

ASS. REC. BY:

Steve

REP:

NTUC NS/INC20011065/Evd3

ASSIGNMENT

From:

Date:

Estimated Cost:

QD / IP / WS / IP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured: SMQ 4834R

Policy No. 5114245836

Claims No. MT/1106530-002

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

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SH 6339S

Yr Regn:

24/11/16

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

222605

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

K MHL B41 G MH4 096475

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / Rrim or

Tyre Size:

F:

205/60R16

R:

H

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.

8/10/21

D.O.I.

8/10/22

Survey held at

Comfort delg m

13/10/29

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

FM RM

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

Date / Time

Action / Instruction

16/9/20

Steve confirmed \$510 by email (Red 2517.52, 83%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

16/10/20-Typist

Rep. Form: TP

Lump Sum / I.E.I. P: \$510

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp

(\$

☐

: Interview

(\$

☐

: Tech. Invs

(\$

☐

: Weekend

(\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

DMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SH 6339S

DATE 05/15/20 12:00 AM

MAKE :

CHIANG/NTUC

MODEL I-40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT BUMPER COVER X R			\$1,052.20
1	FRONT BUMPER SIDE BRACKET RH X NM			\$24.60
1	HEAD LAMP RH X NM			\$1,388.00
1	RH WHEEL HUB COVER X NM			\$107.10
	SUB TOTAL			\$2,571.90
	20.00%			\$514.38
	DISCOUNTED TOTAL			\$2,057.52
	Labour Charge			
	Panel Beating		280	\$400.00
	Spray Painting Charge		280	\$450.00
	Check lighting		30	\$60.00
	tuff kote		X	\$60.00
	TOTAL LABOUR			\$970.00
	ESTIMATE TOTAL			\$3,027.52

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.

Steve CLKK)

WL P/L

13/10/20, 10.10 am

L/S

By AL sm
2 days

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:

ORIDELGRO ENGINEERING

ber of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

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

Workshops

59 Luyang Drive Singapore 508969 24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 809286 501 Yishun Industrial Park A Singapore 768732
920 Joo Pong Road Singapore 627041

Date/Time 10.10.2020 09:23

Page : 1

A: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305427681

<p>COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O)</p>		<p>REGN NO. SH 6339S</p>	<p>MILEAGE</p>
<p>OWNER NO. 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 (R) (O)</p>		<p>MAKE: HYUNDAI</p>	<p>FUEL E.....1/2.....F</p>
<p>MODEL I-40</p>		<p>DATE/TIME IN 12.10.2020 16:35</p>	<p>DATE/TIME IN 12.10.2020 16:35</p>
<p>YR OF MANUF. 24.11.2016</p>		<p>TARGET DATE</p>	
<p>CHASSIS NO. KMHLB41UMHU096475</p>		<p>COMPLETION DATE/TIME:</p>	

OUNT CARD NO.

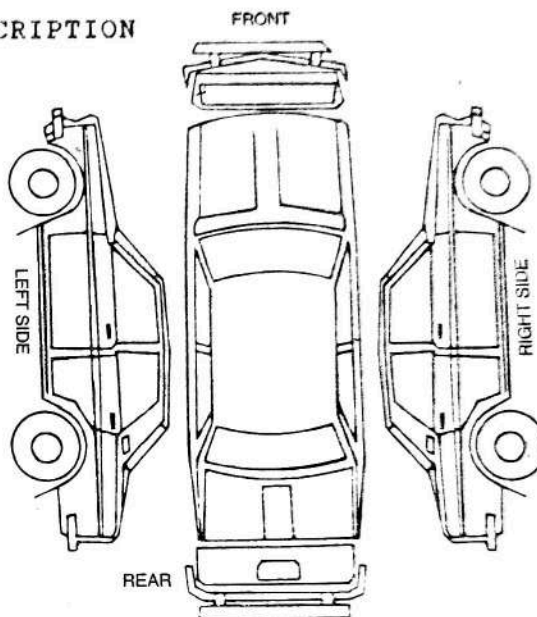
JOB DESCRIPTION

cident Date: 08.10.2020
ATURE: 3P 08.10.2020

3/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No.: SH 6339S

CHIANG

Vehicle No.:

SH 6339S

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned 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 10:45
Date Of Accident	08/10/2020 20:50
Exact Location Of Accident	BLK 508 JURONG WEST ST 52
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6339S
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	TAN KHAI HENG
NRIC No	SXXXX295Z
Date Of Birth	21/07/1954
Occupation	OUTDOOR
Date Of Driving Pass	05/09/1975
Driving Experience	45 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98158524
Fax Number	
Contact Number	
Email Address	NOEMAIL

510 #03-00 JURONG WEST STREET 52

840510

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 SIDE SWIPE
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 SMQ4834R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage REAR LEFT DOOR
No. Of Passenger (Including Driver)

PLAN

A-SH 6339S
B-SMQ 4834R



BLK 508
JURONG WEST ST 52

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08.10.2020, at about 2050 hrs, I park my Comfort taxi SH 6339S, at lot 139, BLK 508, Jurong West St 52.

I off the engine and was waiting for the private car, B, on my right to move out before I open my door.

As B was moving out, its left rear door hit my taxi right front side.

No fire in my taxi and no injury.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303621R

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 09.10.2020

1625h

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

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: 09.10.2020
1625m

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

