

ASS. REC. BY:

Steve

REF:

NTUC

NS/INC20011348/Eqf3

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. 5117282297 (26/04/2020-25/04/2021)

Claims No. MT/1106950-002

Sum Insured:

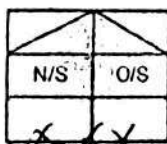
Excess:

(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 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SHC 8162C

Yr Regn:

19/5/16

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 / N

Sp. Reading

595305

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KMHLD414164 089784

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brakes: In order / Jammed / Leaked / Burnt or

Modl: 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.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

17/10/20

D.O.A.

19/10/20

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 @ 12.07am Steve finalised with Mr Lim LS \$1150, 2 days (Red \$726.93, 39%)

Date/Time, File Pass to?



Prell. Report

30/10 Typist



Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$

)

\$ + RS. SI



Interview (\$

)

Private



Tech. Invs (\$

)

Others



Weekend (\$

)

TOTAL

Rep. Format:

TP

Lump Sum / L.P.

1150

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

NTUC-LIS

Date: 19.10.2020

Time: 13:17:58

Page: 1

TS

LKK - Steve

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

JOB NO : 305428777  
 REGN NO : SHC8162C  
 MILEAGE : 000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 19.05.2016  
 DATE/TIME IN : 17.10.2020 16:45  
 ACCIDENT DATE : 17.10.2020

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0103-0579-U	REAR BUMPER	1	1,106.00 20.00 884.80 / OR
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 10.00 122.13 ?
				SUB-TOTAL : 1,206.93

## JOB NATURE

0000 PB	PANEL BEATING	280	300.00
0001 SP	SPRAYPAINT CHARGE	200	250.00
0002 L	R/I REVERSE SENSOR	30	120.00
			SUB-TOTAL : 670.00

TOTAL : 1,876.93

MVA NAME & SIGNATURE  
 DATE :

Lmf

Steve (LKK)

DATE :

WZ AL  
 19/10/20, 3.30pm  
 LIS  
 My ALSy  
 2 dys

AUTHORISED : YES / NO

SURVEYOR NAME &amp; SIGNATURE

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

number 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 Hill Road Singapore 200016

24 Senoko Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time 19.10.2020 12:51

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305428777

OWNER COMFORT TRANSPORTATION PTE LTD IS 7010045 OWNER NO 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO SHC8162C MAKE: HYUNDAI MODEL I-40 YR OF MANU 19.05.2016 CHASSIS CODE KMLB41UMGU089784	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 17.10.2020 16:45 TARGET DATE COMPLETION DATE/TIME:
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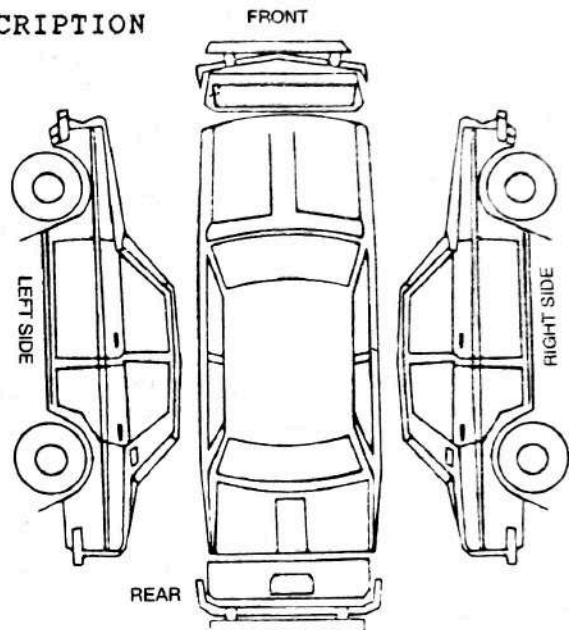
JUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 17.10.2020  
NATURE: 3P 17.10.2020

/NO LABOR CODE

DESCRIPTION



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Assessment Slip

Exit Pass

o.: SHC8162C

LIMITS

Vehicle No.: SHC8162C

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	19/10/2020 11:35
Date Of Accident	17/10/2020 12:20
Exact Location Of Accident	SLE TOWARDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8162C
<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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	ISHAK BIN ROSDI
NRIC No	SXXXX321B
Date Of Birth	07/12/1964
Occupation	OUTDOOR
Date Of Driving Pass	14/05/1996
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86014053
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 437 #02-368 FAJAR ROAD  
Postcode 670437  
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? YES  
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) 4  
Passenger 1 NAME: : -  
GENDER: : MALE  
Passenger 2 NAME: : -  
GENDER: : FEMALE  
Passenger 3 NAME: : -  
GENDER: : MALE

#### 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

SEE ATTACH.

#### 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 SJW8439B  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1:**

Name ISHAK BIN ROSDI

Approximate Age 56

Injuries Sustain NECK, BACK

Injured person in which vehicle? SHC8162C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

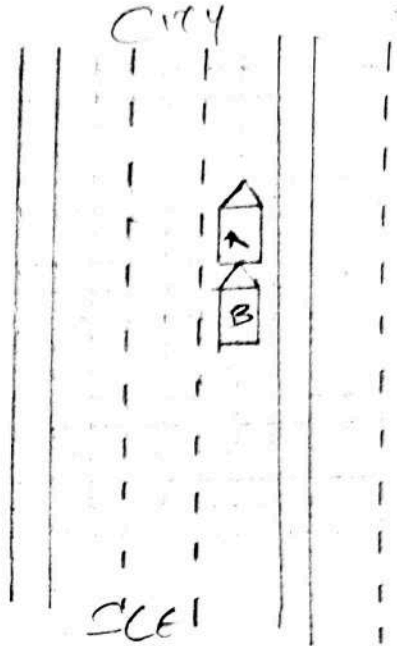
Address

Postcode

SKETCH PLAN

A = SHC 8162C

B = SJW 8439B  
(Kia)



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:

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

Reporting Centre Personnel's Signature  
Name: Olivia Wendy  
NRIC/Fin No.:

19 OCT 2020



**Describe Circumstances of the Accident.**

On the 17/10/2020 @ 12:20hrs, I was driving along SLE towards CITY direction with 3 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 SJW8439B front portion had collided onto my taxi rear portion.

I felt slight neck and back pain from the impact and given 2 days MC from Our Family Physician Clinic & Surgery.


**Declaration**

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

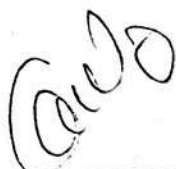
COMFORT TRANSPORTATION PTE LTD.

CO. REG. NO. 199303821P  
Policyholder's Signature/Date &

Time

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

& Time

  
Witnessed by Reporting

Centre Personnel  
Olivia Wendy

19 OCT 2020