

ASS. REC. BY:

Tayfkh

REF:

INC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / (P) WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

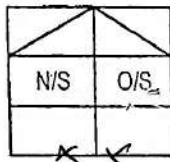
Claims No. _____

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 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

Lim TS

Veh No: SH6244GYr Regn: 2016 JuneType: M.Car / M.Cycle / Bus / Van / Lorry / (C) Taxi / Prime Mover /

Truck / Trailer or

Make: Nyander 140c.c. 1685Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 495686

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB414MG4090098Gen. Cond: (C) Good / Fair / Poor / BurntSteering: (C) Inorder / Jammed / Leaked / Burnt orBrake: (C) Inorder / Jammed / Leaked / Burnt orModi: Nil / (C) Rim / STD A/Rim orTyre Size: F: 205/66R16R: 205/66R16

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

TOYO / YOKO or West blue

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 01/12/20Survey held at Comfort LodgeDes. of Damages: Frt / (C) Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

LUMP SUM 1550. RED: \$1015.25; 39%

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Rep. Format: _____

Lump Sum / L.B.I. (%) _____

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI _____

Photos _____

Others _____

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 01.12.2020

Time: 14:16:55

Page: 1

NTUC-4S
LKK

12 TS

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

JOB NO : 305436678
 REGN NO : SH 6244G
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 02.06.2016
 DATE/TIME IN : 29.11.2020 21:40
 ACCIDENT DATE : 29.11.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	REAR BUMPER	1	1,106.00	20.00	884.80	de ✓
0002 04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00	20.00	182.40	de ✓
0003 04-01-0103-0739-G	REAR BUMPER SPONGE	1	119.50	20.00	95.60	?
0004 04-01-0103-0740-G	REAR BUMPER BEAM	1	428.40	20.00	342.72	?
0005 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	we ✓
0006 09-01-9999-0068-A	REVERSE SENSOR	1	135.70	10.00	122.13	rw ✓

SUB-TOTAL : 1,645.25

JOB NATURE

0000 20-05	Rear Fender Adv.Sticker LH/RH	200.00	✓
0001 20-05	Rear Bumper Adv.Sticker	50.00	✓
0002 PB	PANEL BEATING	300.00	280
0003 SP	SPRAYPAINT CHARGE	250.00	200
0004 L	R/I REVERSE SENSOR	120.00	30

COMFORT DEL GRO ENGINEERING PTE LTD

Date: 01.12.2020

Time: 14:16:55

REPAIR ESTIMATE

NTUC - L/S

Page: 2

TS

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

JOB NO : 305436678
REGN NO : SH 6244G
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 02.06.2016
DATE/TIME IN : 29.11.2020 21:4
ACCIDENT DATE : 29.11.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 920.00

TOTAL : 2,565.25

Limp

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

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:

Tanphine 97495749
WP 2 days
1/12/2020 5pm
L/S Resurvey after repair
tanphine@lkkauto.com
Dunstan

COMFORTDELGRO ENGINEERING

Member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 379701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
420 Old Road Singapore 370643

24 Senoko Loop Singapore 756156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 01.12.2020 13:56

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305436678

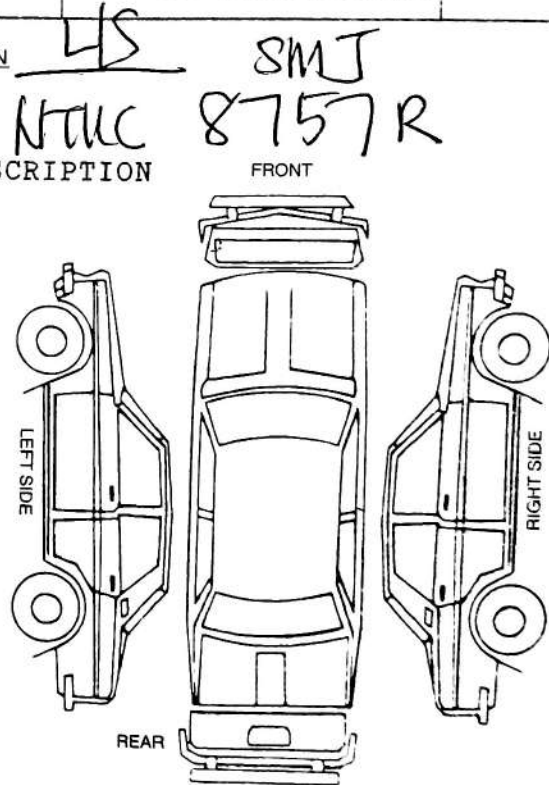
AER COMFORT TRANSPORTATION PTE LTD 7010045 AER NO. 383 SIN MING DRIVE S Singapore SINGAPORE 575717 65508755) (O)) VT CARD NO.	REGN NO. SH 6244G	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 29.11.2020 21:40
	YR OF MANU 02.06.2016	TARGET DATE
	CHASSIS CODE KHLB41UMGU090098	COMPLETION DATE/TIME:

cident Date: 29.11.2020
TURE: 3P 29.11.2020

JOB DESCRIPTION

NO LABOR CODE

DESCRIPTION



JO & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ement Slip

Exit Pass

SH 6244G

LIMITS

Vehicle No.:

SH 6244G

Service Advisor

Signature/Date

Name of Service Advisor

Date

ed 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 Submission	01/12/2020 13:44 (SGT)
Date of Accident	29/11/2020 16:50 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE TUNNEL TOWARDS ANG MO KIO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6244G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	MCOM0015
Cover Note Number	-

DRIVER

Name of Driver	KOH KIAN CHAY
NRIC No	SXXXX232D
Date Of Birth	11/08/1956
Occupation	Outdoor



Accident report SC1I20C1000I

Date Of Driving Pass	17/01/1977
Driving experience	43 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96150482
Alt. Phone Number	-
Email Address	KIANCHAY_K@YAHOO.COM
Address	357 03-612 TAMPINES ST 33
Address complement	-
Postcode	520357
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

PASSENGER 2

Name	-
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SMJ8757R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC
Nature Of Damage	SERIOUS
Details of property damaged in accident	FRT
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

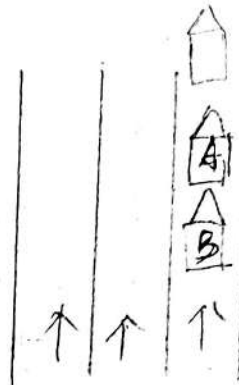
INJURED 1

Name of injured person	KOH KIAN CHAY
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK
Injured person in which vehicle?	SH6244G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

A SH 6244G

B SMJ 8757R



CTE Tunnel towards
Ang Mo Kio

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 29/11/2020 @ about 1650 hrs, i was travelling along CTE expressway tunnel towards Ang Mo Kio direction. At the tunnel i was driving in the first lane while my front vehicle suddenly stop. so my vehicle followed and manage to stop in time. But for vehicle B (SMJ 8757R) followed behind me could not stop in time and collided onto my rear portion. I got two female passenger at my taxi and they were not injured at that time. My vehicle sustain moderate damage on the rear portion and vehicle B sustained serious damage on the front portion. Today (30/11/2020) as i wake up i felt my back pain may consult doctor later on.

DECLARATION

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

COMFORT TRANSPORTATION PTE
CO REG NO 199304521R

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.:

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.

COMFORT TRANSPORTATION PTE LTD
CO REG NO. 199301821R

Policyholder's Signature
Date & Time:

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

30/1/2020
Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: *Hong Leong Lee*