

ASS. REC. BY:

Steve

REF:

NTUC NS/INC20011062/Esd3

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: _____
 Claims No: **MT/1106302-002**
 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
X	X

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ 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: **SHD 3533T** Yr Regn: **8/9/16**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai T-40** c.c. **1685**
 Colour: **Blk** A/C: Insured / Std / NI / NA
 Sp. Reading: **678442** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **KMHLB41UMG093492**
 Gen. Cond: Good / Rdy / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rlm / STD A/Rlm or
 Tyre Size: F: **25/10R16**
 R: **n**
 S / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front R/Bal. **5** mm Rear R/Bal. **5** mm
 L/Bal. **5** mm U/Bal. **5** mm
 D.O.A. **11/10/20** D.O.I. **13/10/20**
 Survey held at **Com for dklg ro**
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	STEVE CONFIRMED L/S \$ 7,550.00/4 DAYS WITH TIEN SIONG (\$ 5,397.86/RED - 42%)

Date/Time, File Pass to?

30/10/2020

TYPIST

Date/Time, File Return to?

Prell. Report

Final Report

Days Of Repair: **4**

Resurvey No. of Trip: **2**

Add Fee:

Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Prop. Formals:

Lump Sum

L/S \$ 7,550.00

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
			SHD3533T	P2/2
	Bootlid ComfortDelGro / <i>AK</i>	1		\$30.00
	Bootlid 65521111 - <i>AK</i>	1		\$30.00
	Reverse Sensor - <i>Shaded</i>	1		\$135.70
	Rear Windscreen Sealant X	2	\$46.00	\$92.00
	Rear Bumper Mat / <i>AK</i>	1		\$50.00
S/NETT TOTAL				\$337.70
SPARE PARTS & OTHERS TOTAL				\$10,497.86
	Panel Beating			\$900.00 <i>840</i>
	Spray Painting Charge			\$1,000.00 <i>800</i>
	Wiring Charge			\$60.00 <i>30</i>
	Tuff Kote			\$100.00 <i>30</i>
	Remove/Refix Reverse Sensor			\$120.00 <i>30</i>
	Remove/Refix Exhaust Pipe			\$120.00 X
	Remove/rRefix Rear Windscreen Glass			\$150.00 X
	Towing Fee			NA
LABOUR TOTAL				\$2,450.00
ESTIMATE TOTAL				\$12,947.86

CLIS

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.

Store CLKK) W/ AK
13/10/20, 10.00 am
4 days
LIS
My AL spy

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 579701
 Mainline +65 6363 6280 Facsimile +65 6280 9755

Service Centres

205 Braddell Road Singapore 579701 59 Loyang Drive Singapore 608969
 45 Pandan Road Singapore 607289 383 Sin Ming Drive Singapore 57571
 7 Sungei Kadut Way Singapore 729791 320 Ubi Road 3 Singapore 408649
 24 Senoko Loop Singapore 758156

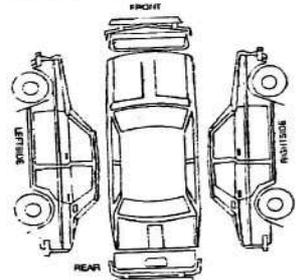
6553 1111
SPARKAssist
 Recovery • Towing • Accidents



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>11/10/20</u> Time Received: <u>1400</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (GTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>Kow</u> Contact No.: <u>96900221</u> Vehicle No.: <u>SHD3533T</u> Make / Model / Colour: <u>140</u> Email: _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____	
7. Location: <u>235 J East</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi			
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____		10. Odometer Reading: _____ Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		11. Radio / CD Player <input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	



: Cracked X : Dented
 / : Scratched O : Missing
Lee
 Signature of Customer

Job Attended

12. Tow Truck / Recovery Van : VRS QA GAO TZ YISHUN OTHERS
 Name of Driver : Joe
 Vehicle No. : YP7646
 Time Dispatch : 1400
 Time of Arrival : 1430
 Time Completed : 1500

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupon, cash cards, spectacles, pen, etc.
 b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
 c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

11/10/20 Date 1430 Time Lee Signature of Customer

14. WORKSHOP

 Name of Attending Staff/Guard Date & Time of Arrival Signature of Attending Staff/Guard

CUSTOMER'S C

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

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

Workshops
 59 Loyang Drive Singapore 509089 24 Serangoon Loop Singapore 758156
 383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
 45 Pandan Road Singapore 600289 561 Yehun Industrial Park A Singapore 768732
 820 Upper Selegie Road Singapore 118448

Date/Time 11.10.2020 08:13 Page : 1

Member of COMFORTDELGRO

JOB CARD Sales Order:

JC NO. 305427680

Team: ARC Repair TP (CLSO)1

COMER

COMFORT TRANSPORTATION PTE LTD

S 7010045

COMER NO. 383 SIN MING DRIVE

ESS Singapore SINGAPORE 575717

(R) 65508755 (O)

(P)

REGN NO. SHD3533T	MILEAGE
MAKE: HYUNDAI	FUEL E. 1/2 F
MODEL I-40	DATE/TIME IN 11.10.2020 11:40
YR OF MANU 08.09.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU093492	COMPLETION DATE/TIME

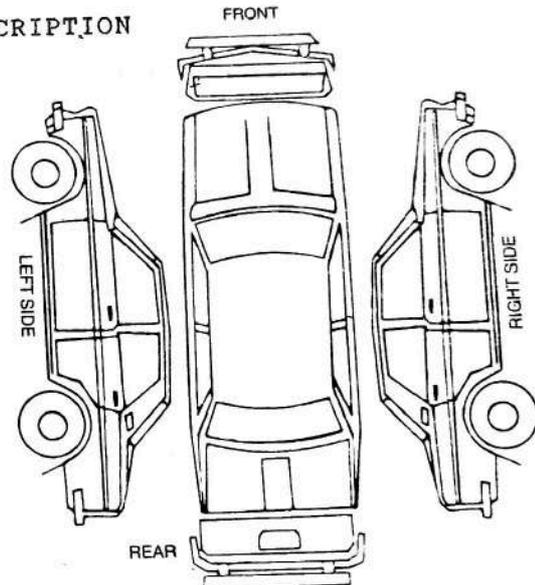
JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 11.10.2020
 ATURE: 3P 11.10.2020

/NO LABOR CODE

DESCRIPTION



RECEIVED & PASSED OUT BY:

CUSTOMER'S SIGNATURE

SERVICE ADVISOR

Confirmation Slip

Exit Pass

No.: SHD3533T

LIMITS

Vehicle No.: SHD3533T

Signature/Date

Name of Service Advisor

Date

Signature of Service Advisor

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 willful 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 14:25
Date Of Accident 11/10/2020 11:40
Exact Location Of Accident JURONG EAST CENTRAL
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD3533T
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 LOW LEONG TUCK
NRIC No SXXXX772B
Date Of Birth 24/03/1955
Occupation OUTDOOR
Date Of Driving Pass 10/03/1978
Driving Experience 42 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96900221
Fax Number
Contact Number
Email Address LEONGTUCK@HOTMAIL.COM

Address BLK 221A BEDOK CENTRAL #13-72
Postcode 461221
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 2
Was any body injured in the Accident? YES
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) 2
Passenger 1
NAME: : -
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TAMPINES CHANGKAT NPP
Police Station Address ROAD: 109 TAMPINES STREET 11 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-7819999 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20201011/2061

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 SLG8922H
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LOW LEONG TUCK

Approximate Age

65

Injuries Sustain

12 STITCHES ON THE LEFT SIDE OF HEAD, ON 5 DAYS MC.

Injured person in which vehicle?

SHD3533T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

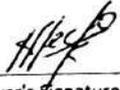
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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 lodgment 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) of:
 - (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, investigating, 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

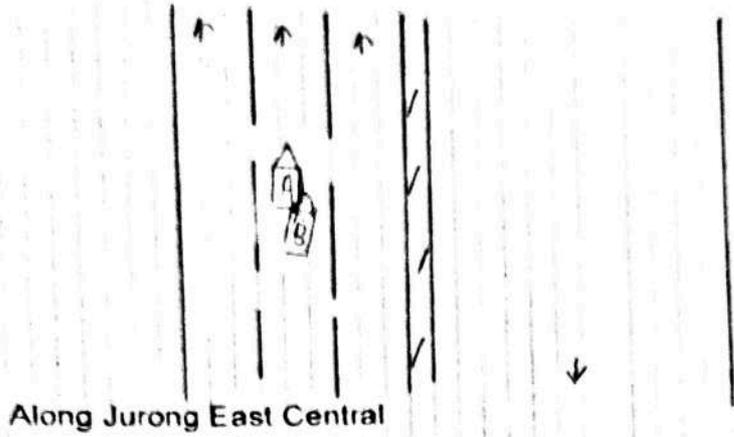
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 12.10.2020
@ 12:00 hrs


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

Sketch Plan Pg 2

SKETCH PLAN



A - SHD 3533T
B - SLG 8922H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20201011/2061
Third Party lost control and collided into my taxi A - Rear Portion

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:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 12.10.2020
@ 12:00 hrs

[Signature]
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20201011/2061

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 821109
Tel No: 1800-7819999

2 of 3

Report No T/20201011/2061

CONTINUATION OF REPORT

Driver			
Name	LOW LEONG TUCK	ID No	S1107772B
Related Vehicle	SHD3533T (Car)	Contact No	96900221
Hospital/Clinic	NEPTUNE HEALTHCARE MEDICAL & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	11/10/2020	Date Discharge	11/10/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On the 11/10/2020 at about 1140hrs, I was driving my vehicle (SHD3533T) along Jurong East Central, heading towards Bukit Batok. After I passed by Jurong East Street 1 and was approaching the next traffic light junction, I came to a complete stop as the traffic light was red. Suddenly, I felt two continuous impacts from the back of my vehicle. Due to the impact, my head then hit the sun shade. There was a cut on my head and I was feeling giddy. My head was bleeding as well, so a passerby helped me to lie down. Subsequently, the police and ambulance arrived. The paramedics dressed my wound and subsequently I waited for the tow truck to arrive before going to the clinic. I had 12 stitches on the left side of my head and was given a 5-day MC. I did not exchange particulars with the other driver and there was no report number given to me. I wish to state that there was a passenger inside my vehicle and I believed he was injured.

My vehicle suffered some damages on the rear. The car boot was dented in and unable to operate. The right rear headlight had fallen out as well. I am unsure what is the estimated cost of damage.



SINGAPORE
POLICE FORCE

Police Station Of Origin
Chengkai NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No. 1800-7819999



1 of 1

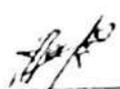
Report No. 1-2020-01-12957

CONTRIBUTION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G/ Sgt 3 TEO YEE WAN, RENNY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time 11/10/2020 18 04
Officer in Charge Of Case: TP / GIT / Sgt 2 DAVID YAP Contact No.: 96192349	Classification Of Case:
Authentication Stamp NF-166 