

ASS. REC. BY:

Sten

REF:

CS/SMQ20011819/EUqf3

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.

CMTD2003149/RUC

Sum Insured:

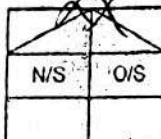
Excess:

(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:

2

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC 81824

Yr Regn:

26/5/16

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

Truck / Trailer or

Make:

Hyundai H-40

c.c 1685

Colour:

Blue

A/C:

Insured / Std / Nil / N

Sp. Reading

584746

T/Radio:

Insured / Std / Nil / N

Eng/No:

C/No:

KMHLC 11414 MCD 1901/15

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

4

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.

29/10/20

D.O.I.

30/10/20

Survey held at

Com Ld/gz

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

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

30/10/20@2.30pm revised to Ruth Chua by email.

03/11/20@9.49am Steve finalised with Loke LS \$3000, 2 days (Red \$1150.14, 28%)

Date/Time, File Pass to?



: Prell. Report

03/11 Typist



: Final Report

Date/Time, File Return to?

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Pop. Form:

TP

Lump Sum / H.R. /

3000

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

DATE: 29/10/2020

3P INSURANCE: SOMPO

MODEL: HYUNDAI I 40

SURVEYOR:

VEH NO.: SHC8182U

MVA: LOKE WY

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Front Bumper Cover / OLF			\$1,052.20
	Front Bumper Centre Grille / OR			\$114.00
	Front Bumper Clips / MC	10	\$2.20	\$22.00
	Front Bonnet / OD			\$2,265.90
	Bonnet Moulding / CUT			\$105.20
	Front Bumper Centre Grille Top Garnish / CR4			\$80.00
SPARE PARTS SUB TOTAL				\$3,639.30
LESS 20%				\$727.86
DISCOUNTED SPARE PARTS TOTAL				\$2,911.44
	Emblem Symbol Mark / MC			\$28.70
NETT TOTAL				\$28.70
SPARE PARTS & NETT TOTAL				\$2,940.14
	Panel Beating	560		\$600.00
	Spray Painting	400		\$500.00
	Check Wiring	30		\$60.00
	Tuff kote	30		\$50.00
LABOUR TOTAL				\$1,210.00
ESTIMATE TOTAL				\$4,150.14

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.

LKK
 WZ PL
 30/10/20, 11.30 am
 2 dys
 L/S
 My AL sy

- 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 6280 Facsimile + 65 6280 9755

Workshops

69 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Road Singapore 606491

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

Date/Time: 29.10.2020 15:00

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.:305430683

STOMER
/MS COMFORT TRANSPORTATION PTE LTD
STOMER NO 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

REGN NO: SHC8182U	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 29.10.2020 12:55
YR OF MANU 26.05.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU090088	COMPLETION DATE/TIME:

COUNT CARD NO.

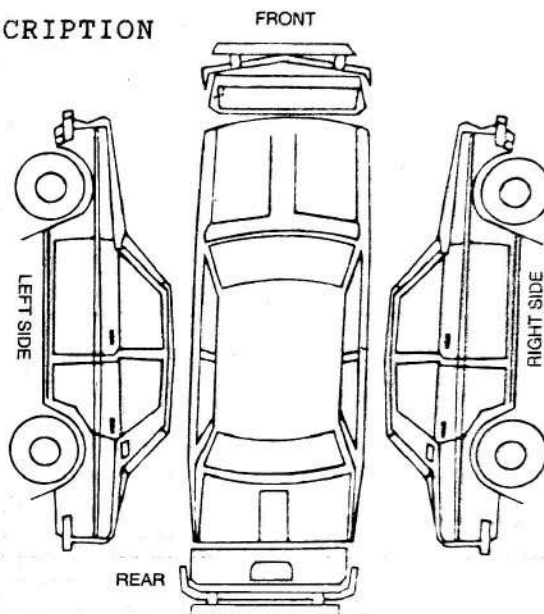
JOB DESCRIPTION

Accident Date: 29.10.2020
NATURE: 3P 29.10.2020

S/NO LABOR CODE

Sompo.

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.: SHC8182U YY

Vehicle No.: SHC8182U

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

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 29/10/2020 14:14
Date Of Accident 29/10/2020 09:30
Exact Location Of Accident RIVERSIDE RD BEFORE WOODLANDS AVE 9
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8182U
Insured/Policyholder
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Co Reg No 1XXXXX821R
Email Address FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No
Alternative Phone No OFFICE-65508768

Vehicle Particulars

Manufacturer HYUNDAI
Model I40
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 NG CHIN KEONG
NRIC No SXXXXX818J
Date Of Birth 03/08/1964
Occupation OUTDOOR
Date Of Driving Pass 01/01/1987
Driving Experience 33 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91251679
Fax Number
Contact Number
Email Address NGCHINKEONGNCK@GMAIL.COM

Address BLK 204 TOA PAYOH NORTH
#18-1129
Postcode 310204
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 -
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) 3
Passenger 1 NAME: : -
GENDER: : MALE
Passenger 2 NAME: : -
GENDER: : FEMALE

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

REFER ATTACHED * TYPE OF ACCIDENT :- 3P REVERSED

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 Witness 1

Name ELANGOVAN(PAX)
Phone Number
Email Address -

DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number YN3754T
Vehicle Make/Model/Colour TRUCK
Details Of Properties

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGE
No. Of Passenger (Including Driver)	

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.
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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 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

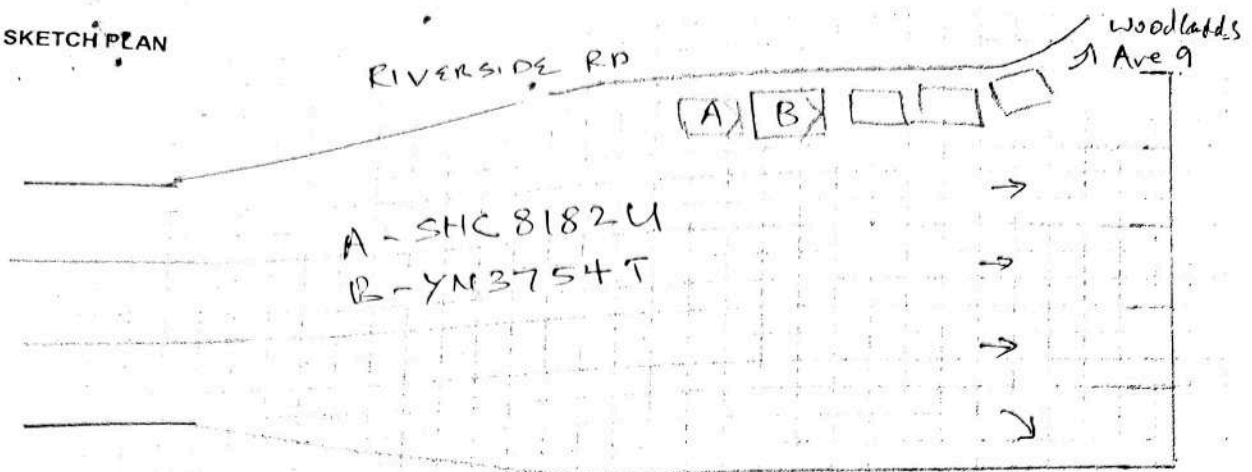
Policyholder's Signature
Date & Time:

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

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

29.10.2020
1315w

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29.10.2020, at about 0930hrs, I was driving my Comfort taxi, SHC 8182U, on the left lane along Riverside Rd with 2 pax.

While approaching the junction with Woodlands Ave 9, traffic was moderate and all stopped due to red lights.

I was on the left turn lane. A truck, B, was in front of me. The traffic was stop and go.

While my taxi was stationary, I noticed the front truck, B, started to roll backwards. I sounded the horn but B did not stop and then hit my taxi front.

After that, B drove away. I chased it and then overtook it and stopped in front. Photos taken after the accident.

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:

29.10.2020
1315hrs

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

LKK \ CMTD2003149/RUC - SHC8182U VS YN3754T(nr) THIRD PARTY CLAIM ACC ON
29.10.20

Teo, Grace <grace.teo@sompo.com.sg>

Fri 30/10/2020 9:14 AM

To: Loke Wei Yieng <LokeWY@sparkcarcare.com>; Chua, Gek Tiang Ruth <ruth.chua@sompo.com.sg>; 'admin-d@lkkauto.com' <admin-d@lkkauto.com>; 'assignments@lkkauto.com' <assignments@lkkauto.com>; 'SUR' <sur@lkkauto.com>
Cc: Chiang Liat Choon <chianglc@cdge.com.sg>

1 attachments (441 KB)

1361_001.pdf

CAUTION : This email originated from an external party outside ComfortDelGro. Do not click on links or open attachment unless you know the sender.

Without Prejudice

Our Reference : CMTD2003149/RUC

Your Reference: SHC8182U

Hi Wei Yieng,

We acknowledged receipt of your claim documents.

Please be informed that Ms. Ruth Chua is the handler of this case who can be contacted at 63295 153/ ruth.chua@sompo.com.sg.

Please be informed that we have appointed **LKK AUTO** to survey the above vehicle.

Please be informed that we have yet to receive our insured's accident report.

Hi **LKK Auto**,

Please arrange **Mr. Kenneth or Mr. Marcus** to survey **SHC8182U** on a without prejudice and any admission of liability basis.

Please revert your report upon completion of survey to my colleague, **Ms. Ruth**.

Aside to Ruth,

For your update.

[Working From Home with effect from 06 April 2020]

Best Regards