

ASS. REC. BY: Taufik

REF: NS/INC 20013282/T1vd3

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: **SKA 9775C**
Policy No. **5107830932-01**
Claims No. **MT/1112369-001**
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

N/S	O/S
<input checked="" type="checkbox"/>	

(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 wp
Date: _____ Person Contacted: Lim TS. Vehicle: IN / OUT

Veh No: **SHD4811J** Yr Regn: **2020, Jan.**
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: **Hyundai i30** c.c. **1580.**
Colour: **Blue** A/C: Insured / Std / NI / NA
Sp. Reading: **-** T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: **KMHC85/CV419290.**
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: 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 **Westlake.**
Front Rear
R/Bal. **6** mm R/Bal. **6** mm
L/Bal. **6** mm L/Bal. **6** mm
D.O.A. **27/11/20** 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
7/12/20	Taufik confirmed \$567.60 (Red 1110.52, 66%)

Date/Time, File Pass to? ☐ : Prell. Report
1) ☐ : Final Report
Date/Time, File Return to?

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

2) 7/12/20-Typist

Report Format: **TP**
Lump Sum / L.B.L. (\$) **\$567.60**

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee: _____
Transportation: _____
S + RS. \$ _____
Photos _____
Others _____

B

NTUC - CP/P
LKK

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

JOB NO : 305436447
 REGN NO : SHD4811J
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G3)
 DATE OF REGN : 16.01.2020
 DATE/TIME IN : 28.11.2020 08:40
 ACCIDENT DATE : 27.11.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G	REAR BUMPER	1	459.40	20.00	367.52	Rp
0002 04-01-0104-2533-G	REAR BUMPER CTR MOULDING	1	451.25	20.00	361.00	X
0003 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	na
0004 09-01-9999-0068-A	REVERSE SENSOR	1	180.00	10.00	162.00	X
0005 04-01-0104-1150-A	REAR BUMPER MAT	1	50.00		50.00	?

SUB-TOTAL : 958.12

JOB NATURE

0000 PB	PANEL BEATING	350.00	320
0001 SP	SPRAYPAINT CHARGE	250.00	200
0002 L	R/I REVERSE SENSOR	120.00	30

SUB-TOTAL : 720.00

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:

Tay Hin 9749 5449
 WP' 01/12/20 c p/m
 P/P Resurvey after repair
 2 days
 Tay Hin @ Khauto.com

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 01.12.2020

Time: 12:57:30

Page: 2

NTLC - CP/P/
LKK -

IS

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

JOB NO : 305436447
REGN NO : SHD4811J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 16.01.2020
DATE/TIME IN : 28.11.2020 08:40
ACCIDENT DATE : 27.11.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

Lmfs

TOTAL : 1,678.12

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 Joo Road Singapore 108649
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728731
501 Yishun Industrial Park A Singapore 768732

Date/Time: 01.12.2020 12:49

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.:305436447

OWNER

COMFORT TRANSPORTATION PTE LTD

IS 7010045

OWNER NO. 383 SIN MING DRIVE

LESS Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

IDENTIFICATION CARD NO.

REGN NO:

SHD4811J

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

IONIQ(G3)

DATE/TIME IN 28.11.2020 08:40

YR OF MANU.

16.01.2020

TARGET DATE

CHASSIS CODE

KMHC851CVLU190190

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 27.11.2020

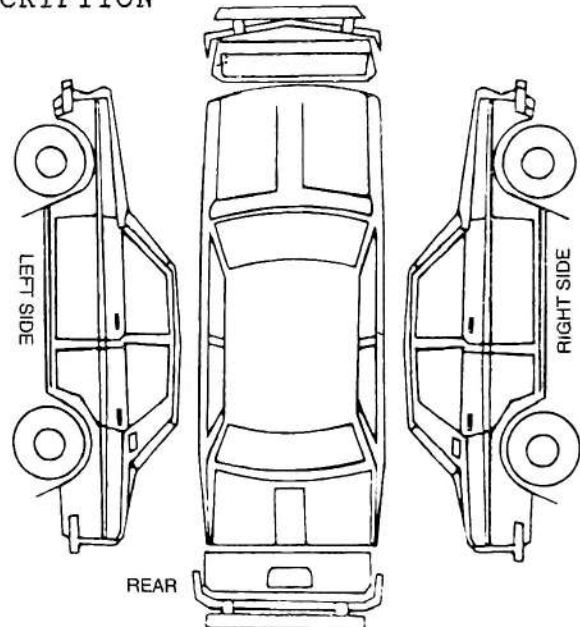
ATURE: 3P 27.11.2020

S/NO

LABOR CODE

DESCRIPTION

FRONT



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

No.: SHD4811J

Vehicle No.:

SHD4811J

Service Advisor

Signature/Date

Name of Service Advisor

Date

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 11:10 (SGT)
Date of Accident	27/11/2020 19:45 (SGT)
Exact Location of Accident	Craig Rd & Duxton Rd, Singapore
Additional Location Information	T-JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4811J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXXXR
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ioniq
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?	Yes
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	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXXXR
Date Of Birth	16/10/1947
Occupation	Outdoor

Date Of Driving Pass	28/10/1969
Driving experience	51 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-65508768
Alt. Phone Number	(Office) +65-65508768
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Address	BLK 61B STRATHMORE AVENUE
Address complement	#15-26
Postcode	143061
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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

REFER ATTACHED

* TYPE OF ACCIDENT :- HEAD TO SIDE

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	SKA9775C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-

Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
SLIGHT
FRONT LEFT
1

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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.

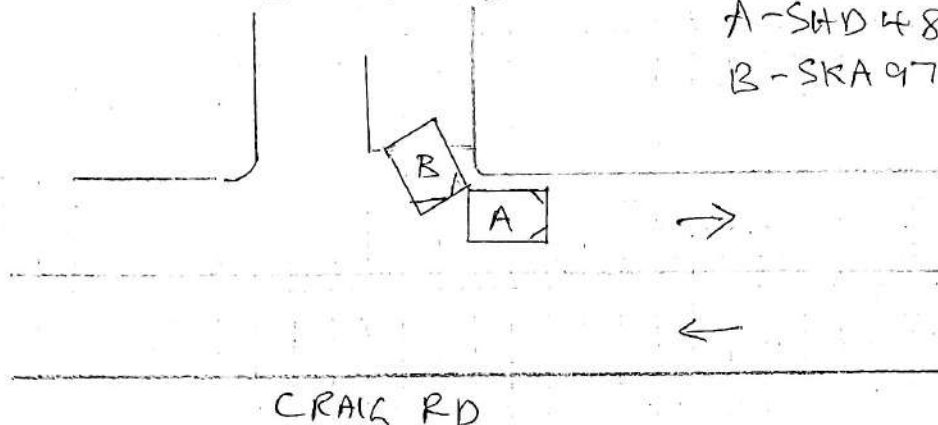
COMMON TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28.11.2020
0855hr

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

A-SAD 4811J
B-SKA 9775C



* Stamp attached *

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

Policyholder's Signature
Date & Time:

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

Date & Time: 28.11.2020 0855h

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

Describe Circumstances of the Accident.

On 27.11.2020, at about 1945hrs, I was driving my Comfort taxi, SHD4811J, along Craig Rd with no pax. Weather was clear and heavy traffic towards Tg Pagar Rd.

Somewhere at the T junction with Duxton Rd, the front vehicles stopped. I stopped too.

Right after I had stopped, I felt an impact from the rear. A private car, B, had was coming out from Duxton Rd and hit my taxi left rear bumper area.

I have taken photos at the scene showing B hit my taxi.

No injury at the time of accident.

Declaration

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 100303821R

Policyholder's Signature/Date &
Time

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

Larry Ng
Witnessed by Reporting
Centre Personnel

28.11.2020
0855h