

ASS. REC. BY:

Sten

REF:

AIG

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.

Bal. or Market Value:

IDAC Accident Report: 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

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SHA 7949P

Yr Bagn:

14/5/15

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

Truck / Trailer or

Make:

Hyundai I-40

c.c 1600

Colour:

Blue

A/C: Insured / Std / NI / N

Sp Reading

886297

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KMHILB41UMF4069055

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 / Rim or

Tyre Size:

F:

905/60R16

R:

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.

19/11/20

D.O.A.

20/11/20

Survey held at

Com Mch/gm

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

Frt RH.

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Prelim. Report

1)

☐

: Final Report

Date/Time, File Return to?

Prop. Form 1:

Lump Sum / L.B. / P.

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Insp (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others:

TOTAL

ARG(Liam) JH

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 20.11.2020
Time: 13:45:54
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 : 305434605
REGN NO : SH1A7049P
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 14.05.2015
DATE/TIME IN : 20.11.2020 08:45
ACCIDENT DATE : 19.11.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0578-G	I40V2 COVER-FR BUMPER#	1	1,052.20	0.00	1,052.20	/	BR
0002 04-01-0103-0782-A	I40VC LAMP ASSY-HEAD RH#	1	1,388.00	20.00	1,110.40	/	BR
0003 04-01-0103-0640-G	I40VC BRACKET-FR BUMPER S	1	24.60	20.00	19.68	/	BR
0004 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	20.00	20.00	16.00	/	PC
0005 04-01-0103-0573-A	I40VC PANEL-FENDER RH+	1	663.00	20.00	530.40	/	OD
0006 04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	217.20	20.00	173.76	/	CUT
						SUB-TOTAL : 2,902.44	

JOB NATURE

0000 PB	PANEL BEATING	600.00	560
0001 SP	SPRAYPAINT CHARGE	500.00	400
0002 17-01	CHECK ALL LIGHTING	50.00	30
0003 20-00	TUFF COAT ON AFFECTED PARTS.	50.00	30
0004 20-05	RENEW ADVERTISEMENT STICKER-Fender	100.00	/

Stew (LKK) Wm M
20/11/20, 2.00p

2 g djs
My AL dy
L/S
E

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 modifications is allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

FORIDEI
ENGINE
member
jam:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 20.11.2020
Time: 13:45:54
Page: 2

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

JOB NO : 305434605
REGN NO : SHA7049P
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 14.05.2015
DATE/TIME IN : 20.11.2020 08:4
ACCIDENT DATE : 19.11.2020

JOB / PARTS DESCRIPTION

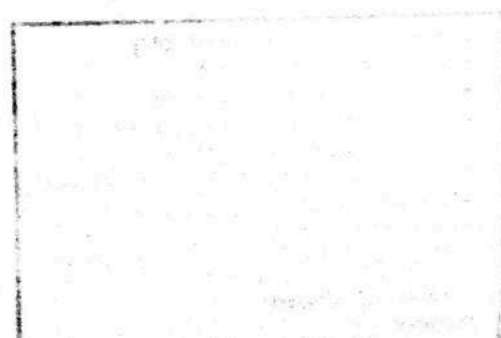
QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 1,300.00

TOTAL : 4,202.44

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



Date/Time 20.11.2020 10:10

Page: 1

305434605

Sales Order: 4043669

JOB CARD

SHA7049P

JC NO.:

COMER COMFORT TRANSPORTATION PTE LTD
7010045

383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

REGN NO.:	MILEAGE
HYUNDAI	
MAKE:	FUEL
I-40	20.11.2020 208:45 F
MODEL	DATE/TIME IN
14.05.2015	
YR OF MANU.	TARGET DATE
KMHLB41UMFU069055	
CHASSIS CODE	COMPLETION DATE/TIME:

(R) (O)
(P)

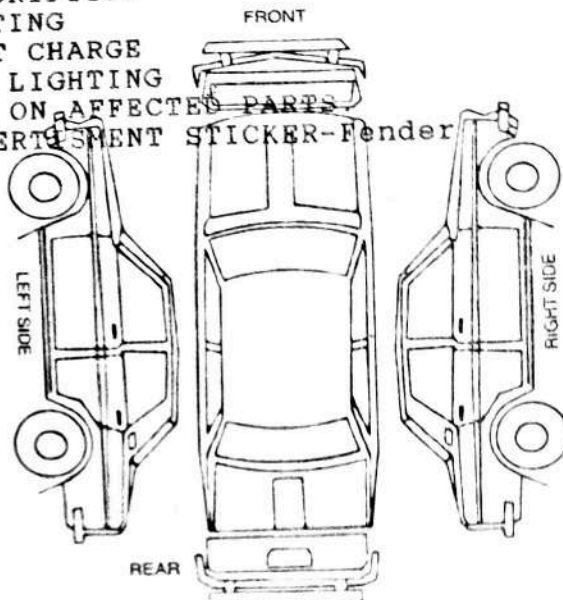
OUNT CARD NO.

Accident Date: 19.11.2020
NATURE: 3P 19.11.2020/C

JOB DESCRIPTION

S/NO	LABOR CODE
000060	PB
000070	SP
000080	17-01
000090	20-00
000100	20-05

DESCRIPTION
PANEL BEATING
SPRAYPAINT CHARGE
CHECK ALL LIGHTING
TUFF COAT ON AFFECTED PARTS
RENEW ADVERTISEMENT STICKER-Fender



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

SHA7049P

JU AIG

No.:

Exit Pass

Vehicle No.:

SHA7049P

Signature/Date

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 20/11/2020 09:23
Date Of Accident 19/11/2020 22:50
Exact Location Of Accident ALONG TAI THONG CRES
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA7049P
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 MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy YES
Policy Number D-18088937MFSH
Cover Note Number

Driver

Name of Driver TAN KOH NEE
NRIC No SXXXXX576E
Date Of Birth 27/02/1966
Occupation OUTDOOR
Date Of Driving Pass 21/08/2012
Driving Experience 8 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-92316583
Fax Number
Contact Number
Email Address 0771ANTHONY@GMAIL.COM

Address BLK 128 MARSILING LANE
#30-71
Postcode 732128
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 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) 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

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 GW8512H
Vehicle Make/Model/Colour VAN
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver UNKNOWN
NRIC/Passport Number
Contact Number
Address

Postcode

Insurance Company Name

Nature Of Damage

LEFT FRONT

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.
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 the 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. 1693C3821R

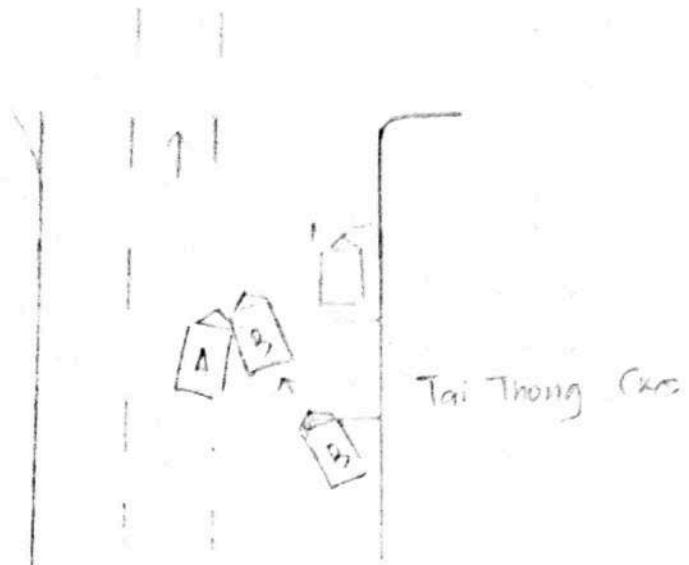
Policyholder's Signature
Date & Time:


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

 20.11.2020
Reporting Centre Personnel's Signature
Name: Lim Wei Yeng
NRIC/Fin No.:

SKETCH PLAN

A: SH17049P
B: GW8512H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/11/2020 at about 22:50 hrs, I veh A was
 carrying a couple pass at above said location. In the midst
 I listening to right in order made a right turn at further up.
 Veh B swerved out from parking lot and it left front
 portion collided onto the front right portion of my taxi.
 Both of us then alighted to take photo, the said van driver
 refused to provide particulars. No injury reported at the point
 of accident. My passengers drop off at scene.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
 CO. REG. NO. 199303521R

Policyholder's Signature
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name: Loh Wei Yiong
 NRIC/Fin No.: