

ASS. REC. BY: Taylor

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. _____

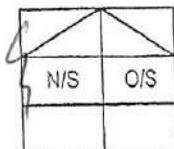
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

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

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

CA / REV / REP. / 24 HRS

WP

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Anthony

Veh No: SHA 46736Yr Regn: 2015 May

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

Truck / Trailer or

Make: Hyundai'140

c.c

1685Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 81737

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 1KM HLB414MF4069410Gen. 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: 205/60R16R: 205/60R16

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

TOYO / YOKO or Wootlake

Front

Rear

R/Bal. 6 mm

R/Bal. _____ mm

L/Bal. 6 mm

L/Bal. _____ mm

D.O.A. _____

D.O.I. 7/12/20Survey held at Comfort LodgeDes. 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

COR I/s \$4800 , 4 days.

red: 4245.20;46%

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / I.B.I. / P: _____

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech. Invs (\$ _____)

☐

Weekend (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

TOTAL

COMFORTDELGRO PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHA4673G

MAKE HYUNDAI

MODEL I-40

DATE 08/11/20 12:00 AM

MVA CHIANG/ NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT LH DOOR PANEL			\$2,256.40
1	FRONT LH INNER DOOR LOCK			\$490.80
1	FRT LH DOOR OUER HANDLE			\$36.30
1	RM CENTER PILLAR OUTER			\$2,527.80
1	RM ROCKER GARNISH			\$732.80
1	REAR LH DOOR PANEL			\$2,201.10
1	REAR DOOR CHECK LH			\$92.90
1	REAR DOOR LH HINGE TOP/LOWER			\$106.80
	SUB TOTAL		\$53.40	\$8,444.90
	20.00%			\$1,688.98
	DISCOUNTED TOTAL			\$6,755.92
1	FRONT FENDER LH ADVERTISEMENT			\$100.00
1	FRONT DOOR LH ADVERTISEMENT			\$100.00
1	REAR DOOR LH ADVERTISEMENT			\$100.00
1	FRONT DOOR COMFORT STICKER			\$75.00
1	REAR DOOR COMFORT APP STICKER			\$80.00
	Labour Charge			\$439.50
	Panel Beating			
	Spray Painting Charge			
	Remove/refix door parts			
	Tuff coat			
	Check Lighting			
	TOTAL LABOUR			\$1,850.00
	ESTIMATE TOTAL			\$9,045.20
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

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:

Tanphu 97491749 workman.
 WP' 2/12/20 C Spm
 C/S Resurvey after repair
 Tanphu @ 11/12/20
 04 days

Date/Time: 07.12.2020 14:58

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.: 305437681

STOMER
VMS COMFORT TRANSPORTATION PTE LTD
STOMER NO. 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(R) (O)
(P)

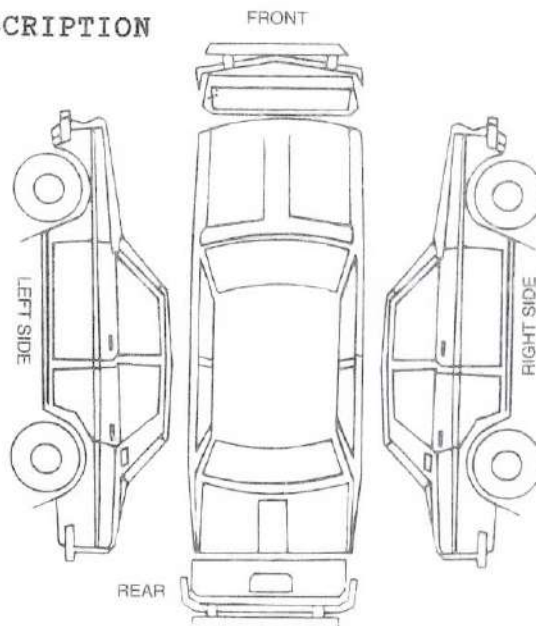
ICOUNT CARD NO.

REGN NO. SHA4673G	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 07.12.2020 11:35
YR OF MANU. 30.05.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU069410	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 07.12.2020
NATURE: 3P 07.12.2020

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

No.: SHA4673G CHIANG

Vehicle No.: SHA4673G

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned 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	07/12/2020 14:36 (SGT)
Date of Accident	07/12/2020 10:55 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	YIO CHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4673G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXXXXXX REG
Email Address	FLEETSAFETY@CDGETAXI.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	India International
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	MCOM0015
Cover Note Number	-

DRIVER

Name of Driver	TAN KAI SOON
NRIC No	SXXXX660A
Date Of Birth	05/10/1981
Occupation	Outdoor

Date Of Driving Pass	28/06/2002
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97241978
Alt. Phone Number	-
Email Address	ANREEL81@GMAIL.COM
Address	BLK 49 STRATHMORE AVENUE
Address complement	#01-213
Postcode	140049
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?	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 1

Vehicle Registration Number	SLH4659P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG ENG CHEONG
Contact Number	(Phone) +65-98294564
Address	-
Address complement	-
Postcode	-



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

NTUC
MODERATE
FRONT
1

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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.

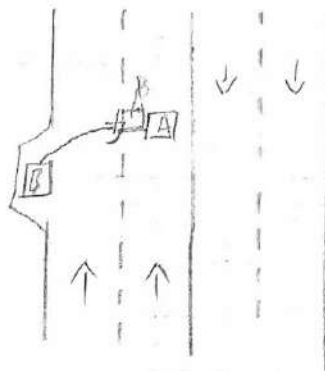
COMMON TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A SHA 4673G

B SLH 4659P

Yio Chu Keng Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/12/2020 @ about 1055 hrs. i was travelling along Yio Chu Keng road with no passenger onboard. i was driving on the extreme right lane where vehicle B (SLH 4659P) from taxi stand suddenly drove out want to make a u turn as a result collided onto my car. i was in left portion. No one was injured at that time of accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
UEN, REG. NO. 199303521R

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.: