

ASS. REC. BY:

REF:

NS/INC20013819/R1vf3

821R

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: SLP 3768Y

Policy No. 5115991177

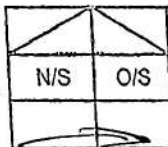
Claims No. MT/1113658-002

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

Veh No: SHA 1228D Yr Regn: 2019 / NOV

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

Truck / Trailer or

Make: HYUNDAI IONIQ 1.6 DCT c.c. 1580

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

Sp. Reading: 133936 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCSICVL U1888.18

Gen. Cond: Good / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: 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. WEBLAK

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 13/12/2020 D.O.I. 14/12/2020

Survey held at COMFORT WORKS

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

2212/20 Final fig \$2846.74 confirmed by email (Red 3560.40, 55%)

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2) 22/12/20-Typist

Rep. Format: TP

Lump Sum / I.B.F. (\$2846.74)

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

DATE: 14.12.2020

3P INSURANCE: NTUC

MODEL: HYUNDAI IONIQ

SURVEYOR: LKK-TAUFIKH

VEH NO.: SHA1228D

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Rear Bumper <i>torn</i>	1		\$459.40
	Rear Bumper Reinforcement <i>cm</i>	1		\$394.80
	Rear Bumper Reinforcement Bracket (RH) <i>cm</i>	1		\$138.10
	Rear Bumper Centre Moulding Assy <i>cm</i>	1		\$451.25
	Rear Bumper Lower Centre Moulding Assy <i>sea</i>	1		\$155.00
	Rear Bumper Side Bracket (RH) ?	1		\$55.80
	Rear Bumper Cover Clips <i>ne</i>	10	\$2.20	\$22.00
	Rear Bumper Under Centre Cover X	1		\$225.00
	Rear Bumper Side Under (RH) ?	1		\$108.00
	Rear Bumper Tow Cover <i>ms</i>	1		\$5.40
	Rear Bumper Reflector Lamp (RH) X	1		\$31.90
	Rear Bumper Fog Lamp X	1		\$201.50
	Boot Lid <i>repair</i>	1		\$2,480.40
	Emblem-Hybrid <i>ne</i>	1		\$24.30
	Emblem-Ioniq <i>ne</i>	1		\$31.30
	Boot Lid Lamp RH X	1		\$794.40
				\$5,578.55
	SPARE PARTS SUB TOTAL			\$5,578.55
	LESS 20%			\$1,115.71
	DISCOUNTED SPARE PARTS TOTAL			\$4,462.84
	Boot Lid ComfortDelGro & 65521111 Stickers <i>ne</i>	1		\$60.00
	Boot Lid Comfort Apps Sticker <i>ne</i>	1		\$40.00
	Rear Bumper Reverse Sensor <i>AW</i>	1		\$180.00
	Rear Windscreen Glasses Sealant <i>ne</i>	2	\$46.00	\$92.00
	Rear No. Plate W/Trim Cover <i>cm</i>	1		\$50.00 35
				\$427.00
	LESS 10%			\$42.70
	NETT TOTAL			\$384.30
	SPARE PARTS & NETT TOTAL			\$4,847.14
	Panel Beating			\$700.00 640
	Spray Painting			\$500.00
	R/I Reverse Sensor			\$120.00 60
	R/I Both Rear Windscreen Glasses			\$200.00 120
	Check All Lightings			\$40.00 X
	LABOUR TOTAL			\$1,560.00
	ESTIMATE TOTAL			\$6,407.14

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.

Rasul
Up 90010068
5 day
PIP
14/12/2020 @ 1655
Ready before paint

Date/Time: 14.12.2020 13:00

Page : 1

Sam: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.: 305438936

CUSTOMER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)		REGN NO: SHA1228D MAKE: HYUNDAI MODEL: IONIQ(G3) YR OF MANU.: 14.11.2019 CHASSIS CODE: KMHC851CVLU188818	MILEAGE FUEL E.....1/2.....F DATE/TIME IN: 14.12.2020 09:55 TARGET DATE COMPLETION DATE/TIME:
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OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 13.12.2020

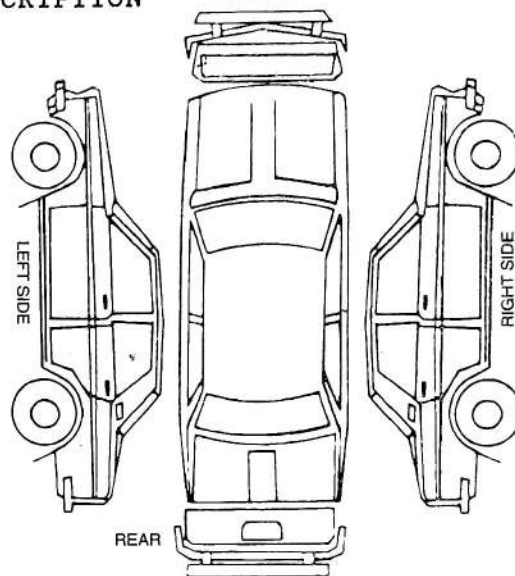
NATURE: 3P 13.12.2020

3/NO

LABOR CODE

DESCRIPTION

FRONT



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:

KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Io.: **SHA1228D**

LIMITS

Vehicle No.:

SHA1228D

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned 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 14/12/2020 12:27 (SGT)
Date of Accident 13/12/2020 23:30 (SGT)
Exact Location of Accident Telok Blangah Street 31, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA1228D

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 LIM CHING CHENG
NRIC No SXXXX224E
Date Of Birth 15/11/1961
Occupation Outdoor



Driving Pass
experience
Phone Number
Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

13/08/1979
41 YEARS AND 4 MONTHS
Male
(Phone) +65-97544606
-
cclim1511@gmail.com
BLK 717 TAMPINES STREET 72
#09-63
520717
No
Other
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No
2
Yes
No
Yes
1
No
No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
Yes
No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name

SLP3768Y
Mitsubishi
-
-
-
Private car
-
-
-
-
-
NTUC

Of Damage
s of property damaged in accident
Of Passenger (Including Driver)

MODERATE
FRT
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM CHING CHENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	59
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SHA1228D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
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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 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.
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

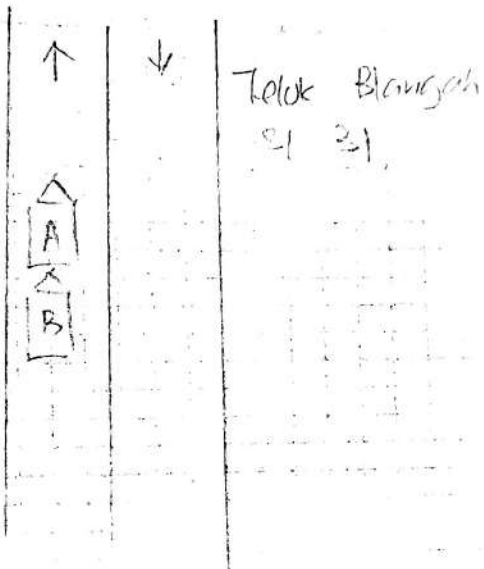
Policyholder's Signature
Date & Time:

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

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

14.12.2020

A: SHA 10080
B: SLP 3168Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/12/2020 at about 23:30 hrs, I veh A was driving at above said location without pass.

I applied brake to slow down my taxi on down slope road, suddenly I felt an impact from behind.

I got down to have a check and found veh B front portion collided onto the rear portion of my taxi.

Scene photo taken. I suffers neck pain due to the 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: Loke Wei Yang
NRIC/Fin No.: