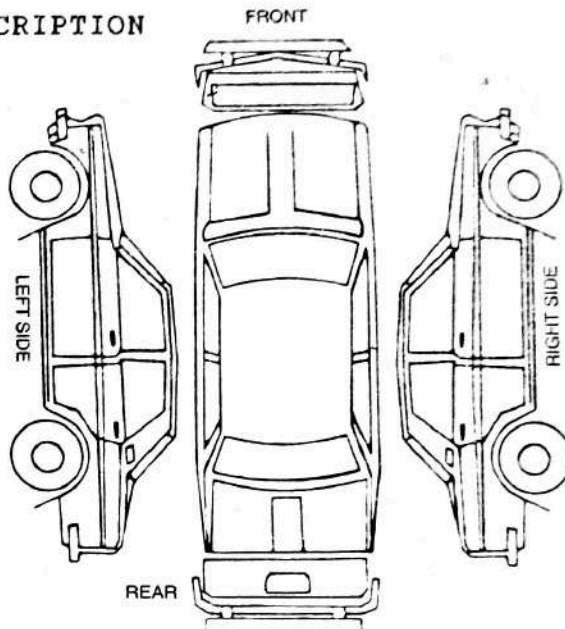
QUANTITY CARD NO.

### JOB DESCRIPTION

Accident Date: 10.10.2020  
NATURE: 3P 10.10.2020

3/NO LABOR CODE

### DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Assignment Slip

Exit Pass

No.: SHA5092B JU NTUC LKK

Vehicle No.: SHA5092B

Signature of 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 12/10/2020 11:12  
Date Of Accident 10/10/2020 19:00  
Exact Location Of Accident ALONG SERANGOON ROAD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA5092B  
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 INDIA INTERNATIONAL INSURANCE PTE LTD  
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy YES

Policy Number MCOM0015

Cover Note Number

### Driver

Name of Driver SAHETAPY ALEX MAXIWANAH FIRDAUS  
NRIC No SXXXXX338H

Date Of Birth 19/09/1973

Occupation OUTDOOR

Date Of Driving Pass 21/04/2009

Driving Experience 11 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90737377

Fax Number

Contact Number

Email Address

NOEMAIL

747 02-700 WOODLANDS CIRCLE

730747

Is the driver an employee of the Insured's Company? 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) 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 11

Vehicle Registration Number FBQ6126T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver HAAIS BIN AB RAZAIC

NRIC/Passport Number

Contact Number 87763586

Address

Postcode

Insurance Company Name

Nature Of Damage NOT SURE

No. Of Passenger (Including Driver)

A: SHA 5072 B

B: FBQ 6126 T

Sri Aji Road

Serangoon Road

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/10/2020 @ about 1800hr, I was traveling along Serangoon Road with no passenger onboard. I was at the extreme right lane where I saw one passenger was flagging my taxi before Sri Aji Road. So I stop my taxi to wait for him to board. A few second later, I feel an impact on my rear, so I came out and noticed there is one motorcycle B-FBQ 6126 T was collided onto my rear left portion, he was not injured at that time at accident. After the accident we had exchange particular and take photo of the scene. And I continue to take my passenger to his destination.

## 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.

12/10/2020  
Jeyaraj



**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. 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 Personnel's Signature  
Name: *For Long Teo*  
NRIC/Fin No.:

