

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. _____

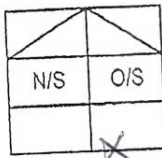
Claims No. _____

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Lim KE

Veh No: SHD 7243DYr Regn: 2018 Nov

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

Truck / Trailer or

Make: Hyundai i30 C.C. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 227387 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHG 851C/KM 115118

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

Davanti

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 8/12/20Survey held at Comfort byang

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

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Form: _____

Lump Sum / L.B. / C

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

L/Ce

NTUC

COMFORTDELGRO ENGINEERING PTE LTD

Date: 08.12.2020

REPAIR ESTIMATE

Time: 14:06:12

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 : 305437872
REGN NO : SHD7243D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 22.11.2018
DATE/TIME IN : 08.12.2020 11:05
ACCIDENT DATE : 08.12.2020

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	one ✓
0002	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	nei ✓
0003	04-01-0104-2533-G	MOULDING ASSY-RR BUMPER C	1 L	451.25	20.00	361.00	one ✓
0004	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	180.00	10.00	162.00	one ✓
0005	04-01-0104-1150-A	IONIQVC PROTECTOR MAT	1 N	50.00	1.00-	50.00	nei ✓
0006	FNPS	NO PLATE(S) WITH TRIM COV	1 N	55.00	10.00	49.50	cut ✓
0007	04-01-0104-2370-G	IONIQVC LAMP ASSY-REAR FO	1 L	201.50	20.00	161.20	x
0008	04-01-0104-2545-G	MOULDING-REAR BUMPER LWR	1 L	155.50	20.00	124.40	Ry ✓
0009	04-01-0104-2270-G	IONIQVC EMBLEM-HYBRID	1 L	24.30	20.00	19.44	nei ✓
0010	04-01-0104-2271-G	IONIQVC EMBLEM-IONIQ	1 L	31.30	20.00	25.04	nei ✓
0011	28-01-9999-2025-A	APP LOGO REAR BONNET CTPL	1 N	40.00	10.00	36.00	nei ✓
0012	28-01-0103-0005-A	(I40)REAR BOOT LOGO CTPL	1 N	30.00	10.00	27.00	nei ✓
0013	28-01-0103-0006-A	(I40)REAR BOOT TEL NUMBER	1 N	30.00	10.00	27.00	nei ✓

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 08.12.2020
Time: 14:06:12
Page: 2

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REGN NO : SHD7243D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 22.11.2018
DATE/TIME IN : 08.12.2020 11:0
ACCIDENT DATE : 08.12.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 1,427.70

JOB NATURE

0000 20-05	REAR BUMPER ADVERTISEMENT LOGO	50.00	cut
0001 20-05	BOOTLID ADVERTISEMENT LOGO	50.00	cut
0002 20-05	REAR FENDER ADVERTISEMENT LOGO RH	100.00	cut
0003 20-05	REAR FENDER ADVERTISEMENT LOGO LH	100.00	cut
0004 L	PANEL BEATING(repair Spoiler)	700.00	480
0005 23-502	SPRAYPAINT ON AFFECTED AREA	500.00	400
0006 17-01	CHECK ALL LIGHTING	50.00	30
0007 20-22	REMOVE/REFIX REVERSE SENSOR	120.00	30
		SUB-TOTAL	: 1,670.00

Tanpin 97495749 Davant
WP 8/12/20 24pm
C/S Resurvey after repair
3 days
Tanpin C. Pham

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:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 08.12.2020

Time: 14:06:12

REPAIR ESTIMATE

Page: 3

COMPANY : THIRD PARTY'S CLAIMS (CAS)
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65508755

JOB NO : 305437872
REGN NO : SHD7243D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 22.11.2018
DATE/TIME IN : 08.12.2020 11:0
ACCIDENT DATE : 08.12.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,097.70

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

member of COMFORTDELGRO

Date/Time: 08.12.2020 13:12

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305437872

OWNER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO: SHD7243D MAKE: HYUNDAI MODEL: IONIQ(G2) YR OF MANU: 22.11.2018 CHASSIS CODE: KMHC851CVKU115118	MILEAGE FUEL E.....1/2.....F DATE/TIME IN: 08.12.2020 11:05 TARGET DATE COMPLETION DATE/TIME:
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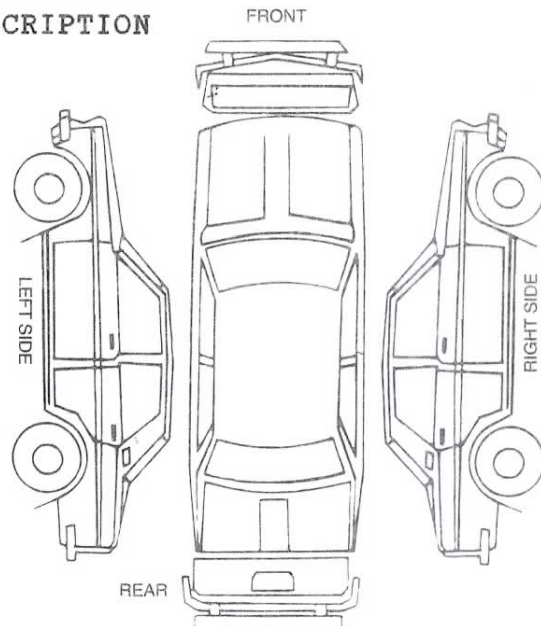
OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 08.12.2020

NATURE: 3P 08.12.2020

3/NO LABOR CODE DESCRIPTION



MARKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SHD7243D

LKE

Vehicle No.:

SHD7243D

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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	08/12/2020 12:07 (SGT)
Date of Accident	08/12/2020 09:30 (SGT)
Exact Location of Accident	Bukit Batok East Ave 4, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7243D
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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	YEO WHAI LIANG
NRIC No	SXXXX127F
Date Of Birth	14/04/1962
Occupation	Outdoor

Date Of Driving Pass	19/06/2009
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93215238
Alt. Phone Number	-
Email Address	LIANG6235@YAHOO.COM
Address	BLK 340 GEYLANG RD
Address complement	#03-19
Postcode	389365
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)	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

PLS REFER TO 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	FBJ7050H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	SULAIMAN BIN MD SAB
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC

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

MODERATE
FRT
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN - RIDER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SUFFERS SOME ABRASION
Injured person in which vehicle?	FBJ7050H
Were seat belts worn?	-
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.
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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.

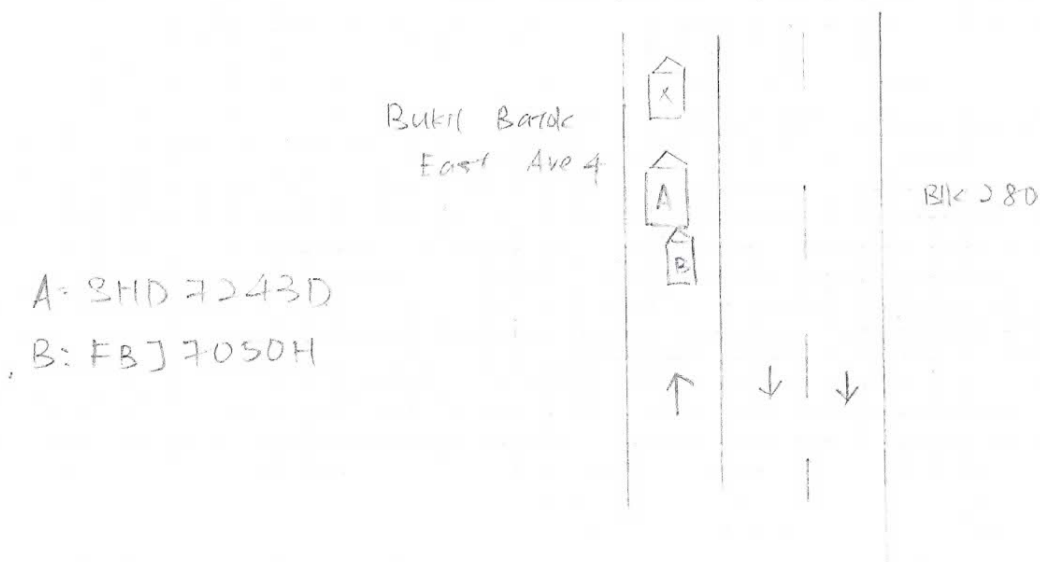
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/12/2020 at about 09:30 hrs, I veh A was driving at above said location without pax. I veh A comes to stop as traffic ahead slow down to stop. A few second later, I felt an impact from behind followed by a jerk. I got down to have a check and found veh B food delivery motorcycle collided onto the rear portion of my stationary taxi. The rider suffers some abrasion, but he refused to call for medical assistance

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: Loh Wei Hong
NRIC/Fin No.:

