

ASS. REC. BY:

Steve

REF:

NTUC

NS/INC20011190/Eqf3

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. 5117865992 (19/06/2020-18/06/2021)

Claims No. MT/1107062-001

Sum Insured:

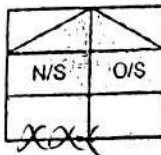
Excess:

(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

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHA 1456L

Yr Regn:

17/12/20

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

Truck / Trailer or

Make:

Hyundai Tomy

c.c 1589

Colour:

Blk

A/C:

Insured / Std / NI / N

Sp. Reading

139236

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KMH085 / CVR416479

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / S/D A/Rlm or

Tyre Size:

F:

195/65 R15

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.

14/10/21

D.O.A.

15/10/21

Survey held at

Conf. Hqrs

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

19/10/20 @ 9.25am Steve finalised with Loke final fig \$1561.12, 2 days. (Red \$1300.32, 45%)

Date/Time, File, Pass to?



: Prel. Report

20/10 Typist



: Final Report

Date/Time, File Return to?

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S \* RS \* SI

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Rep. Formed:

TP

Comp. Sum / U.C. /

1561.12

# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

DATE: 15/10/2020

MODEL: HYUNDAI IONIQ

VEH NO.: SHA1456L

3P INSURANCE: NTUC

SURVEYOR: LKK

MVA: LOKE WY

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Rear Bumper	1		\$459.40
	Rear Bumper Cover Clips	10		\$22.00
	Rear Bumper Reinforcement	1		\$294.80
	Rear Bumper Re-inforcement Bracket	2		\$276.20
	Rear Bumper Side Bracket LH RH	2		\$111.60
	Rear Bumper Towing Cover	1		\$98.80
	Rear Bumper Centre Moulding Assy	1		\$451.25
	Rear Bumper Lower Centre Moulding Assy	1		\$155.00
	Rear Fog Lamp	1		\$201.50
	SPARE PARTS SUB TOTAL			\$2,070.55
	LESS 20%			\$414.11
	DISCOUNTED SPARE PARTS TOTAL			\$1,656.44
	Rear No. Plate with Trim Cover	1		\$55.00 Nett
	Reverse Sensor	1		\$180.00 Nett
	DISCOUNTED SPARE PARTS & NETT TOTAL			\$235.00
	Panel Beating			\$400.00 320
	Spray Painting			\$300.00 240
	Remove / Replace Reverse Sensor			\$120.00 30
	Tuff Kote			\$90.00 X
	Check Lighting			\$60.00 30
	LABOUR TOTAL			\$970.00
	ESTIMATE TOTAL			\$2,861.44

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 m  
15/10/20, 11:00  
2 dys  
p/p  
My Bel dy

- 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:

Page 1 of 8  
Hyundai Sonata (Front)

# COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Team: ARC Repair TP(CLS0)1

STOMER  
/MS  
STOMER NO  
DRESS  
-- (R)  
(P)

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

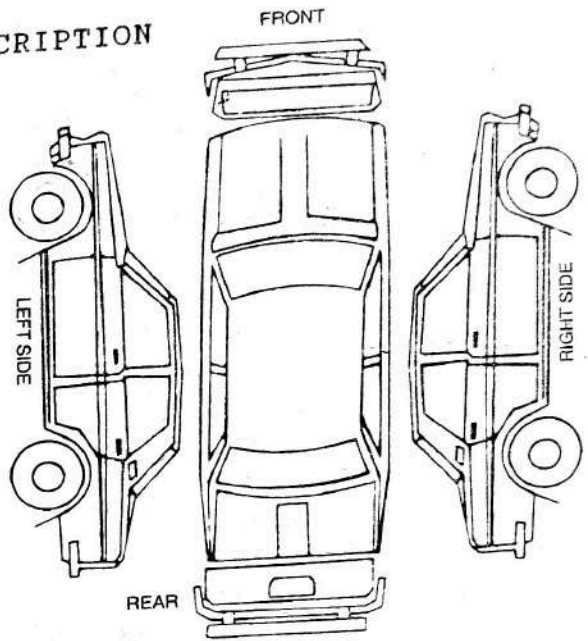
COUNT CARD NO.

Accident Date: 14.10.2020  
NATURE: 3P 14.10.2020

S/NO  
LABOR CODE  
NTUC LKK.

## JOB DESCRIPTION

## DESCRIPTION



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 Bukit Road Singapore 220649  
24 Senoko Loop Singapore 758156  
7 Sungei Kadut Way Singapore 728791  
501 Yishun Industrial Park A Singapore 7687

Date/Time: 15.10.2020 10:28 Page: 1

<b>JOB CARD</b>	REGN NO	SHA1456L	MILEAGE
	MAKE	HYUNDAI	FUEL
	MODEL	IONIQ(G2)	E.....1/2.....F
	YR OF MANU	17.07.2019	DATE/TIME IN
	CHASSIS CODE	KMHC851CVKU164719	15.10.2020 09:05
			TARGET DATE
			COMPLETION DATE/TIME:

Sales Order: JC NO.: 305428039

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedgement Slip

Vehicle No.: SHA1456L YY

Signature/Date

Exit Pass

Vehicle No.: SHA1456L

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 15/10/2020 09:43  
Date Of Accident 14/10/2020 15:40  
Exact Location Of Accident JURONG WEST ST 51 TOWARDS JURONG WEST ST 52  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA1456L  
**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 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-18088937MFSH  
Cover Note Number

### Driver

Name of Driver POH CHEW PHENG  
NRIC No SXXXX232H  
Date Of Birth 22/09/1955  
Occupation OUTDOOR  
Date Of Driving Pass 19/07/1977  
Driving Experience 43 YEARS AND 2 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-97535122  
Fax Number  
Contact Number  
Email Address CHEWPHENG.POH@GMAIL.COM

BLK 763 RESERVOIR VIEW  
#13-291  
470763

Is an 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  
Weather Conditions  
Road Surface

COLLISION - HEAD TO REAR  
CLEAR  
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) 2

Passenger 1

NAME: : -  
GENDER: : FEMALE

### 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 SMS9249L  
Vehicle Make/Model/Colour HYUNDAI  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver SENGAPPAN JEYALAKSHMI  
NRIC/Passport Number  
Contact Number 81898606  
Address  
Postcode  
Insurance Company Name

FRONT

of Damage  
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

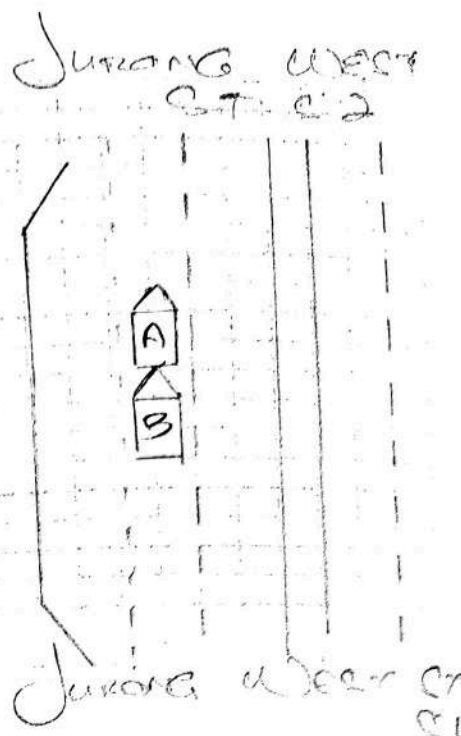
Policyholder's Signature  
Date & Time:

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

Reporting Centre Person's Signature  
Name:   
NRIC/Fin No.:   
15 OCT 2020

B = 5ms9249L  
(HYMROA)

BLK  
SIC  
BUL  
CTOP



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

STATEMENT OF CIRCUMSTANCES OF THE ACCIDENT

## 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:  
NRIC/Fin No.: Olivia Wendy

15 OCT 2020



**Describe Circumstances of the Accident.**

On the 14/10/2020 @ 15:40hrs, I was driving along Jurong West St 51 towards Jurong West St 52 direction with 1 passenger on board my taxi.

The front vehicle stop so I stop as well when suddenly there's an impact from behind my taxi. I step out to check and found out a vehicle of SMS9249L front portion had collided onto my taxi rear portion.

No injury at the point of injury.

**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

Witnessed by Reporting  
Centre Personnel  
Olivia Wendy

15 OCT 2020