

ASS. REC. BY:

Star

REP:

NTUC

ASSIGNMENT

From:

Date:

Estimated Cost:

QD. ☒ IP/WS/JP 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.

N/S	O/S

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

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHD 7132R

Yr Regn:

12/11/16

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

Truck / Trailer or

Make:

Hyundai T-47

c.c. 1685

Colour:

Blue

A/C:

Insured / Std / NI / N

Sp. Reading

634984

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KMHLE B41UMHU 94281

Gen. Cond: Good / ☒ Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/16R16

R:

1

☒ BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

17/12/22

D.O.A.

19/12/22

Survey held at

Cmhd dgn

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

Frt LH

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

Date/Time, File Return to?

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

Pop. Formed:

Lump Sum / L.P. / C.

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 19.10.2020
Time: 11:35:35
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 : 305428770
REGN NO : SHD7132R
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 10.11.2016
DATE/TIME IN : 19.10.2020 09:10
ACCIDENT DATE : 17.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1	1,052.20	20.00	841.76	/	00
0002 04-01-0103-0574-A	I40VC PANEL-FENDER LH+	1	663.00	20.00	530.40	/	00
0003 04-01-0103-0781-A	I40VC LAMP ASSY-HEAD LH#	1	1,388.00	20.00	1,110.40	?	
0004 04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	107.10	20.00	85.68	/	CNT

SUB-TOTAL : 2,568.24

JOB NATURE

0000 PB	PANEL BEATING	600.00	25 560
0001 SP	SPRAYPAINT CHARGE	500.00	400
0002 17-01	CHECK ALL LIGHTING	50.00	30
0003 20-00	TUFF COAT ON AFFECTED PARTS.	50.00	20

SUB-TOTAL : 1,200.00

Star CLKK) ML AL
19/10/20, 11:30 am
2 dgs
L/S
My AL SJ

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 19.10.2020
Time: 11:35:35
Page: 2

ORIGINAL
ENGINEER
number of CO

COMPANY : THIRD PARTY'S CLAIMS (CAS)
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383 SIN MING DRIVE
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MAKE : HYUNDAI
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DATE OF REGN : 10.11.2016
DATE/TIME IN : 19.10.2020 09:1
ACCIDENT DATE : 17.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,768.24

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

10-2020
5:35

FORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508909

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 600280

220 Pandan Road Singapore 600440

24 Sengkang Loop Singapore 758158

7 Sengkang Kerkat Way Singapore 728791

501 Yehun Industrial Park A Singapore 768732

Member of COMFORTDELGRO

Date/Time: 19.10.2020 11:24

Page: 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305428770

COMER	REGN NO	MILEAGE
COMFORT TRANSPORTATION PTE LTD	SHD7132R	
AS 7010045	MAKE: HYUNDAI	FUEL
COMER NO 383 SIN MING DRIVE		E.....1/2.....F
RESS Singapore SINGAPORE 575717	MODEL I-40	19.10.2020 09:10
65508755	YR OF MANU 10.11.2016	TARGET DATE
(R) (O)	CHASSIS CODE KMHLEB41UMHU096281	COMPLETION DATE/TIME:
(P)		

OUNT CARD NO.

JOB DESCRIPTION

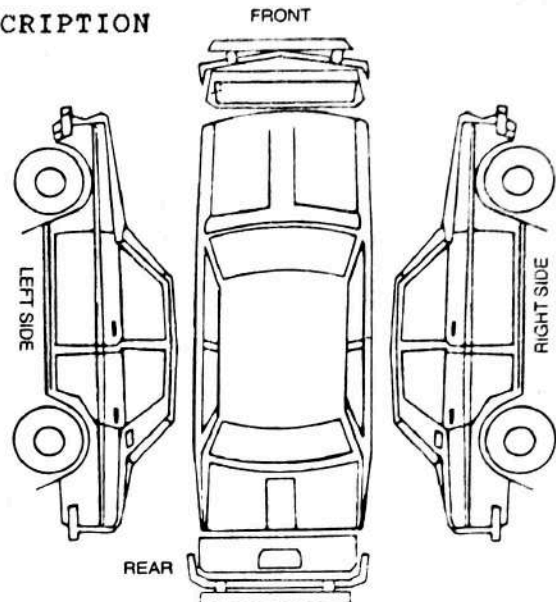
Accident Date: 17.10.2020

NATURE: 3P 17.10.2020

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

No.:

SHD7132R

JU NTUC LKK

Vehicle No.:

SHD7132R

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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 10:29
Date Of Accident 17/10/2020 15:40
Exact Location Of Accident ALONG BUKIT TIMAH ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD7132R
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 SUM CHEE KUEN
NRIC No SXXXX130A
Date Of Birth 22/06/1967
Occupation OUTDOOR
Date Of Driving Pass 05/04/1994
Driving Experience 26 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98445363
Fax Number
Contact Number
Email Address SUMALLAN66@GMAIL.COM

Address BLK 739 PASIR RIS DRIVE 10 #11-11
Postcode 510739
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?

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) 3

Passenger 1 NAME: : -
GENDER: : MALE

Passenger 2 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

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 SLN7735B
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
No. Of Passenger (Including Driver)

NTUC INCOME INSURANCE CO-OPERATIVE LTD
RIGHT REAR

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. 190303321R

Policyholder's Signature
Date & Time:

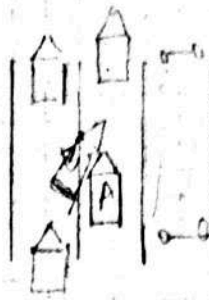
mm.
Driver's Signature
(if driver is not the policyholder)
Date & Time:

19/10/2020
Reporting Centre Personnel's Signature
Name: *Hong Leong Teoh*
NRIC/Fin No.:

SKETCH PLAN

A SHD 7132 R

B SLN 7735 B

Bukit Timah Road Before
Balmoral Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/10/2020 @ about 1540hr i was traveling along Bukit Timah Road. Before before turning to Balmoral Rd with passengers onboard. Along the location, There is only 2 lane way which on the right lane was block by road construction. I was at the center lane where B vehicle SLN 7735 B suddenly from left lane cut into center lane and collided onto my left front portion. After the collision B vehicle go straight away without stopping. So I have to chase after him. I manage to stop him at the flyover and confront him. But he denied and say i hit his car and ask me to leave a report. So today i come to lodging to make a accident report and state that i have company video to support my claims. No one was injured at that time of 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.: