

ASS. REC. BY: TaufikhREF: 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. 5120039568 (26/11/2020-25/11/2021)Claims No. MT/1112811-001

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: 2 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS UPDate: _____ Person Contacted: Lim TS. Vehicle: IN / OUTVeh No: SHA 54964 Yr Regn: 2017, Jan.

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

Truck / Trailer or

Make: Hyundai 140 c.c. 1655Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 621533 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 16M HLB4 / 4.4M H4 098299Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / STD / STD A/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Wor/bale.

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 01/12/20.Survey held at Comfort Lodge

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
08/12/20 @ 10.20am	Taufikh finalised with Larry LS \$450, 2 days. (Red \$3145.25, 87%)

Date/Time, File Pass to?

☐

Prell. Report

1) 08/12 Typist

☐

Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format: TPLump Sum / H.R. / C. 450

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

NTUC-4S
LKK-

Date: 01.12.2020

Time: 14:17:33

Page: 1

12 IS

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

JOB NO : 305436677
 REGN NO : SHA5496U
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 25.01.2017
 DATE/TIME IN : 30.11.2020 09:35
 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	Ry
0002 04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00	20.00	182.40	Ry
0003 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	X
0004 02-01-0103-0054-G	EXHAUST MUFFLER RH	1	1,935.40	20.00	1,548.32	X
0005 09-01-9999-0068-A	REVERSE SENSOR	1	135.70	10.00	122.13	?
0006 04-01-0103-1150-A	REAR BUMPER MAT	1	50.00	100	50.00	see ✓

SUB-TOTAL : 2,805.25

JOB NATURE

0000 PB	PANEL BEATING	300.00	280
0001 SP	SPRAYPAINT CHARGE	250.00	200
0002 L	R/I REVERSE SENSOR	120.00	30
0003 L	R/I EXHAUST SYSTEM.	120.00	X

SUB-TOTAL : 790.00

Tanpin 97495749
 WP 4R 1/12/2020 4pm
 2 days
 L/S Resurvey after repair
 Tanpin @ 11k antown.

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

NTUC-45
LKK

Date: 01.12.2020

Time: 14:17:33

Page: 2/p

TS

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

JOB NO : 305436677
REGN NO : SHA5496U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 25.01.2017
DATE/TIME IN : 30.11.2020 09:3
ACCIDENT DATE : 29.11.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

Lmf

TOTAL : 3,595.25

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

member 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 575717
45 Pandan Road Singapore 609286
320 Hill Road Singapore 498649
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 729717
501 Yishun Industrial Park A Singapore

Date/Time: 01.12.2020 13:56

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.:305436677

COMER

AS COMFORT TRANSPORTATION PTE LTD
COMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)

COUNT CARD NO.

REGN NO: SHA5496U	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....
MODEL I-40	DATE/TIME IN 30.11.2020 09:35
YR OF MANU. 25.01.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU098299	COMPLETION DATE/TIME

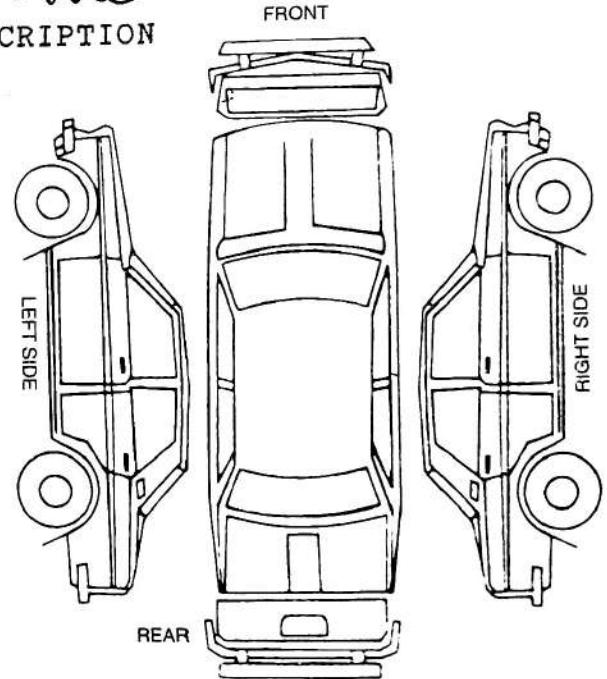
Accident Date: 29.11.2020
NATURE: 3P 29.11.2020

JOB DESCRIPTION

45 GBD
NTUC 7941T

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA5496U

LIMITS

Vehicle No.:

SHA5496U

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 13:25 (SGT)
Date of Accident	29/11/2020 10:00 (SGT)
Exact Location of Accident	235 Bukit Panjang Ring Rd, Singapore 670235
Additional Location Information	BT PANJANG RING RD BEFORE BANGKIT RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5496U
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	First Capital
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	D-18088936MFSH
Cover Note Number	-

DRIVER

Name of Driver	YAP CHENG CHOR
NRIC No	SXXXX996J
Date Of Birth	26/10/1957
Occupation	Outdoor

Date Of Driving Pass	23/11/2009
Driving experience	11 YEARS
Gender	Male
Mobile Number	(Phone) +65-91681409
Alt. Phone Number	-
Email Address	YBENNY26@YAHOO.COM.SG
Address	BLK 521 ANG MO KIO AVENUE 5
Address complement	#09-4216
Postcode	560521
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLS REFER TO ATTACHED

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	GBD7941T
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
Details of property damaged in accident
No. Of Passenger (Including Driver)

NO VISIBLE DAMAGE
FRT
-

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.

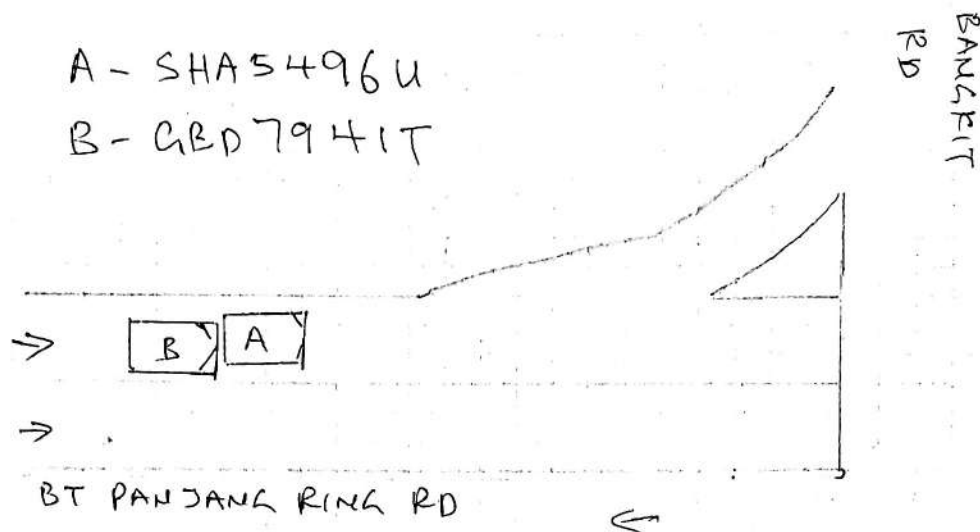
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30.11.2020
0945h

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29.11.2020, at about 1000 hrs, I was driving my Comfort taxi, SHA 5496U, on the left lane along Bt Panjang Ring Rd.
When I approached the T-junction with Bangkit Rd, the traffic lights were red and I stopped behind some vehicles.
While stationary for a few seconds, I suddenly felt an impact from the rear.
A van, B, had hit my taxi rear. I have a video recording of the accident impact.
No fax 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. 199303821K

Policyholder's Signature
Date & Time:

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

30.11.2020
0945hr

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