

ASS. REC. BY:

Steve

REF:

A/G

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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 Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH 8875Y Yr Regn: 14/11/19

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

Truck / Trailer or

Make: Hyundai 10019 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NSp. Reading: 132388 T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: KMHC 85/CVL4188726

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 A/Rim or

Tyre Size: F: 195/65R15R: 1

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 12/11/20 D.O.A. 12/11/20Survey held at Cmf 1 de/guDes. of Damages: Frt Rear LH / 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?

Prop. Format:

Lump Sum / L&C

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS: \$ _____

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 12.11.2020
Time: 11:54:04
Page: 1

MG CP/P)
JM

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305433199
REGN NO : SH 8875Y
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 14.11.2019
DATE/TIME IN : 12.11.2020 10:10
ACCIDENT DATE : 12.11.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1	459.40	20.00	367.52	/ DD
0002 04-01-0104-2533-G	MOULDING ASSY-RR BUMPER C	1	451.25	20.00	361.00	X
0003 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	/ MC
0004 04-01-0104-1150-A	IONIQVC PROTECTOR MAT	1	50.00	2.00-	50.00	X
0005 04-01-0104-2532-G	BRACKET ASSY-RR BUMPER SI	1	55.80	20.00	44.64	?
SUB-TOTAL :						840.76

JOB NATURE

0000 PB	PANEL BEATING	400.00	820
0001 SP	SPRAYPAINT CHARGE	300.00	200
0002 L	REMOVE/REFIX REVERSE SENSOR	80.00	30
SUB-TOTAL :		780.00	

Stem (LKK) na P/L
12/11/20, 2.30pm
2 hrs
P/P
My Bel Sky

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 PTE LTD
REPAIR ESTIMATE

Date: 12.11.2020
Time: 11:54:04
Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)
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SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305433199
REGN NO : SH 8875Y
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 14.11.2019
DATE/TIME IN : 12.11.2020 10:1
ACCIDENT DATE : 12.11.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,620.76

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :
AUTHORISED : YES / NO

COMFORTDELGRO ENGINEERING

Member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Bras Basah Road Singapore 379701
Mandarin + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Layan Drive Singapore 608949 24 Serangoon Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sengkang Road Singapore 728791
44 Pandan Road Singapore 609 180 501 Yishun Industrial Park A Singapore 768732
320 Telok Ayer Street Singapore 0600000

Date/Time: 12.11.2020 11:47

Page : 1

JOB CARD

Sales Order:

JC NO: 305433199

Team: ARC Repair TP(CLSO)1

COMER

IS COMFORT TRANSPORTATION PTE LTD
OMER NO 7010045
LESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(R)

(P)

(O)

DUNT CARD NO.

REGN NO SH 8875Y	MILEAGE
MAKE HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 12.11.2020 10:10
YR OF MANU 14.11.2019	TARGET DATE
CHASSIS CODE KMH0851CVLU188726	COMPLETION DATE/TIME

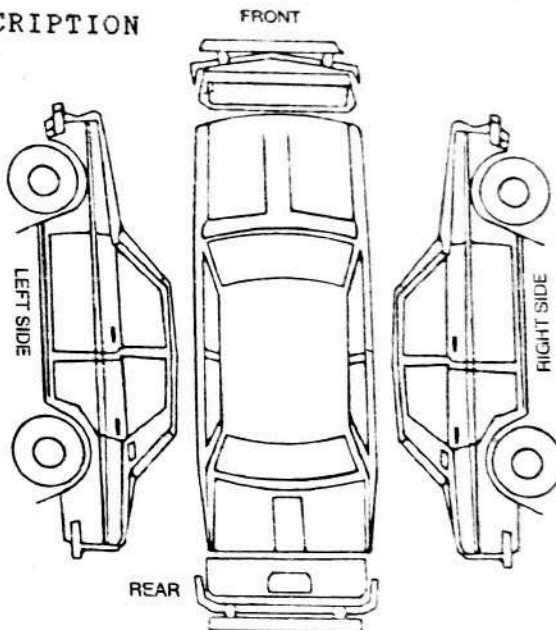
Accident Date: 12.11.2020
NATURE: 3P 12.11.2020

JOB DESCRIPTION

1/NO

LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: SH 8875Y

JU AIG

Vehicle No.:

SH 8875Y

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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 12/11/2020 10:59
Date Of Accident 12/11/2020 09:30
Exact Location Of Accident 31A PUNGGOL TWENTY-FOURTH AVE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH8875Y
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 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 TAN BOO HOE
NRIC No SXXXX453B
Date Of Birth 15/06/1961
Occupation OUTDOOR
Date Of Driving Pass 16/07/1979
Driving Experience 41 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-90122781
Fax Number
Contact Number
Email Address 1652TANBOOHOE@GMAIL.COM

Address BLK 505 ANG MO KIO AVENUE 8 #10-2694
Postcode 560505
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 -
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: : FEMALE
Passenger 2 NAME: : -
GENDER: : MALE

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 / Type Of Accident : 3P REVERSE (REAR RIGHT TO LEFT REAR)

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

Vehicle Registration Number SCW3K
Vehicle Make/Model/Colour
Details Of Properties PRIVATE CAR
Vehicle Category
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.

REAR RIGHT

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

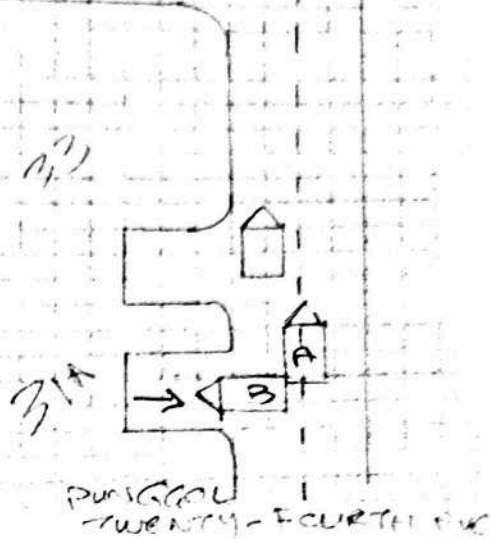
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: 12 NOV 2020
NRIC/Fin No: Wendy

A 2 SH 88754

B = SCW3K
(Toyota)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 12th Nov 2020 at 0930hrs, I was driving towards 33 Punggol Twenty-Fourth Ave to send my 2 passengers.

I stop in between of 31A and 33 due to there's a vehicle park at the entrance of 33.

While my taxi was stationary and waiting for my passenger to pay for the taxi fare, suddenly there's a jerk on my taxi, left rear portion.

I step out to check and found out a vehicle of SCW3K was reversing out and hit onto my taxi.

No injury at the point of accident.

DECLARATION

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:

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: Olivia Wendy

12 NOV 2020

