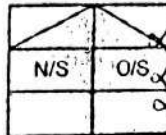


ASS. REC. BY: SteveREF: NTUC

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. MT/1107512-002
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 Rpt: _____ 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
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA 7327L Yr Regn: 16/1/20
Type: M.Car / M.Cycle / Bus / Van / Lorry / Trailer / Prime Mover /
Truck / Trailer or
Make: Hyundai Toniq c.c. 1587
Colour: Blue AYC: Insured / Std / NI / N
Sp. Reading: 87616 T/Radio: Insured / Std / NI / N
Eng/No: _____
C/No: KMHCF8S1CVLU 188278
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: 195/65R15
R: (1)
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or 8
Front 4 mm Rear 4 mm
R/Bal. 4 mm L/Bal. 4 mm
D.O.A. 21/10/20 D.O.I. 26/10/20
Survey held at Confidential
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

P/P \$3241.26 (RED: \$1477.70, 31%)

Date/Time, File, Pass to?

☐ : Prel. Report
☐ : Final Report

Date/Time, File Return to?

10/11/20 TYPIST

Rep. Formed:

Lump Sum / L.E.B. \$3241.26

Days Of Repair: 3Resurvey No. of Trip: 3Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Like

NTUC

Date: 26.10.2020
Time: 16:26:45
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 : 305430193
REGN NO : SHA7327L
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 16.01.2020
DATE/TIME IN : 26.10.2020 09:20
ACCIDENT DATE : 21.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-0594-G	IONIQV1 MIRROR ASSY-OUTSI	1 L	1,054.60	20.00	843.68	X	(No damaged) N/A
0002 04-01-0104-0592-G	IONIQVC PANEL ASSY-FRONT	1 L	1,797.20	20.00	1,437.76	✓	00
0003 04-01-0104-2468-G	IONIQVC MOULDING ASSY-W/L	1 L	116.20	20.00	92.96	✓	CUT
0004 04-01-0104-2470-G	IONIQVC MOULDING ASSY-W/L	1 L	116.20	20.00	92.96	✓	CUT
0005 04-01-0104-0810-G	IONIQVC MOULDING ASSY-SID	1 L	290.00	20.00	232.00	X	R (Rocker panel scratch)
0006 28-01-0103-0003-A	(I40)FRT DOOR LOGO CTPL	1 N	75.00	10.00	67.50	✓	NK
0007 28-01-9999-2023-A	APP LOGO REAR DOOR L/R CT	1 N	80.00	10.00	72.00	✓	NK
						✓	00
						SUB-TOTAL : 2,838.86	

(Supp) - Frt Door Outer Moulding Rh - #

JOB NATURE

0000 L	PANEL BEATING (frt WS pillar Rh)	700.00	480
0001 23-502	SPRAYPAINT ON AFFECTED AREA	850.00	800
0002 17-01	CHECK ALL LIGHTING	50.00	30
0003 20-00	TUFF COAT ON AFFECTED PARTS.	50.00	30

Steve (LKK) wL PL
26/10/20, 4.30pm
3 days
P/P
My Bel Sky

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 26.10.2020
Time: 16:26:45
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 : 305430193
REGN NO : SHA7327L
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 16.01.2020
DATE/TIME IN : 26.10.2020 09:2
ACCIDENT DATE : 21.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0004 20-02 TRANSFER OF DOOR

120.00 50

SUB-TOTAL : 1,770.00

TOTAL : 4,608.86

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

- 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:

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579201
Mainline : 65 6381 6280 Facsimile : 65 6280 9235

Workshops

59 Luyang Drive Singapore 508949
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 009280
320 Pandan Road Singapore 009280

24 Serangoon Road Singapore 758156
7 Sungei Kadu Way Singapore 728791
501 Gohm Industrial Park A Singapore 758732

Date/Time: 26.10.2020 15:37

Page : 1

JOB CARD

Sales Order: 955774

JC NO.: 305430193

Team: ARC Repair TP(CLSO)1

OMER

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

(P)

OUNT CARD NO.

REGN NO: SHA7327L

MILEAGE

MAKE: HYUNDAI

FUEL

MODEL: IONIQ(G3)

E: 1/2 F

YR OF MANU: 16.01.2020

DATE/TIME IN: 26.10.2020 09:20

CHASSIS CODE: KMH851CVLU188208

TARGET DATE

COMPLETION DATE/TIME:

JOB DESCRIPTION

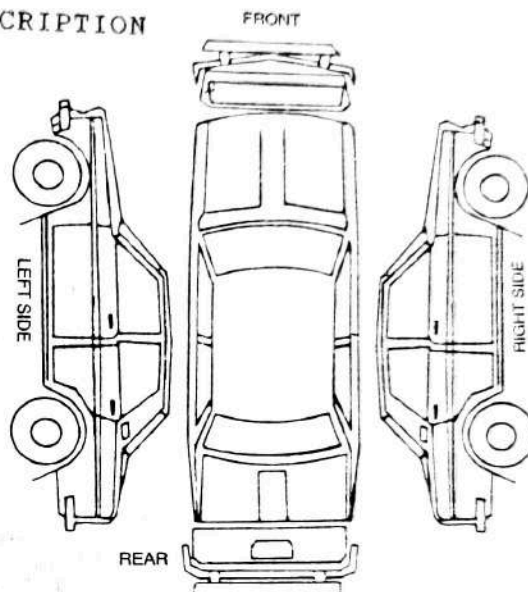
accident Date: 21.10.2020

NATURE: 3P 21.10.2020

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

Vehicle No.:

SHA7327L

Name of Service Advisor

Date

To be kept by Security Guard

Service Advisor

Signature/Date

Handed to Service Reception upon collection

LKE

STEVE

No.: SHA7327L

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 22/10/2020 15:03
Date Of Accident 21/10/2020 19:25
Exact Location Of Accident TUAS AVE 5 X TUAS STREET
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number SHA7327L
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 MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy YES
Policy Number D-18088936MFSH
Cover Note Number

Driver

Name of Driver HO SZE YEN
NRIC No SXXXX631J
Date Of Birth 06/12/1979
Occupation OUTDOOR
Date Of Driving Pass 11/11/1998
Driving Experience 21 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-93212199
Fax Number
Contact Number
Email Address NOEMAIL

Address
 Postcode
 Was driver an employee of the Insured's Company 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 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? 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

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 FBD7564Z
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1:

1e
proximate Age
juries Sustain
injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by
ambulance?
Address
Postcode

RIDER

RIGHT ARM ABRASION
FBD7564Z

NO

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. 199303521R

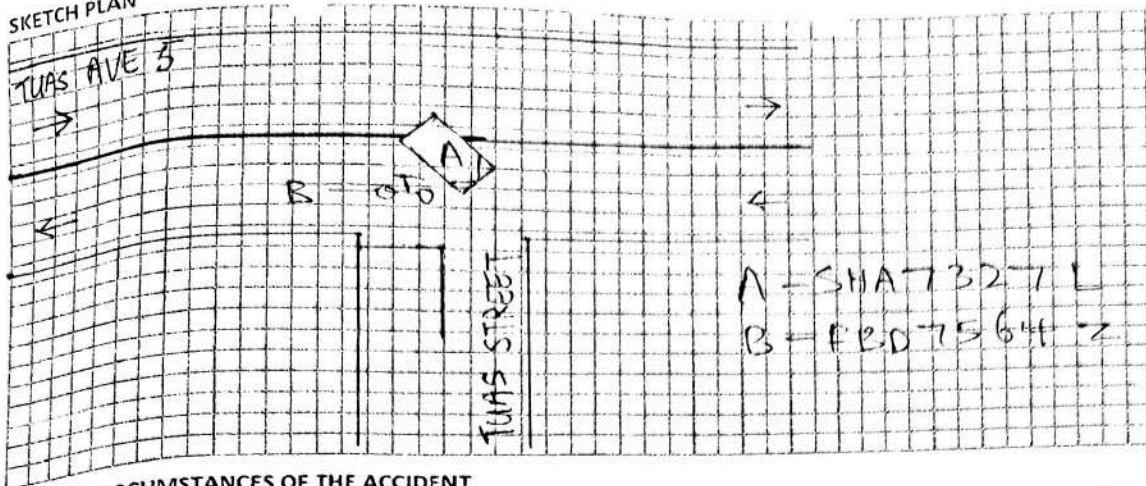
Policyholder's Signature
& Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 22.10.2020

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Statment 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: 22.10.2020
1240w

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

GLA/PMC SketchPlanForm_V2

Sketch Plan Pg. 3

Describe Circumstances of the Accident.

On 21.10.2020, at about 1925hrs, I was driving my Comfort taxi, SHA7327L, along Tuas Ave 5 with no pax. When I reached the T junction with Tuas Street, I slowed down to turn right into Tuas Street.

Just as I was making the right turn, a motorcycle, B, tried to overtake my taxi by going against the flow of traffic and then collided into my taxi right front side.

Weather was clear and light traffic.

The rider has some abrasion on his right arm. No ambulance required.

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

22.10.2020

1240m

Larry Ng

Witnessed by Reporting
Centre Personnel

