

ASS. REC. BY:

Steve

REF:

NTUC

NS/INC20011528/Esd3

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.

Claims No.

MT/1108461-001

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:

SHA 1695M

Yr Regn:

16/6/16

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

Truck / Trailer or

Make:

Hyundai 1-40

c.c 1685

Colour:

659467

A/C: Insured / Std / NI / N

Sp. Reading

659467

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

K MHL B414M64091363

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

205/60R16

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.

19/10/20

D.O.A.

19/10/20

Survey held at

Com Hk 1/9/20

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 CONFIRMED L/S \$ 1,200.00/2 DAYS WITH KWOK ENG (\$ 1,385.17/RED - 54%)

Date/Time, File Pass to?

30/10/2020

1) TYPIST

Date/Time, File Return to?

☐ : Prell. Report
☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

(\$)
 (\$)
 (\$)
 (\$)

Rep. Form:

Lump Sum

/ L/S \$ 1,200.00

L/S \$ 1,200.00

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 19.10.2020
Time: 16:16:31
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 : 305428825
REGN NO : SHA1695M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 16.06.2016
DATE/TIME IN : 19.10.2020 13:00
ACCIDENT DATE : 19.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1 L	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	✓	NR
0003 04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1 L	228.00	20.00	182.40	X	
0004 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	10.00	122.13	?	
0005 04-01-0103-0585-G	I40VC LAMP ASSY-RR COMB O th	1 L	697.80	20.00	558.24	X (N/A CONN)	Water marked
SUB-TOTAL :						1,765.17	

JOB NATURE

0000 20-05	REAR BUMPER ADVERTISMENT LOGO	50.00	✓	NR
0001 L	PANEL BEATING	350.00	289	
0002 23-502	SPRAYPAINT ON AFFECTED AREA	250.00	299	
0003 17-01	CHECK ALL LIGHTING	50.00	39	
0004 20-22	REMOVE/REFIX REVERSE SENSOR	120.00	39	
SUB-TOTAL :		820.00		

Steve (LKK) WK PL
19/10/20, 4.10 PM
L/S
My AL sy
2 dgr

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: 19.10.2020

Time: 16:16:31

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS : COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO : 305428825
SUA1605

REGN NO : SHA1695M

MILEAGE : 0000000000

MAKE : HYUNDAI

MODEL : I-40

DATE OF REGN : 16.06.2016

DATE/TIME IN : 19.10.2020 13:0

ACCIDENT DATE : 19.10.2020

[illegible]

TOTAL : 2,585.17

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

Date: _____
 Signature: _____
 Acknowledged by: _____

2020
2:31**ORIDELGRO
ENGINEERING**

Member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Luyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Panjan Road Singapore 509286

520 Bishan Road Singapore 570410

24 Senoko Loop Singapore 758156

7 Sungen Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 758732

Date/Time: 19.10.2020 15:42

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.: 305428825

TOMER

AS COMFORT TRANSPORTATION PTE LTD
7010045
TOMER NO. 383 SIN MING DRIVE
RESS Singapore SINGAPORE 575717
65508755

(R)

(O)

(P)

OUNT CARD NO.

REGN NO. SHA1695M

MILEAGE

MAKE: HYUNDAI

FUEL

E. 1/2 F

MODEL I-40

DATE/TIME IN 19.10.2020 13:00

YR OF MANU 16.06.2016

TARGET DATE

CHASSIS CODE KMFLB41UMGU091363

COMPLETION DATE/TIME

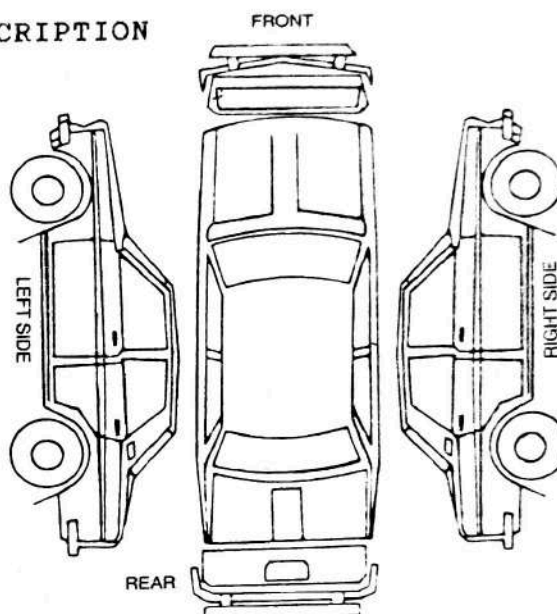
JOB DESCRIPTION

Accident Date: 19.10.2020
NATURE: 3P 19.10.2020

3/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

No.:

SHA1695M

LKE

STEVE

Signature of Service Advisor

Signature/Date

Exit Pass

Vehicle No.:

SHA1695M

Name of Service Advisor

Date

To be kept by Security Guard

Returned to Service Reception upon collection

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 15:02
Date Of Accident 19/10/2020 12:25
Exact Location Of Accident SERANGOON AVE 1 X BARTLEY RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA1695M
Insured/Policyholder
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Co Reg No 1XXXXX821R
Email Address FLEETSAFETY@CDGETAXI.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 CHUA SOH KHOON
NRIC No SXXXX257B
Date Of Birth 27/01/1968
Occupation OUTDOOR
Date Of Driving Pass 24/08/2004
Driving Experience 16 YEARS AND 1 MONTH
Gender MALE
Mobile Number (LOCAL) +65-96676646
Fax Number
Contact Number
Email Address SKCHUA6859@YAHOO.COM.SG

Address BIK 513 WOODLANDS DRIVE 14
#09-187
Postcode 730513
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 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) 3
Passenger 1
NAME: : -
GENDER: : FEMALE
Passenger 2
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

REFER 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 SLD9665J
Vehicle Make/Model/Colour MERCEDES
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver UNKNOWN
NRIC/Passport Number
Contact Number
Address

stcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

FRONT

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.
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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
& Time:

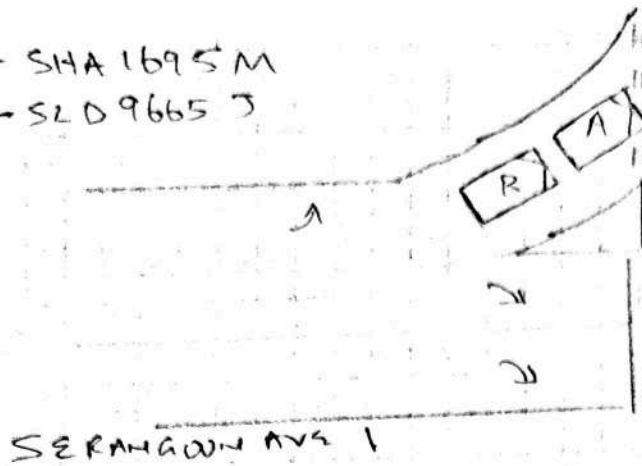
Driver's Signature
(if driver is not the policyholder)
Date & Time: 19.10.2020

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

SKETCH PLAN

A - SHA 1695 M

B - SLD 9665 3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

→ sketch 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: 19.10.2022

1410m

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

Sketch Plan Pg. 3

Describe Circumstances of the Accident.

On 19.10.2020, at about 1225hrs, I was driving my Comfort taxi, SHA1695M, on the left lane along Serangoon Ave 1 towards Bartley Rd with 2 female pax.

Weather was clear and light traffic.

When I reached the slip road to Bartley Rd, I stopped at the give way line to check for traffic on the main road. While checking on my right, I suddenly felt an impact from the rear. I have a video recording of the accident impact.

A private car, B, had hit my taxi rear. After the accident, I feel giddy.

No visible injury to my pax.

Declaration

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

COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 199303821
Policyholder's Signature/Date & Time
19.10.2020
1410w

Larry No

Witnessed by Reporting
Centre Personnel

