

ASS. REC. BY:

Steve

REF:

NTUC

NS/INC20011102/Eqf3

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. 5072292280-05 (17/06/2020-16/06/2021)

Claims No. MT/1106456-002

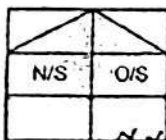
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No

SHC 8926R

Yr Regn:

14/4/16

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

513492

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMH13414MG4987430

Gen. Cond: Good / Fair / 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:

255/60R16

R:

11

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

Com F1 de lgr.

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

Rear RH

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

Date / Time

Action / Instruction

14/10/20@10.57pm Steve finalised with Loke LS \$1500, 2 days.

16/10/20@10.30am Steve had re-finalised with Loke LS \$1450, 2 days (exclude towing fees)
(Red \$1131.54, 44%)

Date/Time, File Pass to?



: Prel. Report



: Final Report

16/10 Typist

Date/Time, File Return to?

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

S + RS \$

Photos

Others

TOTAL

Pop. Forms:

TP

Lump Sum

1450

AFORTDELGRO ENGINEERING PTE LTD

FAIR ESTIMATE*

VEHICLE NO : SHC8926R
MAKE : HYUNDAI
MODEL : i40

DATE: 13. Oct. 2020
MVA: LOKE WY
DOA: 13. Oct. 2020

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper ✓ <i>OK</i>			\$1,106.00
10	Rear Bumper Clips ✓ <i>MC</i>		\$2.20	\$22.00
1	Rear Bumper Side Bracket - RH X			\$35.60
1	Rear Bumper Reinforcement ↑			\$428.40
1	Rear Bumper Reinforcement Bracket RH X			\$80.30
1	Rear Bumper Undercover ✓ <i>CUT</i>			\$228.00
1	Rear Bumper Reflector - RH X			\$32.00
SUB TOTAL				\$1,932.30
LESS 20%				\$386.46
DISCOUNTED TOTAL				\$1,545.84
1	Rear Bumper Rubber Mat ✓ <i>MC</i>			\$50.00
1	Rear Bumper Reverse Sensor ✓ <i>shd</i>			\$135.70
				Nett
				Nett
				\$185.70
Labour Charge				
1	Panel Beating		280	\$400.00
1	Spray Painting Charge		200	\$300.00
1	Wiring Charge		30	\$50.00
1	Remove/refix Reverse Sensor		30	\$100.00
1	Towing Fee			\$600.00
TOTAL LABOUR				\$850.00
ESTIMATE TOTAL				\$2,581.54

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 (LKK) M MC
13/10/20, 4.00pm
2 days
L/S
My M sky

KK 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:

**DELGRO
ENGINEERING**

COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Boddell Road Singapore 579701

Mobile : 65 6383 8280 Facsimile : 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pasir Ris Road Singapore 509508

820 Telok Ayer Street Singapore 060000

24 Serangoon Loop Singapore 758156

7 Selegie Road Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 13.10.2020 14:34 Page : 1

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO. 305427842

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

REGN NO. SHC8926R

MAKE: HYUNDAI

MODEL I-40

YR OF MANU 14.04.2016

CHASSIS CODE KMHLB41UMGU087430

MILEAGE

FUEL

E.....1/2.....F

DATE/TIME IN 13.10.2020 00:45

TARGET DATE

COMPLETION DATE/TIME

T CARD NO.

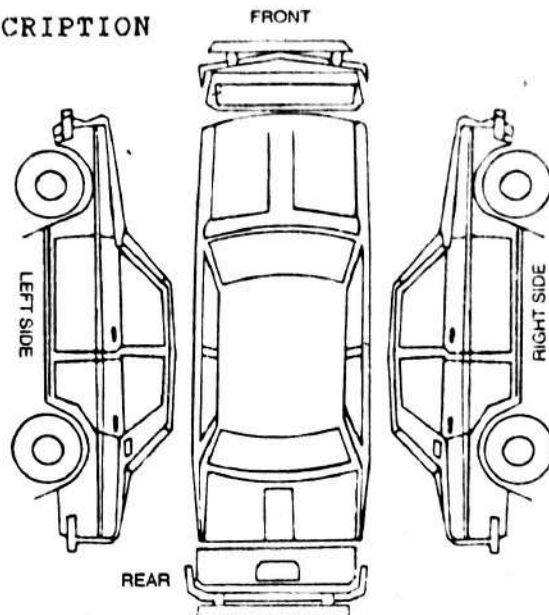
JOB DESCRIPTION

Ident Date: 12.10.2020
URE: 3P 13.10.2020

IO

LABOR CODE

DESCRIPTION



1 & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ament Slip

Exit Pass

SHC8926R

YY

Vehicle No.:

SHC8926R

vice Advisor

Signature/Date

Name of Service Advisor

Date

id 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 Authorized 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 CUA 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 13:42
Date Of Accident 12/10/2020 23:45
Exact Location Of Accident ALONG ANG MO KIO BEFORE CTE EXPRESSWAY
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8926R
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 SENG KEE
NRIC No SXXXX119E
Date Of Birth 25/05/1955
Occupation OUTDOOR
Date Of Driving Pass 23/11/1974
Driving Experience 45 YEARS AND 10 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96775221
Fax Number
Contact Number
Email Address TANSENGKEE2505@GMAIL.COM

ess	BLK 68 GEYLANG BAHRU #02-3229
stcode	330068
/as 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?	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	FBK2977L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NG JUN HUI MAGNUM
NRIC/Passport Number	
Contact Number	87809857
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:

Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

NG JUN HUI MAGNUM

SLIGHT BURISE
FBK2977L

NO

DETAILS OF INJURED PERSON 2

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

PILLION

SLIGHT BURISE/
FBK2977L

NO

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. 139000021

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

A SHC 8926R

B FBK 2977L

Ang Mo Kio Ave 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/10/2020 @ 2345hrs, I was travelling along Ang Mo Kio Ave 1 turn right to CTE expressway with no passenger onboard. It was at the second lane from right to turn right: when I turn reaching the cross line, I saw the amber light starting to flash. So I stop my vehicle at the stop line. By the time I stop, there is vehicle B-FBK 2977L from behind hit my rear portion. The motorcycle fell down. The rider and pillion seen got injured so I call the ambulance. But the rider and pillion refuse to ~~leave~~ convey. After exchange particular with the rider, I called tow truck to tow back my vehicle to company.

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:

28
Driver's Signature
(if driver is not the policyholder)
Date & Time:

Hong. 13/10/2020.
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: Hong Leong Tale

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

<p>1. Date: 13/10</p> <p>2. Time Received: 0045</p>		<p>3. Vehicle Type:</p> <p><input type="checkbox"/> Private</p> <p><input type="checkbox"/> Taxi (CTPL/CCPL)</p> <p><input type="checkbox"/> Fleet</p> <p><input type="checkbox"/> STK (Boon Lay)</p>		<p>4. Type of Towing:</p> <p><input type="checkbox"/> Normal Tow</p> <p><input type="checkbox"/> King Dolly</p> <p><input type="checkbox"/> Flat Bed</p> <p><input type="checkbox"/> Crane up</p>	
<p>5. Nature of Service:</p> <p><input type="checkbox"/> Jumpstart</p> <p><input type="checkbox"/> Recovery</p> <p><input type="checkbox"/> Change Tyre / Battery</p>		<p>6. Parts Replaced/Remarks:</p>			
<p>7. Location: 1001 RENDAMPER RD</p>					
<p>8. Preferred Workshop:</p> <p><input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan</p> <p><input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungai Kadut <input type="checkbox"/> Ubi</p> <p><input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD)</p> <p><input type="checkbox"/> Others:</p>					
<p>9. Odometer Reading:</p>		<p>10. Fuel Level: F 1/4 1/2 3/4 E</p>		<p>11. Radio / CD Player</p> <p><input type="checkbox"/> OK</p> <p><input type="checkbox"/> Faulty</p> <p><input type="checkbox"/> Not tested</p>	
<p>12. Job Attended</p>					
<p>13. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> OA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING</p> <p>Name of Driver: PING GILBERT</p> <p>Vehicle No: 2606</p> <p>Time Dispatch: 0045</p> <p>Time of Arrival: 0115</p> <p>Time Completed: 0145</p>					
<p>14. Vehicle Diagram</p> <p># : Cracked X : Dented</p> <p>/ : Scatched O : Missing</p>					
<p>15. Signature of Customer</p>					

Cash Invoice Details (if applicable)

16. Cash Invoice No.:

Customer Acknowledgement

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.

I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.

Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

Date: 13/10 Time: 0145 Signature of Customer: [Signature]

WORKSHOP