

ASS. REC. BY:

REF:

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. **5119212033 (26/09/2020-25/09/2021)**

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: **3** days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: **Lim LKE**

Vehicle: IN / OUT

Veh No: **SHA1595T** Yr Regn: **2020, Aug.**

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

Truck / Trailer or

Make: **Hyundai i30** C.C. **1880**Colour: **Blue** A/C: Insured / Std / NI / NASp. Reading: **27690** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KMHC85/CV4190750**

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: **2**

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

TOYO / YOKO or

Front

Rear

R/Bal. **6** mm R/Bal. **6** mmL/Bal. **6** mm L/Bal. **6** mmD.O.A. _____ D.O.I. **7/12/20**Survey held at **Comput Logics**

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

27/12/21 @ 6.08pm Taufikh finalised with Mr Lim final fig \$1954.94, 3 days (Red \$648.94, 25%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 18/01 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: **3**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Report Form: **TP**Lump Sum / L.B.I. (\$ **1954.94**)

LKe

NTUC

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 07.12.2020
Time: 10:54:30
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 : 305437378
REGN NO : SHA1595T
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 06.08.2020
DATE/TIME IN : 05.12.2020 11:15
ACCIDENT DATE : 05.12.2020

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	over
0002	04-01-0104-2531-G	BRACKET ASSY-RR BUMPER SI	1 L	55.80	20.00	44.64	?
0003	04-01-0104-2546-G	COVER-RR BUMPER SIDE UNDE	1 L	108.50	20.00	86.80	X
0004	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	new
0005	04-01-0104-2533-G	MOULDING ASSY-RR BUMPER C	1 L	451.25	20.00	361.00	X
0006	04-01-0104-1150-A	IONIQVC PROTECTOR MAT	1 N	50.00	2.00-	50.00	new
0007	04-01-0104-2697-G	IONIQV4 LAMP ASSY-REAR CO	1 L	870.40	20.00	696.32	over
							* Petrol Only Logo - N \$15 - new
							SUB-TOTAL : 1,623.88

JOB NATURE

0000 L	PANEL BEATING(repair rr fender Lh)	350.00	320
0001 23-502	SPRAYPAINT ON AFFECTED AREA	450.00	400
0002 17-01	CHECK ALL LIGHTING	50.00	30
0003 20-00	TUFF COAT ON AFFECTED PARTS.	50.00	30

Tamplin 97415749
WP 7/12/2020 /pm
02 days
P/P Resurvey before paint
tamplin@lkkauto.com

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:

Date/Time: 07.12.2020 09:49

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305437378

OMER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(R)

(P)

(O)

UNT CARD NO.

REGN NO: SHA1595T	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: IONIQ(G3)	DATE/TIME IN: 05.12.2020 11:15
YR OF MANU: 06.08.2020	TARGET DATE
CHASSIS CODE: KMHC851CVLU190750	COMPLETION DATE/TIME:

NTUC

ccident Date: 05.12.2020
ATURE: 3P 05.12.2020

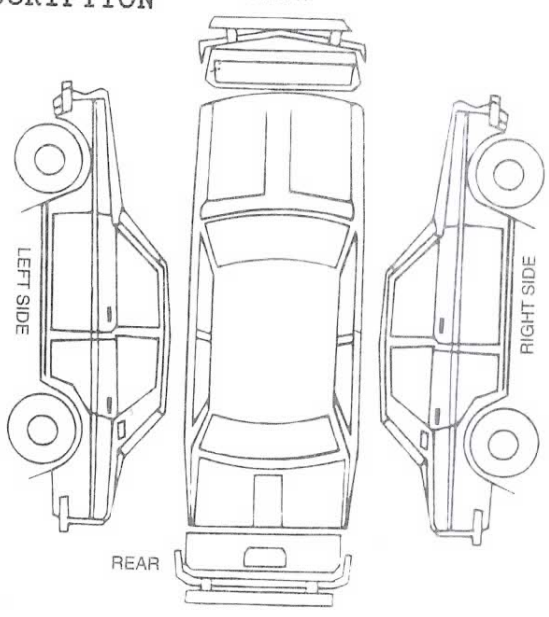
JOB DESCRIPTION

/NO

LABOR CODE

DESCRIPTION

FRONT



D & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ement Slip

Exit Pass

SHA1595T

LKE

Vehicle No.:

SHA1595T

rice Advisor

Signature/Date

Name of Service Advisor

Date

d to Service Reception upon collection

To be kept by Security 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 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	05/12/2020 12:35 (SGT)
Date of Accident	05/12/2020 10:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TWDS CHANGI AFTER EXIT 20B
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1595T
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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	India International
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	MCOM0015
Cover Note Number	-

DRIVER

Name of Driver	LING KWOK WAI ANDREW
NRIC No	SXXXX323H
Date Of Birth	22/05/1974
Occupation	Outdoor

Date Of Driving Pass	05/03/2015
Driving experience	5 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91822559
Alt. Phone Number	-
Email Address	ANDREWLGW@GMAIL.COM
Address	319 09-32 BUKIT BATOK STREET 33
Address complement	-
Postcode	650319
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

PASSENGER 2

Name	-
Gender	Male

PASSENGER 3

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

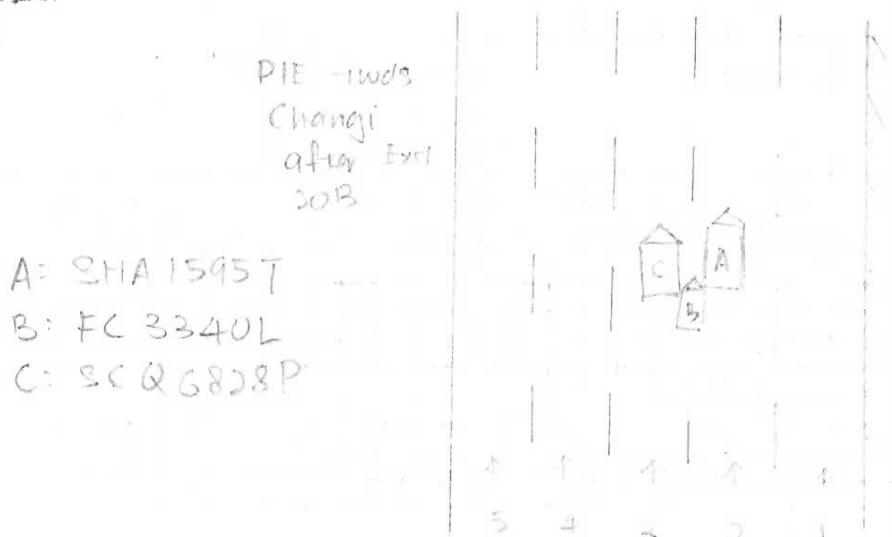
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FC3340L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MODERATE
Details of property damaged in accident	FRT
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCQ6828P
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	SLIGHT
Details of property damaged in accident	REAR RHT
No. Of Passenger (Including Driver)	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/12/2020 at 10:30 hrs, I Veh A was driving
at above said location with 3 passenger on board.
Shortly vehicle in front brake to stop, I follow suit. Suddenly I
heard a sound from left hand side. I step out to have a
check, found a motorcycle Veh B squeeze the gap between my taxi
and another Veh C caused a collision. Veh B hit onto my taxi
rear left portion thus damaging my taxi. No injury at the point
of accident. Veh C sustained scratches on right rear portion.

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: Loke Wei Yieng
NRIC/Fin 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 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: _____


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

5-12-2020

