

ASS. REC. BY:

Steve

REF:

A16

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

SIA / 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:

SH 7142K

Yr Regn:

14/4/16

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

Truck / Trailer or

Make:

Hyundai T-40

c.c 1685

Colour:

Blue

A/C: Insured / Std / NI / N

Sp. Reading

890098

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KMH LB 41UM 64987962

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / RIm or

Tyre Size:

F:

295/60R16

R:

11

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.

5/11/20

D.O.A.

6/11/20

Survey held at

Com Fat ch kg

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

Date/Time, File Pass to?



: Prel. Report



: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Weekend (\$

Prop. Formed:

Lump Sum / L.E. / C:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 05.11.2020
Time: 17:53:36
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 : 305432037
REGN NO : SH 7142K
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 14.04.2016
DATE/TIME IN : 05.11.2020 16:10
ACCIDENT DATE : 05.11.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1 L	1,052.20	20.00	841.76	✗ — DR
0002	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	✗ — KC
0003	04-01-0103-2164-A	I40V3 GRILLE ASSY-RADIATO	1 L	1,480.00	20.00	1,184.00	— DR
0004	04-01-0103-2175-G	I40V3 SYMBOL MARK-H	1 L	39.50	20.00	31.60	— KC
0005	FNPS	NO PLATE(S) WITH TRIM COV	1 N	55.00	2.00-	55.00	— DR
							SUB-TOTAL : 2,129.96

JOB NATURE

0000 L	PANEL BEATING	350.00	280
0001 23-502	SPRAYPAINT ON AFFECTED AREA	250.00	200
		SUB-TOTAL :	600.00
		TOTAL :	2,729.96

MVA NAME & SIGNATURE
DATE :

Steve (LKK)

SURVEYOR NAME & SIGNATURE
DATE :

6/11/20, 10.10a
2 days
L/S
My AL my

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/Time: 05.11.2020 17:33

Page 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

ICNO: 95432031

TOMER

AS COMFORT TRANSPORTATION PTE LTD

TOMER NO. 7010045

RESS 383 SIN MING DRIVE

Singapore SINGAPORE 57517

(R) 65508755

(O)

(P)

COUNT CARD NO.

REGH NO. SH 7142K

MAKE HYUNDAI

MODEL I-40

YR OF MANU. 14.04.2016

CHASSIS CODE KMHLB41UMGU087062

MILEAGE

FUEL

DATE/TIME IN 05.11.2020 16:10

TARGET DATE

COMPLETION DATE/TIME

JOB DESCRIPTION

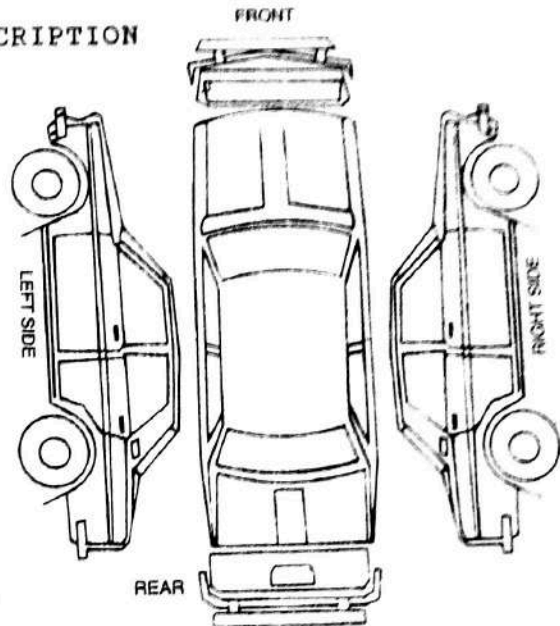
Accident Date: 05.11.2020

NATURE: 3P 05.11.2020

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

No.: SH 7142K

LKE

STEVE

Exit Pass

Vehicle No.:

SH 7142K

Service Advisor

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

Returned to Service Reception upon collection

SINGAPORE ACCIDENT STATEMENT

ICE

to provide the details of the accident to speed up the claims process

to be completed by the Policyholder and/or the Authorised Driver.

It must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to deny liability.

The acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

This report 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 the purpose that copies of this report will, for a fee, be made available upon application by interested parties.

By the submission 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

ACCIDENT STATEMENT

Date Of Report	05/11/2020 16:57
Date Of Accident	05/11/2020 15:45
Exact Location Of Accident	CHANGI PRISON ENTRANCE
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7142K
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	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	SEE HENG YEW
NRIC No	SXXXX476J
Date Of Birth	01/01/1959
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1979
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98394865
Fax Number	
Contact Number	
Email Address	HENGYEW59@HOTMAIL.COM.SG

747 #08-718 WOODLANDS CIRCLE
730747

Employee of the Insured's Company NO
Relationship of the Driver with the Insured OTHER - TAXI DRIVER
Registration Number of Driver's Own -
-
-
Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR (70 km/h)
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) 2
Passenger 1
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

see attach.

Attachment(s)

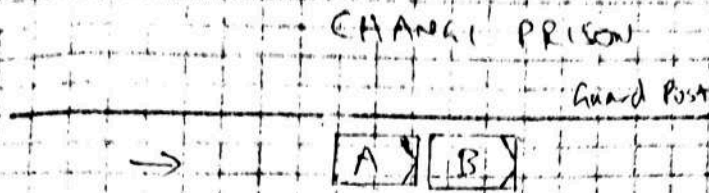
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: -
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 11

Vehicle Registration Number SLF9169P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE HIRE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage REAR

(Including Driver)

AN



A - SH 7142K

B - SLF 9169P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05.11.2020, at about 1545 hrs, I stopped my Comfort taxi, SH7142K, behind a car, B, at the Changi Prison security checkpoint.

While stationary, B suddenly reversed and hit my taxi front. I have a video recording of the accident. Photos taken.

1 female pax in my taxi and no injury.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO REG NO 199303621R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:
05.11.2020
1615hrs

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

Sketch Plan Pg. 2

IMPORTANT NOTICE

- 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. 199203521R

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 05.11.2020
1615hr

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

