

ASS. REC. BY:

Steve

REF:

NTUC

NS/INC20011441/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. 5116523100 (05/03/2020-04/03/2021)

Claims No. MT/1108859-001

Sum Insured:

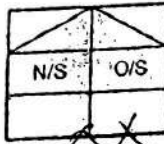
Excess:

(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

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHD 6502M

Yr Regn:

10/9/14

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

Truck / Trailer or

Make:

Hyundai I-4

c.c. 1685

Colour:

Blue

A/C: Insured / Std / NI / N

Sp. Reading

741719

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KM+ILR41UMEU059654

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:

705/10R16

R:

"

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

Front

Rear

R/Bal.

\$

mm

R/Bal.

\$

mm

L/Bal.

\$

mm

L/Bal.

\$

mm

D.O.A.

21/10/20

D.O.I.

21/10/20

Survey held at

Comfort delgrn

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

Steve finalised with Jumani LS \$1150, 2 days. (Red \$614.80, 35%)

Date/Time, File, Pass to?



: Prel. Report

03/11 Typist



: Final Report

Date/Time, File Return to?

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Rep. Formed:

TP

Lump Sum / 1150

1150

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Noted - Usun

Date: 21.10.2020
Time: 13:39:39
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 : 305429281
REGN NO : SHD6502M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 10.09.2014
DATE/TIME IN : 21.10.2020 11:15
ACCIDENT DATE : 21.10.2020

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	/	00
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	/	MC
0003 04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	228.00	20.00	182.40	X	
						SUB-TOTAL :	1,084.80

JOB NATURE

0000 PB	PANEL BEATING	300.00	280
0001 SP	SPRAYPAINT CHARGE	300.00	200
0002 L	REMOVE/REFIX REVERSE SENSOR	80.00	30
		SUB-TOTAL :	680.00

TOTAL : 1,764.80

MVA NAME & SIGNATURE
DATE: 20/10/20

AUTHORISED: YES / NO
SURVEYOR NAME & SIGNATURE
DATE:

Steve (LKK) in PM
21/10/20, 2.30pm

- 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:

2 L/S
M AL SL

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)1

MEMBER NO: 7010045
COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

JNT CARD NO.

Accident Date: 21.10.2020
NATURE: 3P 21.10.2020

NO LABOR CODE

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 8280 Facsimile + 65 6280 9755

Workshops

58 Loyang Drive Singapore 508988
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
420 Pandan Road Singapore 609449

24 Senoko Loop Singapore 756156
7 Sungai Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 21.10.2020 13:37

Page : 1

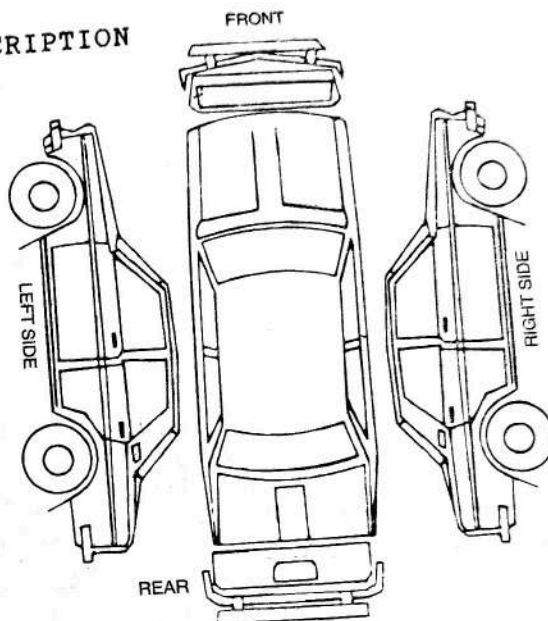
JOB CARD Sales Order:

JC NO.: 305429281

REGN NO: SHD6502M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 21.10.2020 11:15
YR OF MANUF. 10.09.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU059654	COMPLETION DATE/TIME:

JOB DESCRIPTION

DESCRIPTION



JO & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ement Slip

Exit Pass

SHD6502M

JU NTUC LKK

Vehicle No.:

SHD6502M

vice Advisor

Signature/Date

Name of Service Advisor

Date

d 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 21/10/2020 12:42
Date Of Accident 21/10/2020 09:25
Exact Location Of Accident SLIP RD FROM GEYLANG BAHRU TO BENDEMEER RD
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
Alternative Phone No OFFICE-65508768

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 SXXXXX079J
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
EMail Address ASRIDA18@YAHOO.COM.SG

462 #07-58 TAMPINES STREET 44

520462

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 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) 1

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 SJN9401A
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 NOT SURE
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

RAZALI B RADI

59

NECK

SHD6502M

YES

NO

Age

Stain

Person in which vehicle?

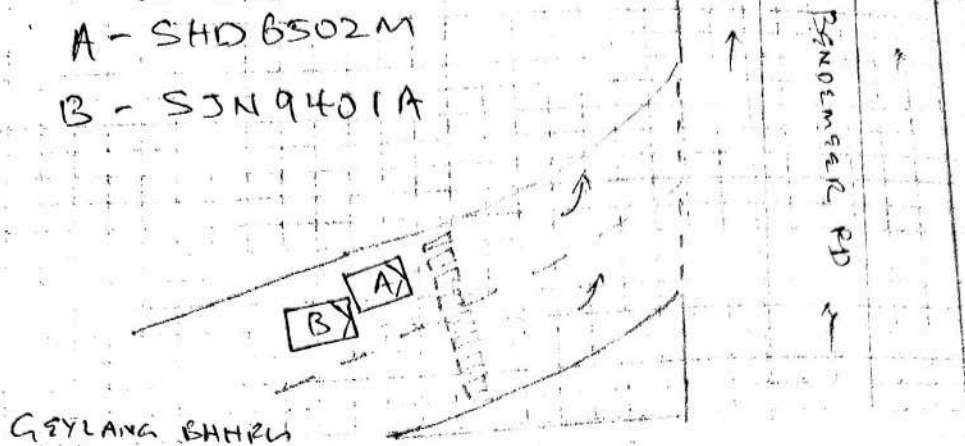
Seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

CH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* statement 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: 21.10.2020
1135m

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

Describe Circumstances of the Accident.

On 21.10.2020, at about 0925hrs, I was driving my Comfort taxi, SHD6502M, along Geylang Bahru with no pax. When I was on the left lane along the slip road to Bendemeer Rd, I noticed there were 2 pedestrians and 1 cyclist crossing the zebra crossing. I braked and stopped. Right after I had stopped, I felt an impact from the rear. A private car, B, had hit my taxi rear. I went out to check and was talking to the male driver of B. I then went back to my taxi to take my handphone to take some photos but the car B was driven away by a male friend of B. B driver then ran away from the scene. After the accident, I feel pain in my neck and will consult a doctor later.

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

21.10.2020
1135m

Larry Ng

Witnessed by Reporting
Centre Personnel