

ASS. REC. BY: TaufikhREF: INC

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.

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Lim LUEVeh No: SHA/2970 Yr Regn: 2019, June.

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

Truck / Trailer or

Make: Hyundai Comiq C.C. 1580Colour: Blue A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: KM H1851CVK 4164286

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: 195/65R15R: 2

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

TOYO / YOKO or Worlube

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 2/12/20Survey 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

27/12/21 @ 12.30am Taufikh finalised with Mr Lim final fig \$1806.10, 2 days (Red \$380, 17%)

Date/Time, File Pass to?

1) 18/01 Typist

Date/Time, File Return to?

2)

Report Format:

TP

1806.10

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

Add Fee:

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

L/Ce NTUC

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 01.12.2020
Time: 19:14:41
Page: 1

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

JOB NO : 305436716
REGN NO : SHA1297D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 26.06.2019
DATE/TIME IN : 30.11.2020 17:45
ACCIDENT DATE : 30.11.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1 L	459.40	20.00	367.52	de
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	ney
0003 04-01-0104-2533-G	MOULDING ASSY-RR BUMPER C	1 L	451.25	20.00	361.00	de
0004 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	180.00	10.00	162.00	nu
0005 FNPS	NO PLATE(S) WITH TRIM COV	1 N	55.00	10.00	49.50	cuq
0006 04-01-0104-2270-G	IONIQVC EMBLEM-HYBRID	1 L	24.30	20.00	19.44	ney
0007 04-01-0104-2271-G	IONIQVC EMBLEM-IONIQ	1 L	31.30	20.00	25.04	ney
0008 28-01-0103-0005-A	(I40)REAR BOOT LOGO CTPL	1 N	30.00	10.00	27.00	ney
0009 28-01-0103-0006-A	(I40)REAR BOOT TEL NUMBER	1 N	30.00	10.00	27.00	w

SUB-TOTAL : 1,056.10

JOB NATURE

0000 23-01	TOWING FEE	60.00	X
0001 L	PANEL BEATING	500.00	320

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383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305436716
REGN NO : SHA1297D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 26.06.2019
DATE/TIME IN : 30.11.2020 17:4
ACCIDENT DATE : 30.11.2020

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0002	23-502	SPRAYPAINT ON AFFECTED AREA	450.00	400		
0003	20-22	REMOVE/REFIX REVERSE SENSOR	120.00	30		
SUB-TOTAL						: 1,130.00

TOTAL : 2,186.10

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Tanphir 97795749
- WP' 2/12/2020 1pm
• 2 days
Resurvey before paint
tanphir @ khant.com
Westlake

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts procedure will not to confirmation
- Third party's involvement without Prejudice their
- No illegal modification allowed
- Current and previous must be resurveyed and
is subject to the terms and conditions of the company

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4045853

JC NO.:305436716

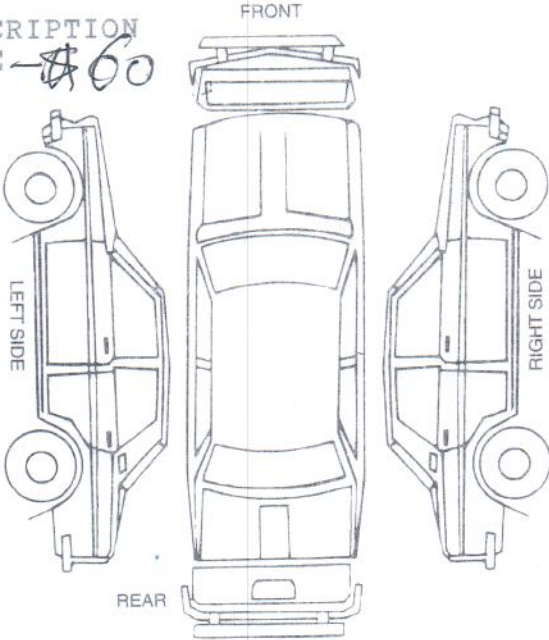
OWNER	REGN NO.: SHA1297D	MILEAGE
AS COMFORT TRANSPORTATION PTE LTD 7010045 OWNER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)	MAKE : HYUNDAI MODEL IONIQ(G2) YR OF MANU. 26.06.2019 CHASSIS CODE KMHC851CVKU164286	FUEL E.....1/2.....F DATE/TIME IN 30.11.2020 17:45 TARGET DATE COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 30.11.2020
NATURE: 3P 30.11.2020

3/NO
000010
LABOR CODE
23-01

DESCRIPTION
TOWING FEE - \$60



KEYED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist Slip

Exit Pass

No.: SHA1297D

LKE

Vehicle No.:

SHA1297D

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

OK

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

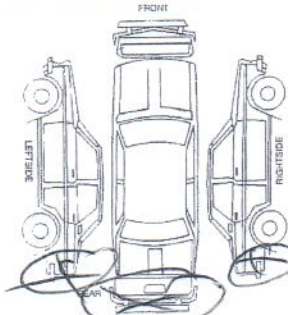
Job Requisition

1. Date: <u>30/11/2020</u> Time Received: <u>1805/1807</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>Mr. Lee</u> Contact No.: <u>83058530</u> Vehicle No.: <u>SHA1297D</u> Make / Model / Colour: <u>IONIQ</u> Email: _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: <u>Back Damaged</u>	

7. Location: <u>55, North Canal Rd</u>		8. Vehicle Tow - In Workshop:	
9. Preferred 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: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
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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 TOWING		 <p># : Cracked X : Dented / : Scatched O : Missing</p>
Name of Driver: <u>Hei</u>		
Vehicle No.: <u>TM91485</u>		
Time Dispatch: <u>1807</u>		
Time of Arrival: <u>1840</u>		
Time Completed: <u>1925</u>		Signature of Customer: _____

Cash Invoice Details (if applicable)

13. Cash Invoice No.:	_____
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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™.

<u>30/11/2020</u> Date	<u>1925</u> Time	<u>[Signature]</u> Signature of Customer
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14. WORKSHOP	_____
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Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard
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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 15:54 (SGT)
Date of Accident	30/11/2020 17:45 (SGT)
Exact Location of Accident	South Bridge Rd, Singapore
Additional Location Information	SOUTH BRIDGE RD AFTER CARPENTER ST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1297D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXX21R
Email Address	FLEEAFTY@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?	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	LEE SONG HUAT
NRIC No	SXXXX361B
Date Of Birth	13/09/1967
Occupation	Outdoor

Date Of Driving Pass	03/11/1987
Driving experience	33 YEARS
Gender	Male
Mobile Number	(Phone) +65-83058530
Alt. Phone Number	-
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Address	BLK 264B COMPASSVALE BOW
Address complement	#08-56
Postcode	542264
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Female

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

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 1

Vehicle Registration Number	SMF3342H
Vehicle Manufacturer	Hyundai
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	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE SONG HUAT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	WHOLE BODY PAIN
Injured person in which vehicle?	SHA1297D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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: 01.12.2020
0920h

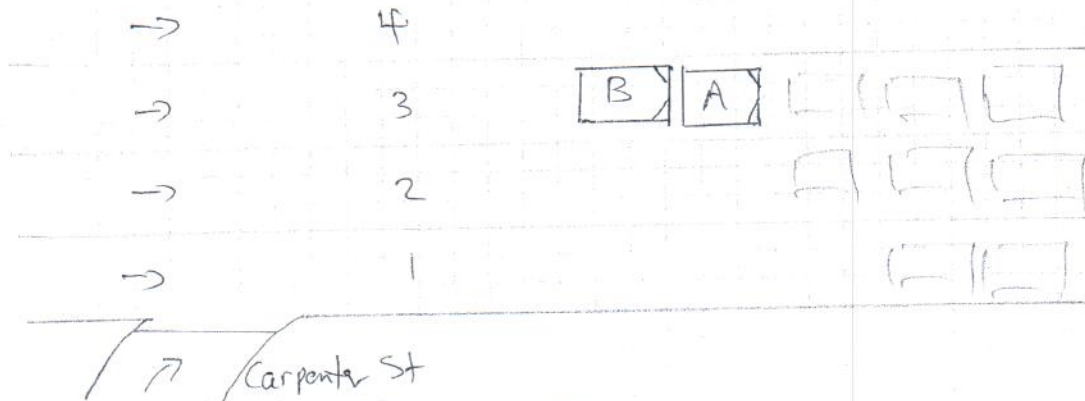
Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: Larry Ng

SKETCH PLAN

A - SHA 1297D

B - SMF 3342H

SOUTH BRIDGE RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

+ statement attached +

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:

01.12.2020
0920h

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

Describe Circumstances of the Accident.

On 30.11.2020, at about 1745hrs, I was driving my Comfort taxi, SHA1297D, on lane 3 along

South Bridge Rd with 1 female pax.

Weather was clear and moderate traffic. Somewhere after the Carpenter St, the vehicles

in front stopped due to red lights farther ahead. I braked and stopped too.

Right after I had stopped, I felt an impact from the rear. A private car, B, had hit my taxi rear.

I have a video recording of the accident impact. Photos taken at the scene.

After the accident I feel my whole body ache. No visible injury to my pax.

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

01.12.2020
0920 hrs

Larry Ng

Witnessed by Reporting
Centre Personnel

