

ASS. REC. BY:

Steve

REF:

NTUC

NS/INC20011224/Eqf3

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. 5053280386-08 (26/02/2020-25/02/2021)

Claims No. MT/1106952-002

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

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 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 6502 M

Yr Regn:

10/9/14

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

Truck / Trailer or

Make:

Hyundai T-40

c.c 1685

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

740.555

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB414ME4959654

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

R/Bal.

mm

mm

L/Bal.

L/Bal.

mm

mm

D.O.A.

15/10/20

D.O.A.

16/10/20

Survey held at

Confidential

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

22/10/20@9.02am Steve finalised with Jumani LS \$1400, 2 days (Red \$375.25, 21%)

Date/Time, File Pass to?

☐

: Prell. Report

03/11 Typist

☐

: Final Report

Date/Time, File Return to?

Rep. Form:

TP

Lump Sum / +C.:

1400

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

NEW - (18/10/20)

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 16.10.2020
Time: 09:28:12
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 : 305428218
REGN NO : SHD6502M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 10.09.2014
DATE/TIME IN : 15.10.2020 16:30
ACCIDENT DATE : 15.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	1,106.00	20.00	884.80	/	BR
0002	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	228.00	20.00	182.40	/	CUT
0003	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	/	MC
0004	04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00	2.00-	50.00	/	MC
0005	04-01-0103-0739-G	ABSORBER-RR BUMPER ENERGY	1	119.50	20.00	95.60	?	
0006	04-01-0103-0740-G	I40VC BEAM-RR BUMPER#	1	428.40	20.00	342.72	?	
0007	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	10.00	122.13	/	BR
						SUB-TOTAL	:	1,695.25

JOB NATURE

0000	PB	PANEL BEATING
0001	SP	SPRAYPAINT CHARGE
0002	L	REMOVE/REFIX REVERSE SENSOR ASSY

0.00 280
0.00 200
80.00 30

SUB-TOTAL : 80.00

Steve (LKK) W/L PL
16/10/20, 10.00 AL
2 dgs
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 modifications allowed
- Supplementary items must be surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Date: 16.10.2020
Time: 09:28:12
Page: 2

JOB NO	:	305428218
REGN NO	:	SHD6502M
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	10.09.2014
DATE/TIME IN	:	15.10.2020 16:3
ACCIDENT DATE	:	15.10.2020

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
1		1000		1000
2		2000		2000
3		3000		3000
4		4000		4000
5		5000		5000
6		6000		6000
7		7000		7000
8		8000		8000
9		9000		9000
10		10000		10000
11		11000		11000
12		12000		12000
13		13000		13000
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15		15000		15000
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19		19000		19000
20		20000		20000
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86		86000		86000
87				

TOTAL : 1,775.25

AUTHORISED : YES / NO

DATE: _____ SURVEYOR NAME & SIGNATURE _____

LKX Auto Consultants hereby notify

the Repairer of the following:

- To replace the _____
- Paint _____
- Trim _____
- Interior _____
- Exterior _____

is sufficient.

Acknowledged by Repairer: _____

Signature: _____

Date: _____

COMFORTDELGRO ENGINEERING

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 Woodlands Road Singapore 730645
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 15.10.2020 09:22 Page: 1

member of COMFORTDELGRO

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.: 305428218

CUSTOMER AS 7010045 CUSTOMER NO. 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 (O) (R) (P)	REGN NO. SHD6502M	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 15.10.2020 16:30
	YR OF MANU 10.09.2014	TARGET DATE
	CHASSIS CODE KMHLEB41UMEU059654	COMPLETION DATE/TIME:

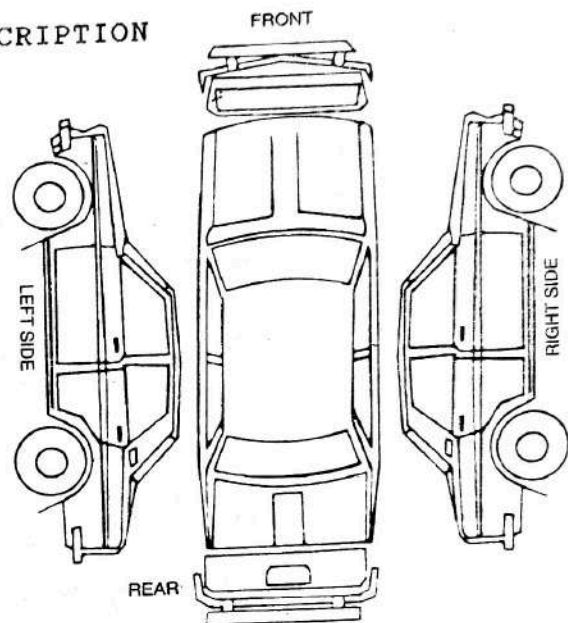
COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 15.10.2020
NATURE: 3P 15.10.2020

3/NO LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHD6502M JU NTUC LKK

Vehicle No.: SHD6502M

Signature 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 15/10/2020 17:38
Date Of Accident 15/10/2020 15:40
Exact Location Of Accident ALONG JALAN SULTAN ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD6502M
Insured/Policyholder
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Co Reg No 1XXXXX821R
Email Address FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No OFFICE-65508768
Alternative Phone No

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 RAZALI B RADI
NRIC No SXXXX079J
Date Of Birth 28/05/1961
Occupation OUTDOOR
Date Of Driving Pass 09/02/1990
Driving Experience 30 YEARS AND 8 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91449665
Fax Number
Contact Number ASRIDA18@YAHOO.COM.SG
Email Address

SS BLK 462 TAMPINES STREET 44 #07-58
 .code 520462
 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 -
 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) 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

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 FBD3950T
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver MOHD YUSNI BIN IBRAHIM
 NRIC/Passport Number
 Contact Number 97884668
 Address
 Postcode
 Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Nature Of Damage FRT

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: *Hong Leong*
NRIC/FIN No.:

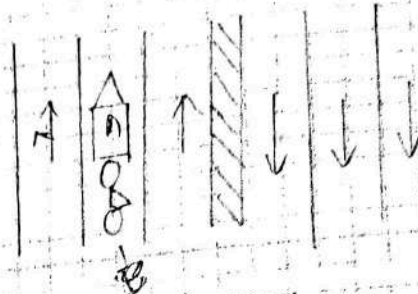
Sketch Plan Pg. 2

SKETCH PLAN

A SHD 6502 m

B FBD 3950T

↑ Beach Road



Jalan Sultan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/10/2020 @ about 1540 hrs, i was at Jalan Sultan Taxi stand picking passenger. After picking up customer, i moved my vehicle towards Beach Road while i stop at the traffic light junction waiting for green light. Suddenly i feel an impact behind my rear. I came out and check realizes there is a motorcycle B - FBD 3950T was collided onto my rear portion. The rider was slight injured and he walk on side and rest. I did ask to him is he alright and he said he is alright. so i exchange particular with him. I have let my customer to get another taxi after i am sure she is alright. After that i strength away come to my own loyong workshop to report the case.

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.:

15/10/2020
Heng Leong Lee