

ASS. REC. BY:

Steve

REF:

NTUC

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TR / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No:

Claims No:

MT/1106388-002

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

SIA / 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 4177G

Yr Regn:

14/11/19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Hyundai IONIQ

c.c.

1580

Colour:

Blk

A/C:

Insured / Std / Nil / NA

Sp Reading:

127467

T/Radio:

Insured / Std / Nil / NA

Eng/No:

C/No:

KMHC851CVL418979

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:

195/65R5

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.

12/10/20

D.O.A.

13/10/20

Survey held at

Comfitelgr

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

Frt RH

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

Date / Time

Action / Instruction

P/P \$2864.64, (RED\$ 1164.00, 28%)

Date/Time, File Pass to?

☐

: Prelim. Report

1)

☐

: Final Report

Date/Time, File Return to?

16/10/20 TYPIST

Rep. Format:

Lump Sum / L.E.B. / P/P \$2864.64

Days Of Repair:

2

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

S + RS. \$

Prints

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

AIR ESTIMATE*

VEHICLE NO SHD4177G

DATE

MAKE :

MODEL : HYUNDAI IONIQ G3

/CHIANG NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT BUMPER COVER / DR			\$459.40
1	FRONT BUMPER GRILLE RH / CUT			\$93.45
1	FRONT DAYLIGHT RH X			\$642.50
1	FRONT BRACKET RH / DR			\$28.00
1	HEADLAMP ASSY RH / CUT			\$1,993.65
1	FRONT BUMPER MOULDING / CUT			\$318.80
	SUB TOTAL			\$3,535.80
	20.00%			\$707.16
	DISCOUNTED TOTAL			\$2,828.64
	Labour Charge			
	Panel Beating		320	\$640.00
	Spray Paint		200	\$500.00
	Check lighting		30	\$60.00
	TOTAL LABOUR			\$1,200.00
	ESTIMATE TOTAL			\$4,028.64
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.				

Sten (LKK) ML ML
13/10/20, 3:30pm
2 days
P/P
By Bel SM

- 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

Member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

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

Workshops

59 Loyang Drive Singapore 508988
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609280
620 Hill Road Singapore 104499

24 Serangoon Loop Singapore 756156
7 Sengkang East Way Singapore 756791
601 Yishun Industrial Park A Singapore 760801

Date/Time: 12.10.2020 11:15

Page : 1

Job: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.: 305427685

Customer: COMFORT TRANSPORTATION PTE LTD
MS 7010045
Customer No. 383 SIN MING DRIVE
Address Singapore SINGAPORE 575717
Tel (P) 65508755 (O)

REGN NO. SHD4177G	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 13.10.2020 08:45
YR OF MANU 14.11.2019	TARGET DATE
CHASSIS CODE KMFIC851CVLU189709	COMPLETION DATE/TIME:

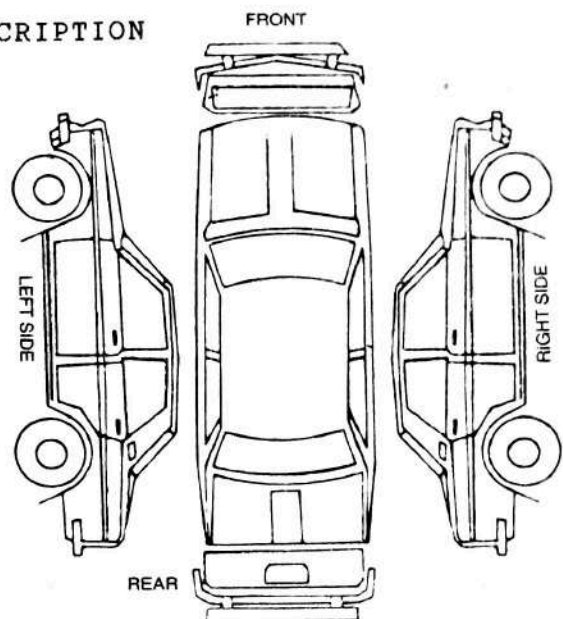
DISCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 12.10.2020
NATURE: 3P 12.10.2020

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

No.:
Vehicle No.: SHD4177G
Name: CHIANG

Vehicle No.: SHD4177G

Name 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 13/10/2020 10:22
Date Of Accident 12/10/2020 17:25
Exact Location Of Accident IMH DRIVEWAY
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD4177G
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 RICHARD TAN KIM MIN
NRIC No SXXXX052D
Date Of Birth 31/10/1957
Occupation OUTDOOR
Date Of Driving Pass 01/12/1978
Driving Experience 41 YEARS AND 10 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98513380
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 416 HOUGANG AVENUE 10 #05-1290
Postcode 530416
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 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? 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) 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

PLS REFER TO 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 SKE4307H
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 LEFT REAR
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1:

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

RICHARD TAN KIM MIN

SHOULDER PAIN

SHD4177G

YES

NO

IMPORTANT NOTICE

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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)**

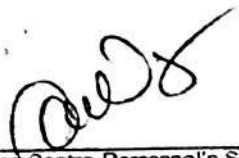
I understand, acknowledge, agree and consent that:

- (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:

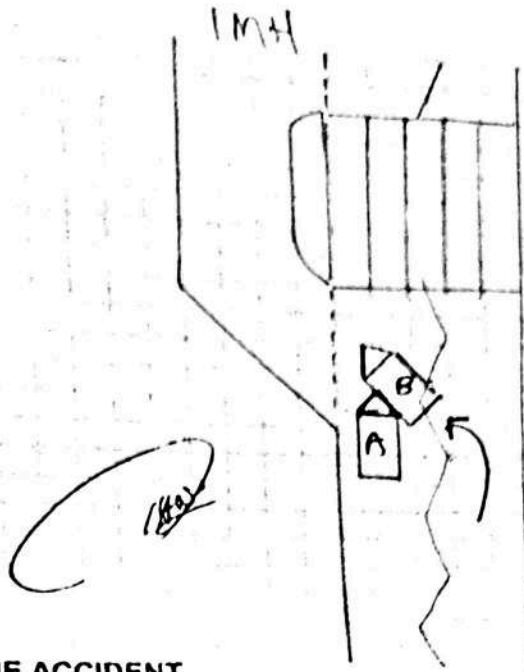
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN

Sketch Plan Pg. 2

A = SHD 4177G

B = SKE 4307H
(MYUNDAI)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 12/10/2020 @ 17:25hrs, I was queuing at the Institute of Mental Health at Buangkok. Green drive way towards the taxi stand.

When I saw the front taxi had moved, I checked any incoming vehicle before slowly to moved. When it was clear.

Then suddenly a vehicle of SKE 4307H drive pass and turn into my lane in speedy manner. As it happened so fast I was unable to stop in time.

As a result the said vehicle left rear portion grazed my taxi right front portion.

My shoulder suffer slight pain from the jerk and I will consult doctor later.

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:

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

13 OCT 2020

