

ISS. REC. BY:

Sten

REF:

CTI

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:

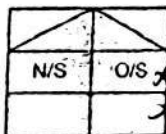
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



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

SHIA 1898U

Yr Regn:

2/4/19

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

Truck / Trailer or

Make:

Hyundai 1914

c.c. 1580

Colour

Blue

A/C: Insured / Std / Nil / N

Sp. Reading

195307

T/Radio: Insured / Std / Nil / N

Eng/No:

C/No:

KMHCESSICVRU141457

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:

195/65R15

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.

24/11/20

D.O.I.

24/11/20

Survey held at

Comp1 & 1gr

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Phone

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Insp (\$

☐

: Weekend (\$

Rep. Formed:

Lump Sum / L.B.I. /

ORTDELGRO ENGINEERING PTE LTD

IR ESTIMATE*

CLE NO SHA1898U

24.11.20

KE :

MODEL PRIUS G4

CHIANG/CHINA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRT DOOR PANEL RH X R			\$1,264.00
1	FRT DOOR MOULDING RH X			\$188.60
1	RHS ROCKER PANEL X			\$673.60
1	REAR FENDER RH X R			\$836.70
1	RH WHEEL COVER / CUT			\$346.40
	SUB TOTAL			\$3,309.30
	25.00%			\$827.32
	DISCOUNTED TOTAL			\$2,481.97
1	FRT DOOR COMFORT LOGO / MC			\$75.00
1	REAR DOOR COMFORT APP / MC			\$80.00
				\$155.00
	Labour Charge			480 \$750.00
	Panel Beating			800 \$900.00
	Spray Painting Charge			X \$120.00
	Remove /refix upholstery rear			X \$200.00
	Tranfer door part to new door			X \$120.00
	Tuff coat			\$2,090.00
	TOTAL LABOUR			
	ESTIMATE TOTAL			\$4,726.97
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.				

Steve (LRK) NL PL
24/11/20, 4.00p

3 dys

P/P

My Bal My

- Let K Aut: Itants hence notify
the Repa: ne following:
- To resurvey after spray painting
 - To display ed part(s) during resurvey
 - Parts price: object to confirmation
 - Third party: s on a "Without Prejudice" basis
 - No illegal on(s) is allowed
 - Supplementa (s) must be resurveyed and is subject to the approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

COMFORTDELGRO ENGINEERING

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 573717
45 Pandan Road Singapore 605286
320 Wuyang Road Singapore 606649

24 Serangoon Singapore 758156
7 Sungai Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768733

Date/Time: 24.11.2020 14:05

Page : 1

ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305435297

COMFORT TRANSPORTATION PTE LTD

7010045

WER NO.

SS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

COUNT CARD NO.

REGN NO.

SHA1898U

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G2)

24.

DATE/TIME IN 11.2020 10:40

YR OF MANU.

02.04.2019

TARGET DATE

CHASSIS CODE

KMHC851CVKU141457

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 24.11.2020

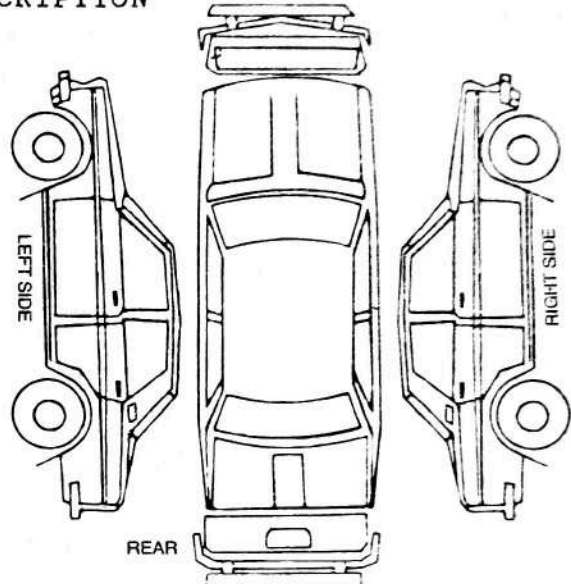
NATURE: 3P 24.11.2020

S/NO

LABOR CODE

DESCRIPTION

FRONT



REAR

LOCKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.:

SHA1898U

CHIANG

Vehicle No.:

SHA1898U

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 24/11/2020 13:16
Date Of Accident 24/11/2020 10:10
Exact Location Of Accident ALONG LOYANG AVENUE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA1898U
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 LIEW LOW FOH
NRIC No SXXXX802A
Date Of Birth 25/04/1963
Occupation OUTDOOR
Date Of Driving Pass 21/06/1983
Driving Experience 37 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96428958
Fax Number
Contact Number
Email Address STEVENLIEW551075@YAHOO.COM.SG

123C 02-149RIVERVALE DRIVE
543123

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 RAINING
Road Surface WET

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

SEE ATTACH.

Attachment(s)

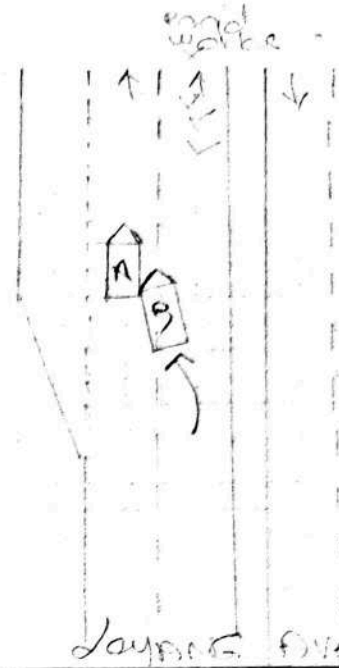
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: -
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XE2255H
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver RAZAK BIN RASHID
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage NO DAMGAE
No. Of Passenger (Including Driver)

ETCH PLAN

A = SHA 1898U

ST
GEORGE
CHAPEL
BUS STOPB = XE 2255H
Lorry

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the 24/11/2020 @ 10:10 hrs, I was driving along (Layang Avenue) direction with no passengers on board my taxi.

As I was driving suddenly there is a jerk on my taxi right side. I slow down towards the bus stop to check and found out a lorry of XE 2255H had grazed onto my taxi whole right side.

However the lorry did not stop, so I follow the lorry to alert the driver that his lorry of XE 2255H had grazed onto my taxi.

No injury at the point of 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:

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

24 NOV 2020

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 to 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.

COMPARTMENTALISATION OF DATA
CO. REG. NO. 199304621R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Alvin Weng
NRIC/Fin No.:

24 NOV 2020

