

ASS. REC. BY:

SKW

REF:

CTI

## 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.

Claims No.

Sum Insured:

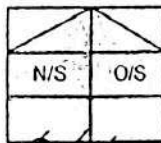
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



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

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SHD 3228A

Yr Regn:

30/6/16

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

Truck / Traller or

Make:

Honda T-40

c.c

1685

Colour:

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

70426

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMH BTHUMGA 091 693

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

205/60R16

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.

14/10/20

D.O.A.

16/10/20

Survey held at

con FM/MS

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

1)



: Final Report

Date/Time, File Return to?

Pop. Formed:

Lump Sum / F.E. /

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

China Taiping (L/S)

LKK - Steve

Date: 16.10.2020

Time: 11:13:29

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 : 305428219  
 REGN NO : SHD3228A  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 30.06.2016  
 DATE/TIME IN : 16.10.2020 08:40  
 ACCIDENT DATE : 14.10.2020

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

PART REQUISITION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT	REMARKS
0001 04-01-0103-0579-G REAR BUMPER	1		1,106.00	20.00	884.80	/ DD
0002 04-01-0103-0738-G REAR BUMPER UNDER COVER	1		228.00	20.00	182.40	X
0003 04-01-0101-0111-G REAR BUMPER CLIPS	10 L		22.00	20.00	17.60	/ MC
0004 09-01-9999-0068-A REVERSE SENSOR	1		135.70		135.70	?
0005 04-01-0103-1150-A REAR BUMPER MAT	1		50.00		50.00	/ MC
SUB-TOTAL :					1,270.50	

## JOB NATURE

JOB NATURE	QTY	UNIT-PRICE	DISC%	AMOUNT	REMARKS
0000 PB PANEL BEATING		300.00		289	
0001 SP SPRAYPAINT CHARGE		250.00		209	
0002 L R/I REVERSE SENSOR		120.00		39	
SUB-TOTAL :					670.00

Steve (LKK)

m m

16/10/20, 3:39 pm

L/S

My AC SJ

2 dgj

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:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 16.10.2020

Time: 11:13:29

Page: 2

REPAIR ESTIMATE

China Taiping C 45

Lxx - Steve

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS : COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO : 305428219  
REGN NO : SHD3228A  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 30.06.2016  
DATE/TIME IN : 16.10.2020 08:4  
ACCIDENT DATE : 14.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,940.50

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

MVA NAME & 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 24 Senoko Loop Singapore 758156  
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791  
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 768732  
320 Woodlands Industrial Estate Singapore 738439  
Date/Time 16.10.2020 11:08 Page : 1

A member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO.: 305428219

TOMER  
MS 7010045  
TOMER NO 383 SIN MING DRIVE  
RESS Singapore SINGAPORE 575717  
65508755 (O)  
(R)  
(P)

REGN NO SHD3228A	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE TIME IN 16.10.2020 08:40
YR OF MANU 30.06.2016	TARGET DATE
CHASSIS CODE KMHCB41UMGU091603	COMPLETION DATE/TIME:

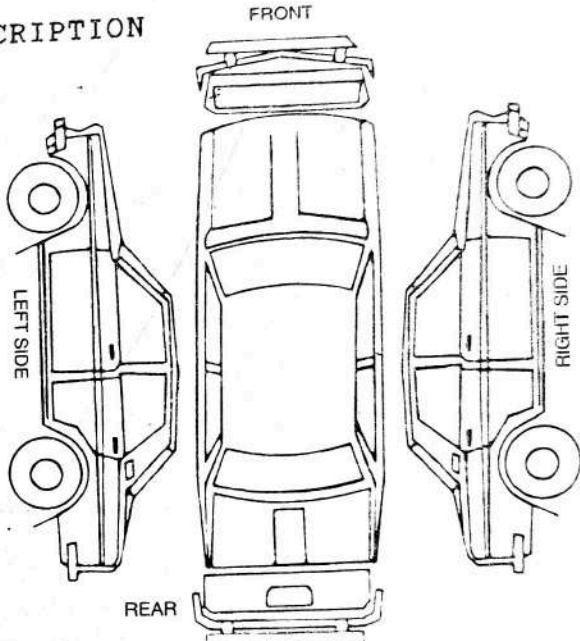
OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 14.10.2020  
NATURE: 3P 14.10.2020

S/NO LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SHD3228A LIMITS

Vehicle No.: SHD3228A

Service Advisor

Signature/Date

Name of Service Advisor

Date

## 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	16/10/2020 10:02
Date Of Accident	14/10/2020 19:35
Exact Location Of Accident	PIONEER RD NORTH BEFORE INTERNATIONAL RD
Country/State Of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3228A
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
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	HUSSIN BIN DALIB
NRIC No	SXXXXX444I
Date Of Birth	27/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	12/12/1983
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93851636
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 376 4-132 BANGKIT ROAD  
 Postcode 670276  
 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? 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: : MALE

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 POLICE STATION NAME [OTHER] BISHAN NPC  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

SEE POLICE REPORT.

#### 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:

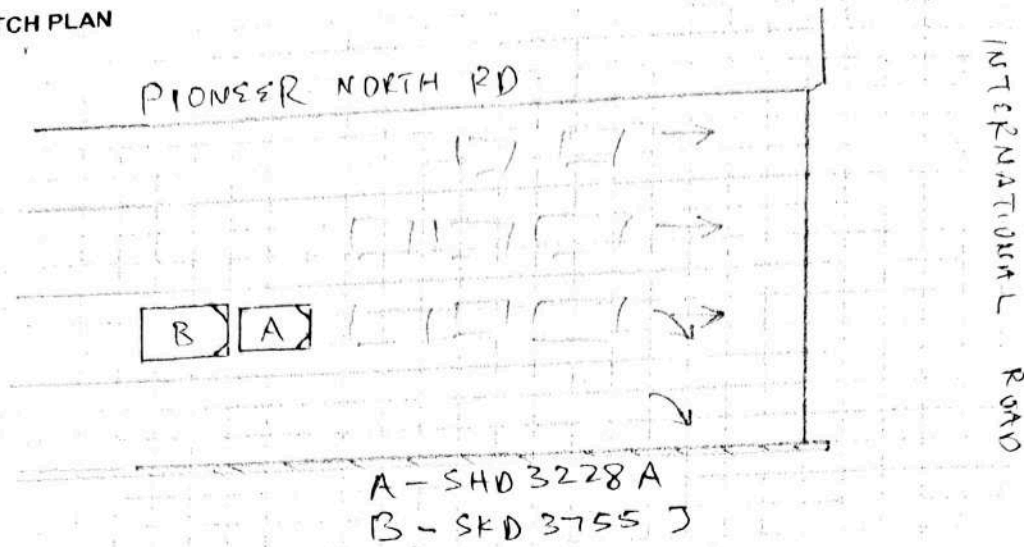
Vehicle Registration Number SKD3755J  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver LIEW WAH MENG  
 NRIC/Passport Number  
 Contact Number 91524249  
 Address  
 Postcode  
 Insurance Company Name

Nature Of Damage

NO DAMGAE

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

+ Police report T/20201014/2149 +

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:

16.10.2020

0900w

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




**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20201014/2149

1 of 4

Report No: T/20201014/2149

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/10/2020 21:03		Vide Report No.:		Station Diary No.: 97	
<b>Informant's Particulars</b>					
Name of Informant: HUSSIN BIN DALIB			Address: APT BLK 276 BANGKIT ROAD #04-132 SINGAPORE 670276		
ID Type / ID No.: NRIC NO / S1613444I			Contact No.: Home/Office:		Mobile: 93851636
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 27/05/1963	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3,4,5		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/10/2020 19:35	Type of Location: X-Junction
Location:  PIONEER ROAD NORTH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3228A	Car				Slightly Damaged	1
SKD3755J	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20201014/2149

Report No. T/20201014/2149

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**CONTINUATION OF REPORT**

<b>Passenger</b>		ID No.	NIL
Name	SEAH	Contact No.	96352539
Related Vehicle	SHD3228A (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL
<b>Driver</b>		ID No.	S1613444I
Name	HUSSIN BIN DALIB	Contact No.	93851636
Related Vehicle	SHD3228A (Car)	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3, 4, 5 Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL
<b>Name</b>		ID No.	NIL
	LIEW WAH MENG	Contact No.	91524249
Related Vehicle	SKD3755J (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL

**Brief Details.**

On 14/10/2020 at about 1935hrs, my vehicle was stationary as the traffic light was 'Red', along Pioneer North Road towards Jurong West, Junction of International Road. As I recall, I was on the center lane but I could not recall how many lanes were on the road. I had a passenger whom was seated on the rear left passenger seat.

While waiting for the light to turn 'Green', I suddenly felt an impact coming from the rear of my vehicle. After the impact, I made a check on my passenger who informed that he was alright. I then alighted from my vehicle and made a check on my vehicle. I then discovered that a vehicle (SKD3755J) had collided onto the rear portion of my vehicle causing damages. I then spoke to the driver and we exchanged particulars. We then went on our separate ways. I have an in car camera in vehicle but have yet to review the footage.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

CONTINUATION OF REPORT



T/20201014/2149

3 of 4

Report No: T/20201014/2149

The damages are as follows:  
1. Slight scratches on rear bumper



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



4 of 4  
Report No. T/20201014/2149

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
E /  
Sgt 2 QAMARUL FITRI BIN JEFFREY

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
14/10/2020 21:03

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE