

ASS. REC. BY:

Steve

REF:

NTUC

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD (TR) / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

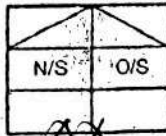
Excess:

(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

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHC 24619

Yr Regn:

11/12/18

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

Truck / Trailer or

Make:

Hyundai Tona

C.C.

Colour:

Blue

A/C:

Insured / Std / NI / N

Sp. Reading

255399

T/Radio:

Insured / Std / NI / N

Eng/No:

C/No:

KMHIC85KVKU122983

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: MII / S/Rlm / STD A/Rlm or

Tyre Size:

F:

195/65 R15

R:

N

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.

21/10/20

D.O.A.

26/10/20

Survey held at

Conf. design

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

We confirm the finalize \$1452.02 (P/P, before GST). 2 repair days.

RED: 309.60; 17%

Date/Time, File Pass to?



: Prell. Report



: Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Pop. Form:

Lump Sum / L.P. /

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 26.10.2020  
Time: 15:10:05  
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 : 305429979  
REGN NO : SHC2461D  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 11.12.2018  
DATE/TIME IN : 26.10.2020 11:05  
ACCIDENT DATE : 21.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1 L	459.40	20.00	367.52	X R
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	X
0003 04-01-0104-2533-G	IONIQV2-4 MOULDING ASSY-R	1 L	451.25	20.00	361.00	/ CRU
0004 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	180.00	10.00	162.00	X
0005 04-01-0104-2545-G	IONIQVC MOULDING-REAR BUM	1 L	155.00	20.00	124.00	X
0006 FNPS	NO PLATE(S) WITH TRIM COV	1 N	55.00	10.00	49.50	/ DR

SUB-TOTAL : 1,081.62

JOB NATURE

0000 L	PANEL BEATING
0001 23-502	SPRAYPAINT ON AFFECTED AREA
0002 20-22	REMOVE/REFIX REVERSE SENSOR

350.00

250.00

80.00

SUB-TOTAL : 680.00

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:

Steve CLKK) in the  
26/10/20, 4.00 pm  
2 djs  
P/P  
Ry Bel my

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 26.10.2020  
Time: 15:10:05  
Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
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65508755

JOB NO : 305429979  
REGN NO : SHC2461D  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 11.12.2018  
DATE/TIME IN : 26.10.2020 11:0  
ACCIDENT DATE : 21.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,761.62

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME & SIGNATURE  
DATE :

COMFORTDELGRO  
ENGINEERING

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701  
Mainline + 65 6383 6280 Facsimile + 65 6280 9755  
Workshops  
59 Loyang Drive Singapore 508969 24 Senoko Loop Singapore 758156  
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791  
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 768732  
320 Woodlands Road Singapore 738649

member of COMFORTDELGRO

Date/Time: 26.10.2020 14:31 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: JC NO.:305429979

CUSTOMER AS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) COUNT CARD NO.	REGN NO: SHC2461D	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G2)	DATE/TIME IN 26.10.2020 11:05
	YR OF MANU. 11.12.2018	TARGET DATE
	CHASSIS CODE RMHC851CVKU122083	COMPLETION DATE/TIME:

NTUC

Accident Date: 21.10.2020  
NATURE: 3P 21.10.2020

JOB DESCRIPTION

S/N/O	LABOR CODE	DESCRIPTION
		<div>FRONT</div> <div>LEFT SIDE</div> <div>RIGHT SIDE</div> <div>REAR</div>

BOOKED & PASSED OUT BY:		CUSTOMER'S SIGNATURE	
SERVICE ADVISOR			
Vehicle No.: SHC2461D	LKE	Signature/Date: STEVE	Exit Pass
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 23/10/2020 11:43  
Date Of Accident 21/10/2020 13:20  
Exact Location Of Accident JLN BUKIT MERAH TWDS HENDERSON RD  
Country/State Of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC2461D  
**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 TAY WEE PENF  
NRIC No SXXXX024J  
Date Of Birth 02/09/1975  
Occupation OUTDOOR  
Date Of Driving Pass 23/01/1996  
Driving Experience 24 YEARS AND 8 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-83826995  
Fax Number  
Contact Number  
Email Address BIGLADY26@GMAIL.COM

131 10-1575 JALAN BUKIT MERAH  
160131  
Is the driver an employee of the Insured's Company? NO  
What is the Relationship of the Driver with the Insured? OTHER - TAXI DRIVER  
What is the Vehicle Registration Number of Driver's Own Vehicle? -  
What is the 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 [OTHER] TIONG BAHRU NPP  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

SEE POLICE REPORT.

#### 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

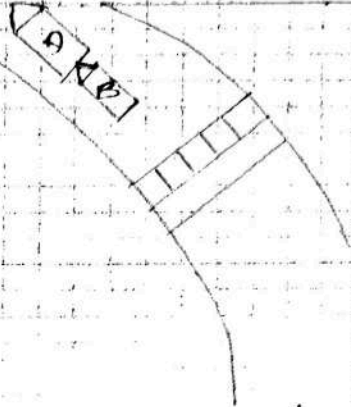
Vehicle Registration Number FBG677L  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category MOTORCYCLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage NO DAMGAE  
No. Of Passenger (Including Driver)

SKETCH PLAN

A = SHC24610

B = FBG 677L *day*  
(motorcycle)

HENDERSON RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*JCA BURIT MCEPH*

*Statement as per Police Report*

*7/2020 1022 12045*

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:

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

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

23 OCT 2020



**SINGAPORE  
POLICE FORCE**



T/20201022/2045

1 of 3

Report No. T/20201022/2045

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/10/2020 14:03		Vide Report No.:		Station Diary No.: 25	
<b>Informant's Particulars</b>					
Name of Informant: TAY WEE PENG			Address: APT BLK 131 JALAN BUKIT MERAH #10-1575 SINGAPORE 160131		
ID Type / ID No.: NRIC NO / S7527024J			Contact No.: Home/Office:		Mobile: 83826915
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 02/09/1975	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	Drink Drive: No	Date/Time of Accident: 21/10/2020 13:20	Type of Location: Bend
Location: JALAN BUKIT MERAH				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 10 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
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
FBG677L	Motorcycle				No Damage	0
SHC2461D	taxi				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE  
POLICE FORCE**



T/20201022/2045

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

2 of 3

Report No. T/20201022/2045

## CONTINUATION OF REPORT

Driver Name	TAY WEE PENG		ID No.	S7527024J
Related Vehicle	SHC2461D (taxi)		Contact No.	83826915
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

**Brief Details.**

I was driving my taxi SHC2461D along Jalan Bukit Merah heading to Henderson road. I approached a bend and I was waiting at the stop line. As I was about to move off, I heard a bang sound from the rear of my vehicle. I exited my vehicle and checked that another motorbike FBG677L had hit onto the rear side of my taxi. The number plate of my vehicle was damaged. There was no damage to the motorbike. That is all.



SINGAPORE  
POLICE FORCE

Sketch Plan Pg. 4



T/20201022/2045

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

3 of 3

Report No. T/20201022/2045

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:

A /  
Staff Sgt LETCHUMANAN PUVANESWRAN

Signature Of Interpreter:  
Not applicable

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

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time  
22/10/2020 14:03

Classification Of Case:

