ASS. REC. BY: Taufik | REF: NS/TNC 20013399/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: XE 2270M

Policy No. 5118472731

Claims No. MT/1112626-002

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 Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SH8099X Yr Regn: 2020 Sep

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Hyundai Ioniq c.c 1580

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

Sp.Reading 10495 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVLU189637

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: 195/65R15

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Dawanti

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	3/12/20	D.O.I.	4/12/20

Survey held at Comfort Loyang

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
15/12/20	Final fig $8278.58 confirmed by email (Red 2451.52, 23%)

Date/Time, File Pass to? 1) _____ Date/Time, File Return to?

☐ : Prell. Report

☐ : Final Report

2) 16/12/20-Typist

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : TP

~~Lump Sum~~ / I.B.I: ($ $8278.58)

Survey Fee:	
Transportation:	
S + RS. SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE NTUC - CP(P)

LKK

Date: 04.12.2020
Time: 12:37:37
Page: 1/3 TS

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

JOB NO	:	305436869
REGN NO	:	SH 8099X
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	IONIQ(G3)
DATE OF REGN	:	30.09.2020
DATE/TIME IN	:	03.12.2020 10:50
ACCIDENT DATE	:	03.12.2020

PART REQUISITION

	JOB / PARTS DESCRIPTION	QTY	IND UNIT-PRICE	DISC%	AMOUNT	
0001 04-01-0104-0578-G	FRT BUMPER	1	430.90	20.00	344.72	cnr ✓
0002 04-01-0104-2687-G	FRT BUMPER CTR MOULDING	1	188.00	20.00	150.40	✓
0003 04-01-0104-4994-G	DAY RUNNING LIGHT RH	1	624.50	20.00	499.60	?
0004 04-01-0104-2686-G	FRT BUMPER MOULDING RH	1	93.90	20.00	75.12	cnt ✓
0005 04-01-0104-2971-G	FRT BUMPER SIDE SUPT RH	1	35.00	20.00	28.00	?
0006 04-01-0104-3918-G	FRT BUMPER SIDE BRKT RH	1	28.00	20.00	22.40	?
0007 04-01-0104-0641-G	HEADLAMP SUPPORT PANEL	1	949.30	20.00	759.44	?
0008 04-01-0104-2684-G	AIR CURTAIN DUCT RH	1	153.80	20.00	123.04	?
0009 04-01-0104-0810-G	ROCKER PANEL GARNISH RH	1	290.00	20.00	232.00	RP
0010 04-01-0104-0592-G	FRT DOOR RH	1	1,797.20	20.00	1,437.76	ht ✓
0011 04-01-0104-2468-G	FRT DR LWR MOULDING RH	1	186.20	20.00	148.96	mis ✓
0012 04-01-0104-2935-G	HEADLAMP RH	1	1,993.65	20.00	1,594.92	cnr ✓
0013 04-01-0104-0573-G	FRT FENDER RH	1	588.80	20.00	471.04	ht ✓

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE NTUC- CP/P) LKF

Date: 04.12.2020
Time: 12:37:37
Page: 2/3 TS

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

JOB NO	:	305436869
REGN NO	:	SH 8099X
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	IONIQ(G3)
DATE OF REGN	:	30.09.2020
DATE/TIME IN	:	03.12.2020 10:5
ACCIDENT DATE	:	03.12.2020

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT	
0014 04-01-0104-3913-G	FRT FENDER BLUE-DRIVE RH	1		26.60	20.00	21.28	new
0015 04-01-0104-2934-G	FRT FENDER SHIELD RH	1		164.70	20.00	131.76	?
0016 04-01-0104-2538-G	WING MIRROR RH	1		1,391.70	20.00	1,113.36	out
0017 03-01-0104-2137-G	FRT WHEEL CAP RH	1		346.40	20.00	277.12	out
0018 04-01-0104-2470-G	REAR DR LWR MOULDING RH	1		166.20	20.00	132.96	out
0019 28-01-0103-0003-A	Frt Door ComfortDelGro RH	1		75.00	10.00	67.50	new
0020 28-01-0103-2013-A	Rear Door APPS Sticker RH	1		80.00	10.00	72.00	new
0021 04-01-0104-2572-G	FRT DOOR OTR HANDLE RH	1		108.40	20.00	86.72	RY

SUB-TOTAL : 7,790.10

JOB NATURE

0000 PB	PANEL BEATING	900.00	640

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE NTUC - C(P) LKK

Date: 04.12.2020
Time: 12:37:37
Page: 3 | 3 TS

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

JOB NO	:	305436869
REGN NO	:	SH 8099X
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	IONIQ(G3)
DATE OF REGN	:	30.09.2020
DATE/TIME IN	:	03.12.2020 10:5
ACCIDENT DATE	:	03.12.2020

	JOB / PARTS DESCRIPTION	QTY IND UNIT-PRICE	DISC%	AMOUNT
0001 SP	SPRAYPAINT CHARGE	1500.00		800.
0002 17-01	CHECK ALL LIGHTING	50.00		30.
0003 20-00	TUFF COAT ON AFFECTED PARTS.	100.00		30.
0004 L	TRANSFER OF DOOR	120.00		60.
0005 L	WHEEL ALIGNMENT	120.00		80.
0006 L	R/I AIR CON CONDENSER ETC	150.00		100?

SUB-TOTAL : 2,940.00

TOTAL : 10,730.10

LHMS

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

Tauffikh 97495749
WP 4/12/20 @ 3pm
P/P Removal before paint
04 days
tauffikh@hlmauto.com
~~fax~~

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:

OMFORTDELGRO 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 Ubi Road 3 Singapore 408649
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 03.12.2020 15:18 Page : 1

eam: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.:305436869

OMER

COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

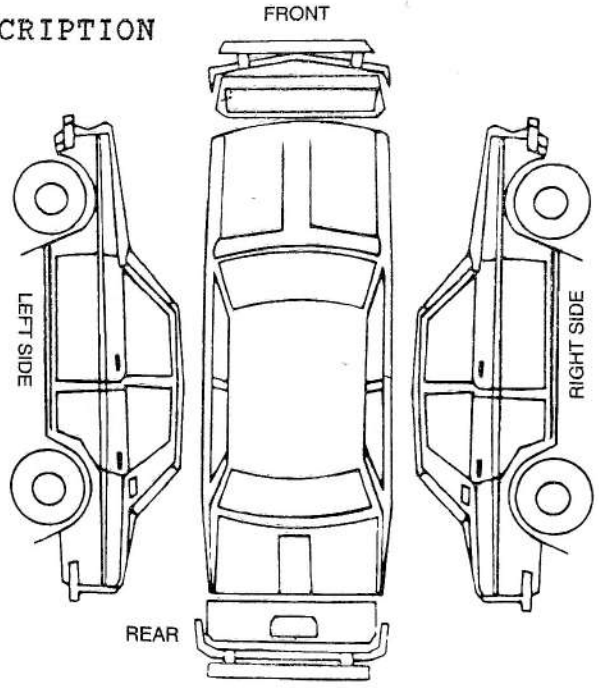
UNT CARD NO.

REGN NO.: SH 8099X	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 03.12.2020 10:50
YR OF MANU. 30.09.2020	TARGET DATE
CHASSIS CODE KMHC851CVLU189637	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 03.12.2020
ATURE: 3P 03.12.2020/C

/NO LABOR CODE DESCRIPTION



D & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

SH 8099X LIMTS

Exit Pass

Vehicle No.: SH 8099X

SC1I20C3000A / COMFORTDELGRO ENGINEERING PTE LTD [508969]
ENTRY DATE & TIME: 03/12/2020 12:29 (SGT)
SUBMITTED BY: Por Moy Juan
VERSION: 1 (03/12/2020 12:29 (SGT))

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 witholding 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	03/12/2020 12:29 (SGT)
Date of Accident	03/12/2020 09:10 (SGT)
Exact Location of Accident	Tuas South Street 5, Singapore
Additional Location Information	ALONG TUAS SOUTH STREET 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8099X

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	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	WONG KWEE LIAN (MS)
NRIC No	SXXXX467I
Date Of Birth	22/08/1954
Occupation	Outdoor

Date Of Driving Pass	27/06/1979
Driving experience	41 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91209859
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	307a 01-34 ANCHORVALE ROAD
Address complement	-
Postcode	541037
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

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 1

Vehicle Registration Number	XE2270M
Vehicle Manufacturer	Adiva
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	slight
Details of property damaged in accident	rear left
No. Of Passenger (Including Driver)	-

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 ma 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 c 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 Insur Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon applicatio 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 copie 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, u disclose and/or process my personal data/personal information setout in this [form] and any other personal informat provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer su Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insu vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the insurers' lawyers/law firms, t 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 necessa 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 m which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on th external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively th "**Purposes**")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitte 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 my be sited outisde 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 ourt 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:

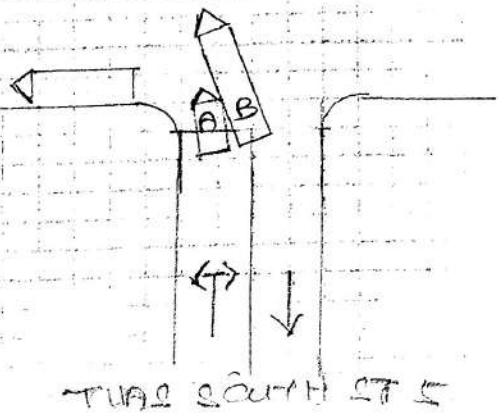
Reporting Centre Personnel's Signature
Name: Wendy
NRIC/Fin No.:
03 DEC 2020

1

SKETCH PLAN

A = SH8099X

SIMEI CO.



B = XE2270M

(MITSUBISHI TRAILER)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 3/12/2020 @ 0910hrs, I was driving along Tuas South ST 5 direction with 1 passenger on board my taxi.

There was a Lorry of XE2270M a head and stop in the middle land of the two way lane. As the Lorry stopping there, I proceed to drive and stop at the stopping line.

Just as I was about to drive off, Suddenly the said Lorry drive off and turning towards my taxi right side portion. The results caused my taxi whole right side damage.

No injury at the point of accident.

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:

Reporting Centre Personnel's Signature
Name: Olivia Wendy
NRIC/Fin No.:
03 DEC 2020