

ASS. REC. BY: Taylor

REF:

ALG

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: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

SummiVeh No: SH6115XYr Regn: 2015, NaType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai I40c.c. 1685Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 561624

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB414MG-4080269

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Westlake

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 8/12/20Survey held at Compt. Logang

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Frt N/S

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 Format: _____

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

my - Clsum

COMFORTDELGRO ENGINEERING PTE LTD

Date: 08.12.2020

REPAIR ESTIMATE

Time: 16:08:08

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 : 305437875
REGN NO : SH 6115X
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 19.11.2015
DATE/TIME IN : 08.12.2020 12:00
ACCIDENT DATE : 08.12.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | | |
|------------------------|---------------------------|---|----------|-------|----------|-------|
| 0001 04-01-0103-2322-A | I40V3 BUMPER W LIP & FOG | 1 | 1,052.20 | 20.00 | 841.76 | in ✓ |
| 0002 04-01-0103-0781-A | I40VC LAMP ASSY-HEAD LH# | 1 | 1,800.00 | 20.00 | 1,440.00 | ent ✓ |
| 0003 04-01-0103-0574-A | I40VC PANEL-FENDER LH+ | 1 | 663.00 | 20.00 | 530.40 | bb ✓ |
| 0004 04-01-0103-0658-G | I40VC CAP ASSY-WHEEL HUB | 1 | 217.20 | 20.00 | 173.76 | ent ✓ |
| 0005 04-01-0103-0639-G | I40VC BRACKET-FR BUMPER S | 1 | 24.60 | 20.00 | 19.68 | ent ✓ |
| 0006 04-01-0103-0637-G | I40VC BRKT ASSY-FR BPR UP | 1 | 22.40 | 20.00 | 17.92 | X ✓ |
| 0007 04-01-0103-2834-A | I40V3 GUARD ASSY-FRONT WH | 1 | 174.90 | 20.00 | 139.92 | mis ✓ |
| 0008 04-01-0103-4892-G | I40V3 AIR DUCT-FR BUMPER | 1 | 126.20 | 20.00 | 100.96 | ent ✓ |

SUB-TOTAL : 3,264.40

JOB NATURE

| | | | |
|------------|--------------------|--------|-----|
| 0000 PB | PANEL BEATING | 600.00 | 420 |
| 0001 SP | SPRAYPAINT CHARGE | 500.00 | 400 |
| 0002 17-01 | CHECK ALL LIGHTING | 50.00 | 30 |

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

JOB NO : 305437875
REGN NO : SH 6115X
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 19.11.2015
DATE/TIME IN : 08.12.2020 12:0
ACCIDENT DATE : 08.12.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

| | | | |
|------------|------------------------------|-------|---|
| 0003 20-00 | TUFF COAT ON AFFECTED PARTS. | 30.00 | ✓ |
| 0004 23-01 | TOWING FEE | 60.00 | ✓ |
| 0005 20-08 | ADJUST FOUR WHEEL ALIGNMENT | 80.00 | ✓ |

SUB-TOTAL : 1,320.00

TOTAL : 4,584.40

MVA NAME & SIGNATURE
DATE :

Annamani
8/12/20

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

Tanpin 97495749
WP 8/12/20 05pm
1/3 Resurvey after repair
Tanpin C/Chhantow
23 days

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: 08.12.2020 15:39

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.: 305437875

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

OUNT CARD NO.

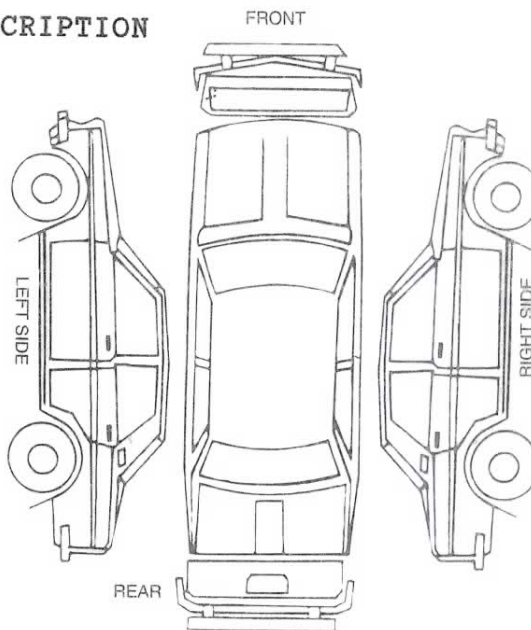
| | |
|----------------------------------|----------------------------------|
| REGN NO: SH 6115X | MILEAGE |
| MAKE : HYUNDAI | FUEL E.....1/2.....F |
| MODEL I-40 | DATE/TIME IN 08.12.2020 12:00 |
| YR OF MANU. 19.11.2015 | TARGET DATE |
| CHASSIS CODE KMLB41UMGU080269 | COMPLETION DATE/TIME: |

Accident Date: 08.12.2020

NATURE: 3P 08.12.2020

JOB DESCRIPTION

3/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

No.: SH 6115X JU AIG

Vehicle No.: SH 6115X

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

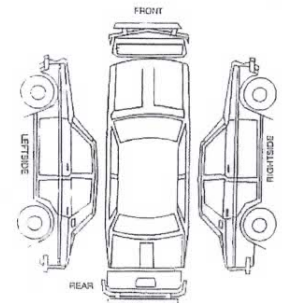
Returned to Service Reception upon collection

To be kept by Security Guard

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

| | | | |
|--|--|---|---|
| Job Requisition 1. Date: <u>08/12/20</u> Time Received: <u>1225</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 checked="" type="checkbox"/> SPARK Kakis Name of Customer : <u>Mr. Jaabar</u> Contact No. : <u>9221 5400</u> Vehicle No. : <u>SH 6115 X</u> Make / Model / Colour : <u>140</u> Email : _____ | | 5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery | 6. Parts Replaced/Remarks: _____ _____ |

| | | |
|---|--|---|
| 7. Location: <u>818, Choa Chu Kang Ave 1</u> | | 8. Vehicle Tow - In Workshop: <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 |
| 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"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____ | | |

| | | |
|---|---|---|
| 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 checked="" type="checkbox"/> Not tested |  |
|---|---|---|

| | | |
|---|--|--|
| Job Attended 12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> OTHERS Name of Driver : <u>Bee</u> Vehicle No. : <u>YP7646K</u> Time Dispatch : <u>1225</u> Time of Arrival : <u>1250</u> Time Completed : <u>1330</u> | | # : Cracked X : Dented / : Scratched O : Missing <u>* [Signature]</u> Signature of Customer |
|---|--|--|

Cash Invoice Details (if applicable)

| |
|------------------------------|
| 13. Cash Invoice No. : _____ |
|------------------------------|

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>08/12/20</u> Date | <u>1250</u> Time | <u>* [Signature]</u> Signature of Customer |
|-------------------------|---------------------|---|

14. WORKSHOP

| | | |
|--|---------------------------------|---|
| Name of Attending Staff/Guard _____ | Date & Time of Arrival _____ | Signature of Attending Staff/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 15:21 (SGT) |
| Date of Accident | 08/12/2020 12:00 (SGT) |
| Exact Location of Accident | Choa Chu Kang Way, Singapore |
| Additional Location Information | ALONG CHOA CHU KANG WAY TWDS SUNGEI KADUT DRIVE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SH6115X |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LTD |
| Company Reg No | 1XXXXXXX1R |
| 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 | ABDUL JABBAR MAIDEEN ABDUL KADAR |
| NRIC No | SXXXX450G |
| Date Of Birth | 02/08/1974 |
| Occupation | Outdoor |

| | |
|--|-----------------------|
| Date Of Driving Pass | 06/03/1997 |
| Driving experience | 23 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92215400 |
| Alt. Phone Number | - |
| Email Address | THALADEEN@GMAIL.COM |
| Address | BLK 57 LENGKOK BAHRU |
| Address complement | #12-485 |
| Postcode | 151057 |
| 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 | 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) | 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

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 | SLR5308T |
| Vehicle Manufacturer | Nissan |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | YANG FENGSHAN |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | AIG |

| | |
|---|-------------|
| Nature Of Damage | MODERATE |
| Details of property damaged in accident | RIGHT FRONT |
| No. Of Passenger (Including Driver) | 1 |

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.

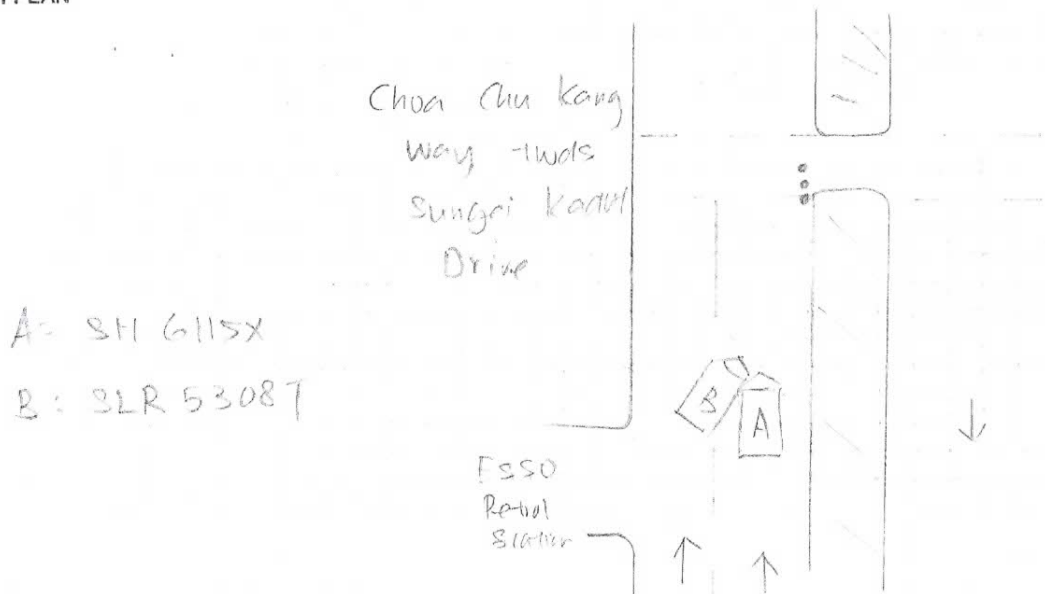
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| |
|---|
| On 08/12/2020 at about 12:00 hrs, I Veh A was |
| stopped at above said location waiting traffic light to change. |
| I started to moving forward when traffic light turned green. |
| Shortly I felt an impact from left hand side then I realised |
| Veh B cut into my lane from left lane ran into accident |
| with my taxi. Veh B right front portion collided onto the left |
| front portion of my taxi. No passenger in my taxi and 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. 199303521K

Policyholder's Signature
Date & Time:

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

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

