

ASS. REC. BY: Tan JH

REF: NS/INC 20013263/T1vf3

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: SLJ 2985A

Policy No. 5115169451

Claims No. MT/1112661-001

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
<u>XX</u>	

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: Lim TS

Vehicle: IN / OUT

Veh No: S HD 3008T Yr Regn: 2016 June

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

Truck / Trailer or

Make: Hyundai 140 c.c. 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 713279 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB 414M G 4091334

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 30/11/20 D.O.I. 01/12/20

Survey held at Comfort Lodge

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

Rear N/S

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

Date / Time	Action / Instruction
8/12/20	LS \$4800 confirmed by email (Red 4444.69, 48%)

Date/Time, File Pass to? ☐ : Prell. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) 8/12/20-Typist

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation: _____

S + RS. _____

Photos _____

Others _____

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Rep. Format: TP

Lump Sum / L.B. / P. \$4800

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

NTUC - 45
LKK

Date: 01.12.2020

Time: 14:51:23

Page: 1

IS

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

JOB NO : 305436693
 REGN NO : SHD3008T
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 09.06.2016
 DATE/TIME IN : 30.11.2020 03:10
 ACCIDENT DATE : 30.11.2020

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	04-01-0103-0576-G	REAR FENDER LH	1	2,171.40	20.00	1,737.12	bu-
0004	04-01-0103-0907-G	REAR BUMPER SIDE BRKT LH	1	35.60	20.00	28.48	one-
0005	04-01-0103-0710-G	TAILLAMP PANEL LH	1	453.00	20.00	362.40	bt-
0006	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	one-
0007	03-01-0103-0121-G	REAR FENDER SHIELD LH	1	169.30	20.00	135.44	?
0008	04-01-0103-0581-A	TAILLAMP LH	1	697.80	20.00	558.24	one-
0009	04-01-0103-0584-G	BOOTLID LAMP LH	1	1,131.20	20.00	904.96	?
0010	02-01-0103-0053-G	EXHAUST MUFFLER LH	1	1,935.40	20.00	1,548.32	K
0011	05-01-0199-0032-A	WINDSCREEN AHESIVE-310MLC	2	92.00	10.00	82.80	one-
0012	09-01-9999-0068-A	REVERSE SENSOR	1	135.70	10.00	122.13	

JOB NATURE

SUB-TOTAL : 6,564.69

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

NTUC - LFS

LKF

Date: 01.12.2020

Time: 14:51:23

Page: 2

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

JOB NO : 305436693
REGN NO : SHD3008T
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 09.06.2016
DATE/TIME IN : 30.11.2020 03:1
ACCIDENT DATE : 30.11.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0000 20-05	Rear Fender Adv.Sticker LH/RH	200.00	net
0001 20-05	Rear Bumper Adv.Sticker	50.00	net
0002 PB	PANEL BEATING	900.00	840.
0003 SP	SPRAYPAINT CHARGE	1000.00	800.
0004 17-01	CHECK ALL LIGHTING	40.00	30
0005 20-00	TUFF COAT ON AFFECTED PARTS.	100.00	30.
0006 L	R/I UPHOLSTERY ETC	120.00	60.
0007 L	R/I REAR WINDSCREEN	150.00	120.
0008 L	R/I REVERSE SENSOR	120.00	30.
0009 23-01	TOWING FEE	0.00	

SUB-TOTAL : 2,680.00

NTUC - LKS
LKK

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

JOB NO : 305436693
REGN NO : SHD3008T
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 09.06.2016
DATE/TIME IN : 30.11.2020 03:1
ACCIDENT DATE : 30.11.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

LKK

TOTAL : 9,244.69

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Taufik 97495749
WP 1/12/2020 5pm
L/S Resurvey after repair
Taufik 97495749
05 days

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

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 Upper Road Singapore 108649

24 Senoko Loop Singapore 758156

7 Sungei Kadut Way Singapore 728717

501 Yishun Industrial Park A Singapore 768001

Date/Time: 01.12.2020 14:27

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.:305436693

CUSTOMER
AS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(R) (O)

(P)

COUNT CARD NO.

REGN NO:

SHD3008T

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

30.11.2020 03:10

YR OF MANU.

09.06.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU091334

COMPLETION DATE/TIME:

Account Date: 30.11.2020
Signature: 3P 30.11.2020

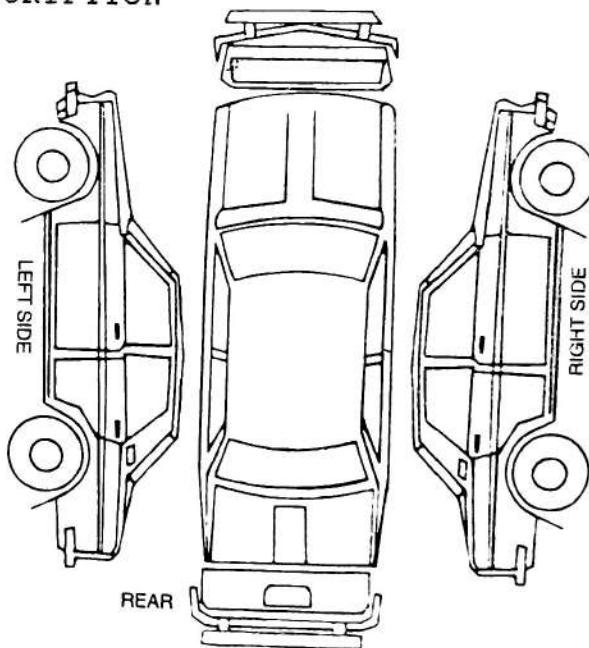
JOB DESCRIPTION

S/NO

LABOR CODE

DESCRIPTION

FRONT



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Signature Slip

Exit Pass

Vehicle No.: SHD3008T

LIMITS

Vehicle No.:

SHD3008T



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: 30/11 Time Received: 0410		3. Vehicle Type:	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: LIM GEE YONG Contact No.: 96731694 Vehicle No.: SH0300BT Make / Model / Colour: 140 Email:		<input type="checkbox"/> Private <input type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	
		4. Type of Towing: <input type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	
6. Parts Replaced/Remarks:			
7. Location: JunYuan Secondary School 11 Tam ST 84			
9. Preferred Workshop:		8. Vehicle Tow - In Workshop:	
<input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:		<input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
10. Odometer Reading: Fuel Level: F 1/4 1/2 3/4 E		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
Job Attended			
12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver: GIBERT Vehicle No.: 7606 Time Dispatch: 0410 Time of Arrival: 0440 Time Completed: 0510		 #: Cracked X: Dented /: Scratched O: Missing Signature of Customer	
Cash Invoice Details (if applicable)			
13. Cash Invoice No.:			
Customer Acknowledgement			
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.			
30/11 Date		0510 Time	
		Signature of Customer	
14. WORKSHOP			
Name of Attending Staff/Guard		Date & Time of Arrival	
		Signature of Attending Staff/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 willful 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 14:09 (SGT)
Date of Accident	30/11/2020 03:10 (SGT)
Exact Location of Accident	84 Tampines Rd, Singapore 535109
Additional Location Information	TAMPINES ST 84, JUNYUAN SEC SCH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3008T
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	LIM GEE YONG
NRIC No	SXXXX803E
Date Of Birth	07/06/1971
Occupation	Outdoor

Date Of Driving Pass	09/11/1993
Driving experience	27 YEARS
Gender	Male
Mobile Number	(Phone) +65-96731694
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	30 10-794 NEW UPPER CHANGI ROAD
Address complement	-
Postcode	461030
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Female

PASSENGER 2

Name	-
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACH

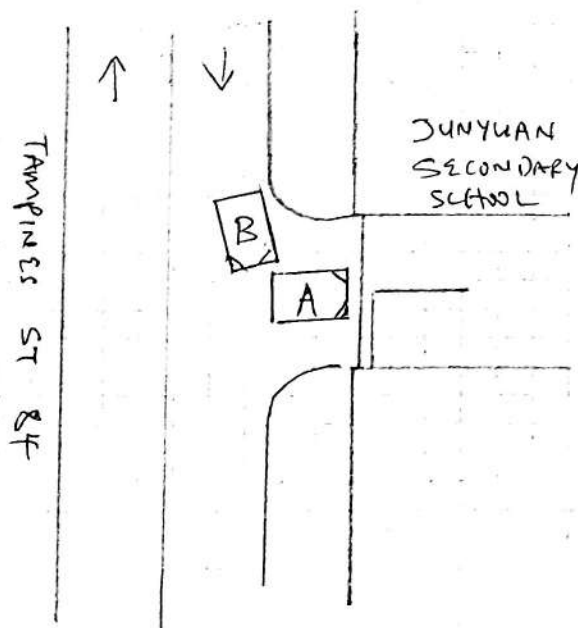
ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SLJ2985A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MODERATE
Details of property damaged in accident	FRT LEFT
No. Of Passenger (Including Driver)	-

A-SHD 3008 T
B-SLJ 2985 A



4 Police report T/20201130/2021 4

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:

30.11.2020

1110m

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



**SINGAPORE
POLICE FORCE**



T/20201130/2021

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20201130/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2020 09:28		Vide Report No.: G/20201130/0062		Station Diary No.: 48	
Informant's Particulars					
Name of Informant: LIM GEE YONG			Address: APT BLK 30 NEW UPPER CHANGI ROAD #10-794 SINGAPORE 461030		
ID Type / ID No.: NRIC NO / S7118803E			Contact No.: Home/Office: Mobile: 96731694		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 07/06/1971	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/11/2020 03:10	Type of Location: Straight Road
Location: TAMPINES STREET 84				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3008T	Car				Seriously Damaged	2
SLJ2985A	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201130/2021

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3

Report No. T/20201130/2021

CONTINUATION OF REPORT

Driver				
Name	LIM GEE YONG		ID No.	S7118803E
Related Vehicle	SHD3008T (Car)		Contact No.	96731694
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 30/11/2020 at about 0310hrs, I was driving my taxi along Tampines Street 84, my taxi SHD3008T was stopped outside of Jun Yuan secondary school. Suddenly a car SLJ2985A collided on to the rear of my taxi, at the point of time my wife and my daughter was inside the taxi. I came down to speak to the driver and he seems drunk, and I called for police for assistance. Traffic police came shortly after and they did a test on the driver. Subsequently he was brought away by traffic police. I was advised to lodge a police report. No injuries sustained during the accident.



**SINGAPORE
POLICE FORCE**



T/20201130/2021

Police Station Of Origin
Bedok North N.P.C.
30 Bedok North Road SINGAPORE 469678
Tel No. 1800-2449999

3 of 3

Report No. T/20201130/2021

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT. Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference

Signature Of Officer Recording The Report.

G /

Sr Staff Sgt GOH SZE HAO, VALENTINE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No. 65476246

Authentication Stamp

NP158

Signature Of Informant.

Date/Time

30/11/2020 09 28

Classification Of Case