ASS. REC. BY: Steve | REF: NTUC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD 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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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: SHA 7327L Yr Regn: 16/1/20

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Hyundai Ioniq c.c 1580

Colour Blue A/C: Insured / Std / NI / N

Sp.Reading 87616 T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: KMHC851CVLU 188220

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / 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.	4 mm	R/Bal.	4 mm
L/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 collisi

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation:

___$ + RS___SI

Photos

Others

TOTAL

Pop Forms : _____

Lump Sum / L.E.I: _____

Like NTUC

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

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 check damaged) NM
0002 04-01-0104-0592-G IONIQVC PANEL ASSY-FRONT	1 L	1,797.20	20.00	1,437.76	/ OO
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 garnish)
0006 28-01-0103-0003-A (I40)FRT DOOR LOGO CTPL	1 N	75.00	10.00	67.50	/ NIL
0007 28-01-9999-2023-A APP LOGO REAR DOOR L/R CT	1 N	80.00	10.00	72.00	/ NIL
(Supp) - Frt Door Outer Moulding RH - #					/ OO
				SUB-TOTAL :	2,838.86

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 (CLKK) WL Rd
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

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

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

UKK 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

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline : 65 6383 6280 Facsimile : 65 6280 9245
Workshops
591 Geylang Drive Singapore 408960
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609230
320 Bukit Batok Central Singapore 659960
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Gekun Industrial Park A Singapore 788732

Date/Time: 26.10.2020 15:37 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: ~~[illegible]~~ Odo - 87616

JC NO.: 305430193

CUSTOMER

M/S COMFORT TRANSPORTATION PTE LTD

CUSTOMER NO. 7010045

ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755 (O)

(P)

NTUC

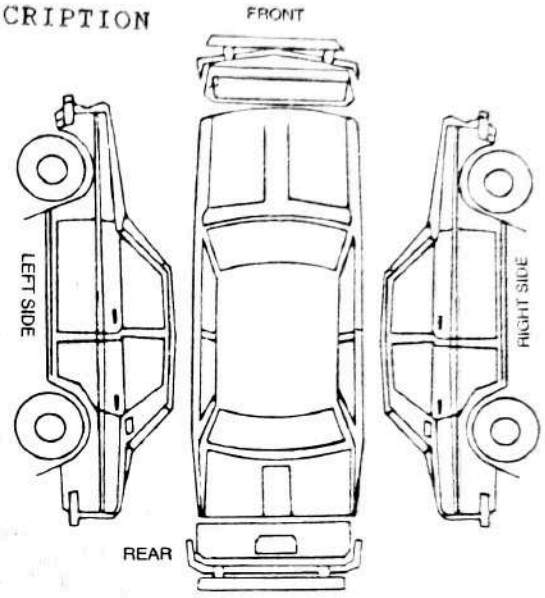
DISCOUNT CARD NO.

REGN NO.: SHA7327L	MILEAGE
MAKE: HYUNDAI	FUEL E 1/2 F
MODEL: IONIQ(G3)	DATE/TIME IN: 26.10.2020 09:20
YR OF MANU.: 16.01.2020	TARGET DATE
CHASSIS CODE: KMHC851CVLU188208	COMPLETION DATE/TIME:

Accident Date: 21.10.2020
SIGNATURE: 3P 21.10.2020

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA7327L LKE STEVE

Vehicle No.: SHA7327L

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

MCD620092626-01 / ComfortDelGro Engineering Pte Ltd - Loyang
ENTRY DATE & TIME: 22/10/2020 15:03
SUBMITTED BY: Huang XiaoYan

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 witholding 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

Jress	BLK 624B PUNGGOL CTL #16-320
stcode	822624
/as driver an employee of the Insured's Company	NO
f 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:

	RIDER
ıe	
proximate Age	RIGHT ARM ABRASION
juries Sustain	FBD7564Z
ıjured person in which vehicle?	
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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 setout 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 my be sited outisde 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 ourt orders.

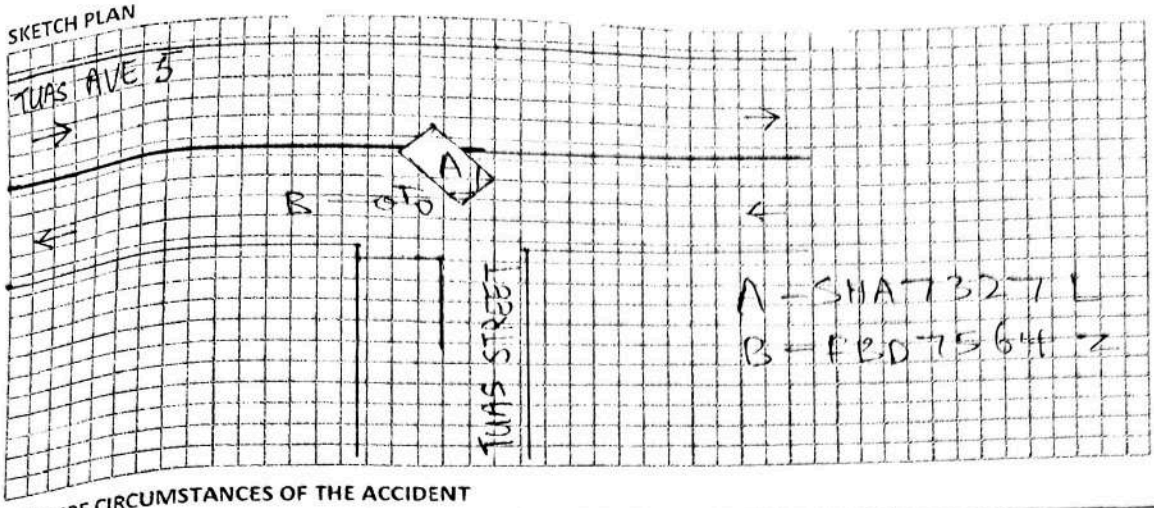
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

icyholder's Signature
e & 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



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: 22.10.2020
1240hrs

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

GIA&MC 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 1260hrs

Larry Ng

Witnessed by Reporting Centre Personnel


FBD
7564 7