

ASS. REC. BY:

Sten

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.

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

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHA 4368M

Yr Regn:

27/2/19

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

Truck / Trailer or

Make:

Hyundai 10019

c.c

1587

Colour:

Blue

A/C: Insured / Std / NI / N

Sp. Reading

234859

T/Radio: Insured / Std / NI / N

Eng/No:

KMH85KVKU 149644

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: 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

R/Bal.

5

mm

Rear

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

21/10/20

D.O.I.

26/10/20

Survey held at

CONM d/gm

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear RM

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Date/Time, File Pass to?

☐

Prell. Report

()

☐

Final Report

Date/Time, File Return to?

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Rep. Formed:

Lump Sum / L.B. / C.

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 26.10.2020
Time: 12:29:40
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 : 305429975
REGN NO : SHA4368M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 27.02.2019
DATE/TIME IN : 26.10.2020 08:50
ACCIDENT DATE : 21.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 03-01-0104-2137-G IONIQV4 CAP ASSY-WHEEL HU 1 L 346.40 20.00 277.12 ✓ *OR*
SUB-TOTAL : 277.12

JOB NATURE

0000 20-05 REAR FENDER ADVERTISEMENT LOGO RH 100.00 ✓
0001 L PANEL BEATING (rear bumper & fender R 480.00 *329*
0002 23-502 SPRAYPAINT ON AFFECTED AREA 450.00 *400*
0003 20-08 ADJUST REAR WHEEL ALIGNMENT 80.00 *60*
SUB-TOTAL : 1,110.00
TOTAL : 1,387.12

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Steve (LKK)

W. AL
26/10/20, 3.00pm

2 dyl

P/P

My Bony

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

Member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Parkway Road Singapore 609286

320 Road Singapore 660649

24 Serangoon Loop Singapore 758156

7 Sengkang Industrial Estate Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 26.10.2020 11:39

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.: 305429975

COMER

AS COMFORT TRANSPORTATION PTE LTD
7010045
COMER NO. 383 SIN MING DRIVE
RESS Singapore SINGAPORE 575717
65508755 (R) (P) (O)

COUNT CARD NO.

REGN NO: SHA4368M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 26.10.2020 08:50
YR OF MANU 27.02.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU140644	COMPLETION DATE/TIME:

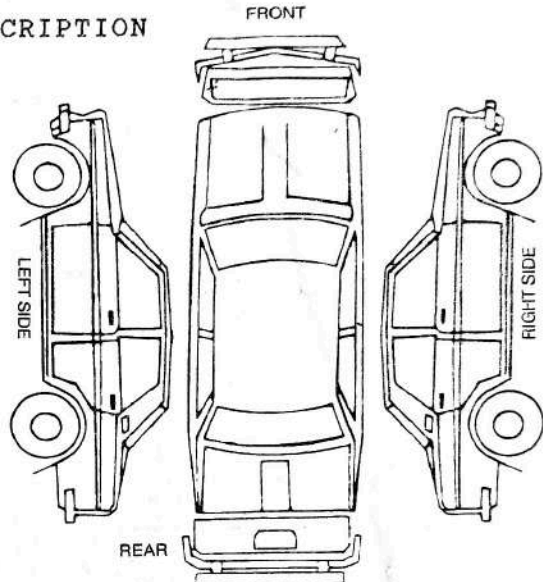
ALG

JOB DESCRIPTION

Accident Date: 21.10.2020
NATURE: 3P 21.10.2020

3/NO LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

Vehicle No.:

SHA4368M

LKE

Signature/Date

Name of Service Advisor

Date

Service Advisor

Returned to Service Reception upon collection

To be kept by Security Guard

STEVE

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Report correctly the details of the accident to speed up the claims process.
Form must be completed by the Policyholder and/or the Authorised Driver.
Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to
revoke policy liability.
The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
Any false reporting may be referred to the Police for investigation.
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 15:29
Date Of Accident 21/10/2020 20:20
Exact Location Of Accident HOUGANG AVE 9 X HOUGANG ST 92
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA4368M
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 GOH LEOK LEE
NRIC No SXXXX524C
Date Of Birth 18/10/1962
Occupation OUTDOOR
Date Of Driving Pass 13/01/1981
Driving Experience 39 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96201135
Fax Number
Contact Number
Email Address NOEMAIL

BLK 475 SEMBAWANG DRIVE #10-319

750475

an employee of the Insured's Company NO
Relationship of the Driver with the Insured OTHER - TAXI DRIVER
Registration Number of Driver's Own
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? 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? 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 SMD2020D
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

AIG ASIA PACIFIC INSURANCE PTE. LTD.
NOT SURE

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.

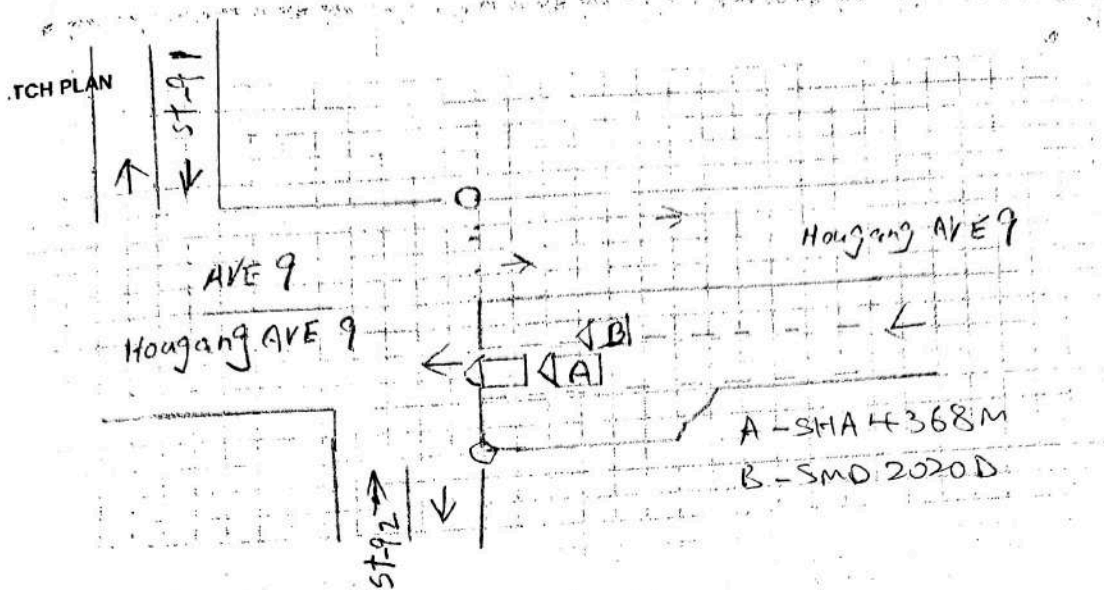
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
& Time:

Driver's Signature
(if driver is not the policyholder)

Reporting Centre Personnel's Signature
Name: Larry Ng

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

4 student architects

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

14:40h

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

Sketch Plan Pg. 3

Describe Circumstances of the Accident.

On 21.10.2020, at about 2020hrs, I stopped my Comfort taxi, SHA4368M, on lane 2 at the junction of Hougang Ave 9 and Hougang St 92 due to red lights.

While stationary, I suddenly felt an impact from my right. A private car, B, had hit my taxi right rear side. After the accident, B, did not stop to check on my taxi.

Instead, when the lights turned green, B drove away at a fast speed. I tried to chase but unable to do so due to the traffic situation.

Minor damage to my taxi. Not sure if there is damage to B.

I have a video recording of the accident impact. No pax in my taxi.

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

Larry Ng

Witnessed by Reporting
Centre Personnel