

ASS. REQ. BY:

Stev

REF:

NTUC

## ASSIGNMENT

From:

Date:

Estimated Cost:

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No

Claims No

Sum Insured:

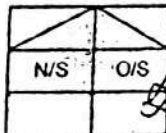
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Rat. or Market Value:

OAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Turn Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHB 4127L

Yr Regn:

22/10/15

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 / N

Sp Reading

675675

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KMHL 8414M 64979458

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

205/60R16

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.

14/10/20

D.O.I.

14/10/20

Survey held at

Comfordale

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

Date/Time, File Pass to?



: Prel. Report



: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

: Others

TOTAL

Rep. Formed:

Printed Date / Time:

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE NTUC - LKS

LKK - Steve

Date: 14.10.2020

Time: 15:12:55

Page: 1/2 TS

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

JOB NO : 305428033  
 REGN NO : SHB4127L  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 22.10.2015  
 DATE/TIME IN : 14.10.2020 13:40  
 ACCIDENT DATE : 14.10.2020

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0103-0595-G	REAR DOOR RH	1	2,201.10 20.00 1,760.88 / 00
0002	04-01-0103-0810-G	ROCKER PANEL GARNISH RH	1	403.00 20.00 322.40 / CR4
0003	28-01-0103-0007-A	Frt Door ComfortDelGro RH	1	75.00 10.00 67.50 / PK
0004	28-01-9999-2023-A	Rear Door Apps RH	1	80.00 10.00 72.00 / PK

SUB-TOTAL : 2,222.78

## JOB NATURE

0000 PB	PANEL BEATING-RR Fender Arch RH	600.00	560
0001 SP	SPRAYPAINT CHARGE	1000.00	800
0002 20-00	TUFF COAT ON AFFECTED PARTS.	100.00	30
0003 L	TRANSFER OF DOOR	120.00	50

SUB-TOTAL : 1,820.00

Steve (LKK) WL PK  
 14/10/20, 3-30pm

L/S

Ry AL SPY  
 3 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:

## REPAIR ESTIMATE

REPAIR ESTIMATE NTUC-45

LKK - Steve.

**Date:** 14.10.2020

Time: 15:12:55

Page: 2

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

JOB NO	:	305428033
REGN NO	:	SHB4127L
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	22.10.2015
DATE/TIME IN	:	14.10.2020 13:4
ACCIDENT DATE	:	14.10.2020

**JOB / PARTS DESCRIPTION**[illegible]

**TOTAL : 4,042.78**

**AUTHORISED : YES / NO**

MVA NAME & SIGNATURE  
DATE :

**SURVEYOR NAME & SIGNATURE**  
**DATE :**

# COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701  
Mainline + 65 6383 8280 Facsimile + 65 6280 9755

### Workshops

59 Luyang Drive Singapore 508969 24 Senoko Loop Singapore 758156  
381 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791  
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 768732

Date/Time 14.10.2020 15:02 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305428033

FROMER  
AS COMFORT TRANSPORTATION PTE LTD  
7010045  
FROMER NO 383 SIN MING DRIVE  
RESS Singapore SINGAPORE 575717  
65508755 (R) (O)

REGN NO. SHB4127L	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 14.10.2020 13:40
YR OF MANU 22.10.2015	TARGET DATE
CHASSIS CODE KMHLEB41UMGU079458	COMPLETION DATE/TIME:

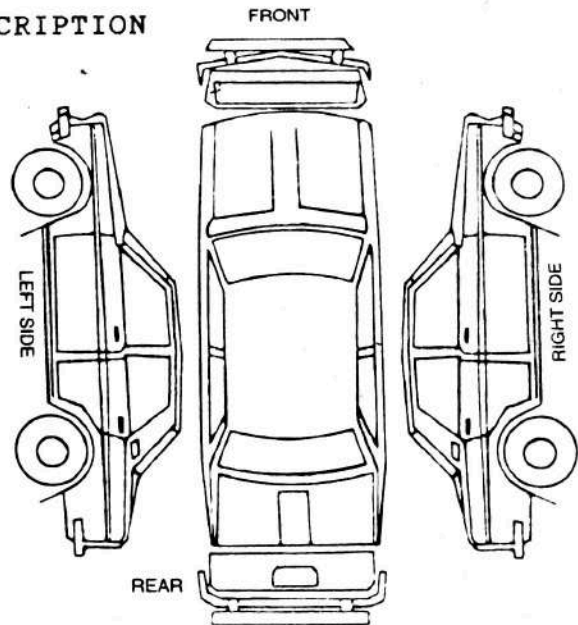
COUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 14.10.2020  
NATURE: 3P 14.10.2020

S/NO LABOR CODE

### DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

No.: SHB4127L LIMITS

Vehicle No.: SHB4127L

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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	14/10/2020 14:33
Date Of Accident	14/10/2020 13:10
Exact Location Of Accident	OLD TAMPINES RD X NEW LOYANG LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4127L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGETAXI.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-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	TAN YAM KOO
NRIC No	SXXXX611A
Date Of Birth	06/12/1963
Occupation	OUTDOOR
Date Of Driving Pass	01/02/1993
Driving Experience	27 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97587786
Fax Number	
Contact Number	
Email Address	YAMKOOTAN@GMAIL.COM

Address	BLK 254 PASIR RIS STREET 21
	#05-249
Postcode	510254
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	-
	-
	-
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?	
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

REFER ATTACHED \* TYPE OF ACCIDENT :- HEAD TO SIDE

#### 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	SJW7496S
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	



# 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: 14.10.2020

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



←

A-SHB 4127L

B-S3W7496S

New Woman Clinic

of student attached

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

Y

Driver's Signature  
(if driver is not the policyholder)

Date & Time: 14.10.2020  
1400hrs

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



Sketch Plan Pg. 3

**Describe Circumstances of the Accident.**

On 14.10.2020, at about 1310hrs, I stopped my Comfort taxi, SHB4127L, at the T junction of Old Tampines Rd and New Loyang Link, waiting for the opposite traffic to clear. When traffic was clear, I proceeded to turn right into New Loyang Link.

Halfway turning, I sudden felt a big impact from my right rear.

A private car, B, did not stop at the stop line and had hit my taxi right rear door and fender area. I have a video recording of the accident impact. Photos taken after the accident.

No injury. Weather was clear and traffic was light.

**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



14.10.2020

1400hrs

Larry Ng

Witnessed by Reporting  
Centre Personnel