

ASS. REC. BY:

Steve

REF:

AIG

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: _____

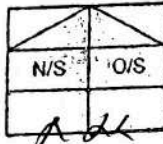
Excess: _____

(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

Cum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHB 6622K

Yr Regn: 16/11/20

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

Truck / Trailer or

Make: Hyundai

c.c. 1589

Colour: Blue

A/C: Insured / Std / NI / N

Sp. Reading: 46.114

T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: KM LHC 851 CVLH 188 722

Gen. Cond: Good ☒ / Fair ☒ / Poor / BurntSteering: In order ☒ / Jammed / Leaked / Burnt orBrake: In order ☒ / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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. 24/10/20

D.O.A. 26/10/20

Survey held at

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☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS \$ _____

Photos _____

Others _____

TOTAL

op. / Forms: _____

imp. Sum / L.E.I. /

COMFORTDELGRO PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHB6622K

26/10/20

MAKE :

CHIANG/AIG

MODEL IONIQ G2

Qty	Parts Description/ Labour	Type	Amount
1	REAR BUMPER X R		\$459.40
1	REAR BUMPER SIDE BRACKET RH /LH X		\$111.60
10	REAR BUMPER CLIPS X		\$22.00
1	REAR BUMPER REINFORCEMENT ?		\$294.80
1	REAR BUMPER REINFORCEMENT BRACKET X		\$276.20
1	REAR BUMPER LOWER MOULDING / CUT (low)		\$155.00
1	REAR BUMPER FOG LAMP ?		\$201.50
1	REAR BUMPER CENTRE MOULDING / CUT		\$451.25
1	REAR BUMPER REFLECTOR RH/ LH X		\$63.80
1	REAR FLOOR UNDER X		\$225.00
1	SMART KEY ANTENNA ?		\$665.40
1	REAR BUMPER TOW COVER X		\$98.80
SUB TOTAL			\$3,024.75
20.00%			\$604.95
DISCOUNTED TOTAL			\$2,419.80
1	REAR NUMBER PLATE/W HOLDER / OR		\$50.00
1	REAR REVERSE SENSOR / OR		\$180.00
			\$230.00
Labour Charge			
Panel Beating			329 \$650.00
Spray Painting Charge			299 \$400.00
Check wiring			30 \$60.00
Tuff Kote			X \$60.00
Remove/refix Reverse sensor			X \$60.00
TOTAL LABOUR			\$1,230.00
ESTIMATE TOTAL			\$4,256.68

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Steve (LKK) in AL
26/10/20, 11:30a
2 dys
P/P
My Be sy

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

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 8280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Road Singapore 609444

24 Senoko Loop Singapore 758156
7 Sengkang Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 26.10.2020 10:14

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.:305429971

STOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO: SHB6622K	MILEAGE
MS	7010045	MAKE: HYUNDAI	FUEL
STOMER NO	383 SIN MING DRIVE	MODEL IONIQ(G3)	E.....1/2.....F
DRESS	Singapore SINGAPORE 575717	DATE/TIME IN	24.10.2020 17:00
	65508755	YR OF MANU	TARGET DATE
(R)	(O)	16.01.2020	
(P)		CHASSIS CODE	COMPLETION DATE/TIME:
		KMHC851CVLU188722	

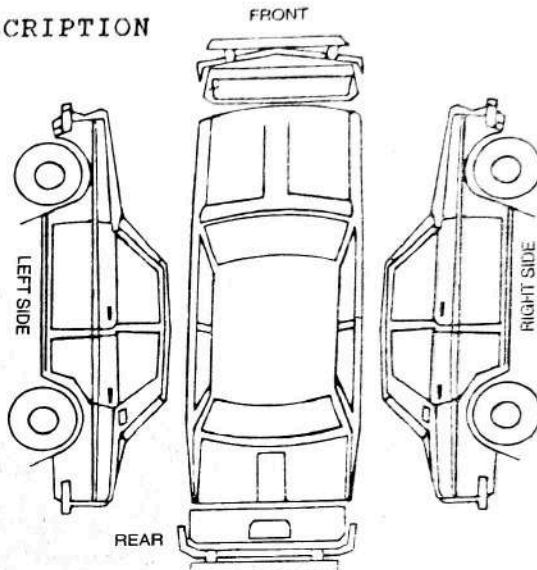
COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 24.10.2020
NATURE: 3P 24.10.2020

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

Vehicle No.:

SHB6622K

No.:

SHB6622K

CHIANG

Signature/Date

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

turned 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	26/10/2020 09:23
Date Of Accident	24/10/2020 16:15
Exact Location Of Accident	CENTRAL EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6622K
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	IONIQ

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	TANG KEE SENG
NRIC No	SXXXX256J
Date Of Birth	23/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	29/09/1976
Driving Experience	44 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91469943
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 324 TAH CHING ROAD #03-42
 Postcode 610324
 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name CHANGI N.P.C
 Police Station Address ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 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 SLZ3928A
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TOK WEI SIN
 NRIC/Passport Number 97441613
 Contact Number
 Address
 Postcode
 Insurance Company Name AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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. 199303821R

Kang

Policyholder's Signature
& Time:

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

Reporting Centre Personnel's Signature
Name: *Hong Lany Teck*

SKETCH PLAN

A. SHB 6622K

B. SLZ 3928A



CTE Towards PIE Changi
Before exit 8B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached Police Report : T/2020/024/2081

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature] 26/10/2020

Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/Fin No.: *[Signature]*



**SINGAPORE
POLICE FORCE**



T/20201024/2081

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20201024/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2020 18:52		Vide Report No.:		Station Diary No.: 29	
Informant's Particulars					
Name of Informant: TANG KEE SENG			Address: APT BLK 324 TAH CHING ROAD #03-42 SINGAPORE 610324		
ID Type / ID No.: NRIC NO / S1236256J			Contact No.: Home/Office: Mobile: 91469943		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 23/09/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/10/2020 16:15	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
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
SHB6622K	Car				Slightly Damaged	0
SLZ3928A	Car				Slightly Damaged	0

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20201024/2081

2 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20201024/2081

CONTINUATION OF REPORT

Brief Details.

On 24/10/2020 at 1616hrs I was travelling on CTE toward PIE (Changi) near to exit 8B I was slowing down as there are vehicles in front of me, suddenly there is a silver Mazda (SLZ3928A) from the back banged onto my Taxi (SHB6622K) back bumper causing some scratches, dents and my bumper slightly came off. While his vehicle suffered from minor scratches. After which we came out of our vehicle and exchanged our particulars, he admitted that it was his fault and given me his contact details. Name: Tok Wei Sin HP: 97441613.

I am lodging this report for insurance claiming purposes and as requested by my company Comfortdelgro.

Sketch Plan Pg. 5



SINGAPORE
POLICE FORCE



T/20201024/2081

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3

Report No. T/20201024/2081

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:
G /
Sgt 1 CHEW JUN JIE JAYSON

2

Signature Of Interpreter:
Not applicable

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

Signature Of Informant:

Kang

Date/Time:
24/10/2020 18:52

Classification Of Case:

Authentication Stamp
NP168

2

