

ACCS. REC. BY:

REF:

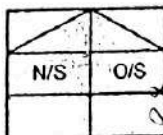
NMC NS/INC20011182/Esd3

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. MT/1106717-002
 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: _____ 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: SUC 8445L Yr Regn: 3/12/15
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda 1-400 c.c. 1685
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 565.131 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHL B41 9M 64-050635
 Gen. Cond: Good (Ful) / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD / VRim or
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front

Rear

R/Bal. 5 mmR/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 14/10/20D.O.A. 15/10/20

Survey held at

Conf. Hgn

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

Rear R17

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

Date / Time Action / Instruction

STEVE CONFIRMED P/P \$ 952.00/2 DAYS WITH KWOK ENG
 (\$ 2,150.88/RED - 69%)

Date/Time, File, Pass to?

30/10/2020

1) TYPIST

Date/Time, File Return to?



: Prell. Report



: Final Report

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

S + RS. \$

Photos

Others

TOTAL

Pop. Formed:

Lump Sum / P/P \$ 952.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 15.10.2020
Time: 10:46:42
Page: 1

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

JOB NO : 305428038
REGN NO : SHC8445L
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 03.12.2015
DATE/TIME IN : 14.10.2020 16:10
ACCIDENT DATE : 14.10.2020

JOB / PARTS DESCRIPTION QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001 04-01-0103-0595-G I40VC PANEL ASSY-RR DR RH	1	L	2,201.10	20.00	1,760.88
0002 28-01-9999-2023-A APP LOGO REAR DOOR L/R CT	1	N	80.00	10.00	72.00
SUB-TOTAL					1,832.88

JOB NATURE

JOB NATURE	QTY	UNIT-PRICE	DISC%	AMOUNT
0000 20-05 REAR DOOR ADVERTISEMENT LOGO RH	1	100.00	0.00	100.00
0001 20-05 REAR FENDER ADVERTISEMENT LOGO RH	1	100.00	0.00	100.00
0002 L PANEL BEATING (repair rr fender Rh)	1	500.00	0.00	500.00
0003 23-502 SPRAYPAINT ON AFFECTED AREA	1	450.00	0.00	450.00
0004 20-02 REMOVE/REFIX DOOR PARTS TO ASSIST REP	1	120.00	0.00	120.00
SUB-TOTAL : 1,270.00				

TOTAL : 3,102.88

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE

DATE :

Steve (LKK) M ML
15/10/20, 11:00 am
2 days
L/S
My AL My

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 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 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Choa Road Singapore 600649

24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time 15.10.2020 10:12

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305428038

TOMER
AS
TOMER NO. 7010045
RESS. 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

NTUC

REGN NO.	SHC8445L	MILEAGE
MAKE :	HYUNDAI	FUEL
MODEL	I-40	E.....1/2.....F
YR OF MANU.	03.12.2015	DATE/TIME IN 14.10.2020 16:10
CHASSIS CODE	KMHLB41UMGU080635	TARGET DATE
		COMPLETION DATE/TIME:

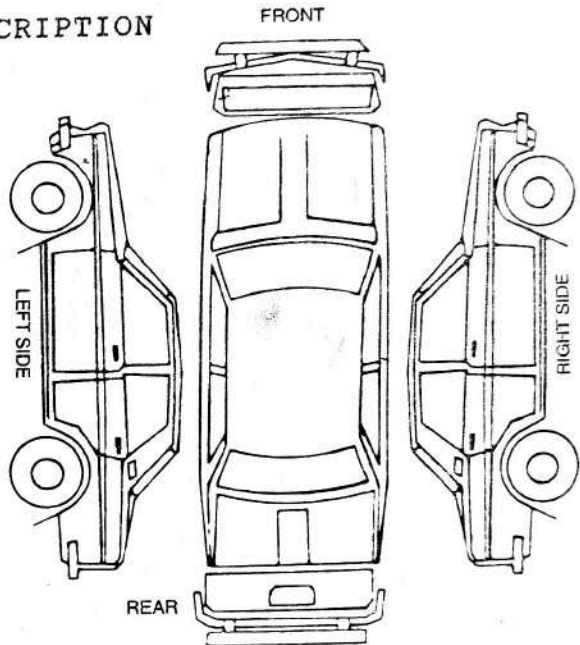
OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 14.10.2020
NATURE: 3P 14.10.2020

3/NO LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

SHC8445L

LKE

STEVE

Exit Pass

Vehicle No.:

SHC8445L

Service Advisor

Signature/Date

Name of Service Advisor

Date

to Service Reception upon collection

To be kept by Security Guard

SINGAPORE ACCIDENT STATEMENT

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.
Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to
revoke policy liability.
The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
Any false reporting may be referred to the Police for investigation.
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 15/10/2020 08:36
Date Of Accident 14/10/2020 15:10
Exact Location Of Accident NORTHPOINT CITY SOUTH WING TAXI STAND
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8445L
Insured/Policyholder
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 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 NG HO KIAT
NRIC No SXXXX406D
Date Of Birth 08/01/1953
Occupation OUTDOOR
Date Of Driving Pass 01/06/1981
Driving Experience 39 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98304930
Fax Number
Contact Number
Email Address NGHOKIAT@YMAIL.COM

Address BLK 341 UBI AVENUE 1
#08-907
Postcode 400341
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? 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

REFER 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 SLT4837D
Vehicle Make/Model/Colour MAZDA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver UNKNOWN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage LEFT 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:

Reporting Centre Personnel's Signature
Name: Olivia Wong
NRIC/Fin No.: 14 OCT 2020

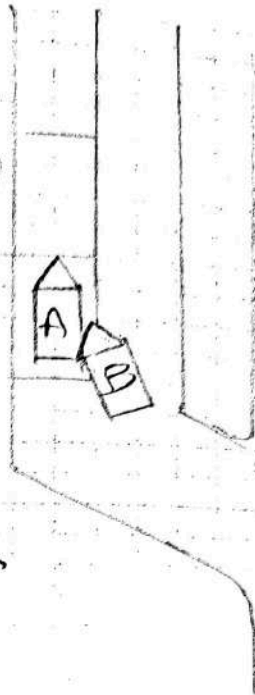
SKETCH PLAN

A 2 SHC 2445L

B 2 SLT 483FD
(MADON)

Video Timing PM 03:05:44 *Wendy*

NORTH POINT
CITY WING
CITY WING
TAXI STAND



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

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:

Wendy

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

Wendy

Reporting Centre Personnel's Signature
Name: *Wendy* & *Wendy* 2020
NRIC/Fin No.:

Describe Circumstances of the Accident.

On the 14/10/2020 at about 18:00hrs, I was driving towards Northpoint City South Wing taxi stand.

While I was stationery, suddenly there's a jerk on my taxi right rear door.

A vehicle of SLT4837D left front portion had grazed onto my taxi.


No injury at the point of accident.


Declaration

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303321R

Policyholder's Signature/Date &
Time


Driver's Signature(If driver is not the policyholder)/Date
& Time


Witnessed by Reporting
Centre Personnel

Olivia Wendy

14 OCT 2020

