ASS. REC. BY: Taylor | REF: NS/ INC 20014471/T1vd3

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: FBQ 6777P

Policy No. 5114276859-01

Claims No. MT/1117650-001

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
X	

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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: SH6989R Yr Regn: 2015 / Nov.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Hyundai 140 C.C 1685

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

Sp.Reading 569549 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41 4MG408045 4

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : NII / 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 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 22/12/20 D.O.I. 23/12/20

Survey held at Comfort Lgay

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
15/1/21	LS $1350 confirmed by email (Red 784.80,36%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 18/1/21-Typist

☐ : Preli. Report

☐ : Final Report

Report Format : TP

Lump Sum / I.B.I. : LS $1350

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
___$ + RS.___SI	
Photos	
Others	
TOTAL	

Like NTUC

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 23.12.2020
Time: 16:28:15
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	:	305440636
REGN NO	:	SH 6989R
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	12.11.2015
DATE/TIME IN	:	23.12.2020 12:50
ACCIDENT DATE	:	22.12.2020

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT	
PART REQUISITION						
0001 04-01-0103-0579-G I40VC COVER ASSY-RR BUMPE	1	L	1,106.00	20.00	884.80	dd
0002 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP	10	L	22.00	20.00	17.60	ad
0003 04-01-0103-1150-A I40VC PROTECTOR MAT	1	N	50.00	2.00-	50.00	ad
0004 04-01-0103-0738-G I40VC COVER-RR BUMPER LWR	1	L	228.00	20.00	182.40	X
				SUB-TOTAL :	1,134.80	
JOB NATURE						
0000 20-05 REAR BUMPER ADVERTISMENT LOGO					50.00	ad
0001 L PANEL BEATING (repair rr fender Lh)					420.00	280
0002 23-502 SPRAYPAINT ON AFFECTED AREA					450.00	400
0003 20-22 REMOVE/REFIX REVERSE SENSOR					80.00	30
				SUB-TOTAL :	1,000.00	

Westlake

Tan [illegible] 97497546
WP 23/12/20 @ 5pm
02 days
L/S Resting after repair
[illegible]

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:

MFORTDELGRO ENGINEERING

ember of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
820 Upper Jurong Road Singapore 638449
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 23.12.2020 15:47 Page : 1

m: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305440636

ER
COMFORT TRANSPORTATION PTE LTD
7010045
ER NO. 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

NTUC

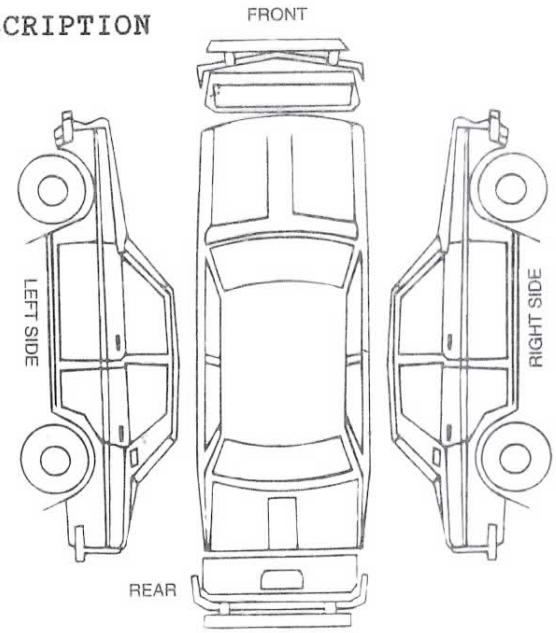
REGN NO.: SH 6989R	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 23.12.2020 12:50
YR OF MANU. 12.11.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU080454	COMPLETION DATE/TIME:

NT CARD NO.

JOB DESCRIPTION

cident Date: 22.12.2020
TURE: 3P 22.12.2020

NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

Exit Pass

SH 6989R LKE Taufik

Vehicle No.: SH 6989R

ervice Advisor

Signature/Date

Name of Service Advisor

Date

rned to Service Reception upon collection

To be kept by Security Guard

SC1I20CN000G / COMFORTDELGRO ENGINEERING PTE LTD [508969]
ENTRY DATE & TIME: 23/12/2020 14:42 (SGT)
SUBMITTED BY: Janet Lim Siang Gek
VERSION: 1 (23/12/2020 14:42 (SGT))

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 witholding 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	23/12/2020 14:42 (SGT)
Date of Accident	22/12/2020 23:20 (SGT)
Exact Location of Accident	Outram, Singapore
Additional Location Information	OUTRAM ROAD X NEW BRIDGE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6989R

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	First Capital
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	D-18088936MFSH
Cover Note Number	-

DRIVER

Name of Driver	TAN PEN KIM
NRIC No	SXXXX464H
Date Of Birth	18/01/1968
Occupation	Outdoor

Date Of Driving Pass	21/05/1999
Driving experience	21 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96367570
Alt. Phone Number	-
Email Address	ANDYTAN7570@GMAIL.COM
Address	BLK 585 ANG MO KIO AVE 3
Address complement	#10-3051
Postcode	560585
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT NO: T/20201223/2001

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ6777P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC
Nature Of Damage	SLIGHT
Details of property damaged in accident	OVERALL BODYWORK
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN(RIDER)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNSURE
Injured person in which vehicle?	FBQ6777P
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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 witholding 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. 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 setout 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 my be sited outisde 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

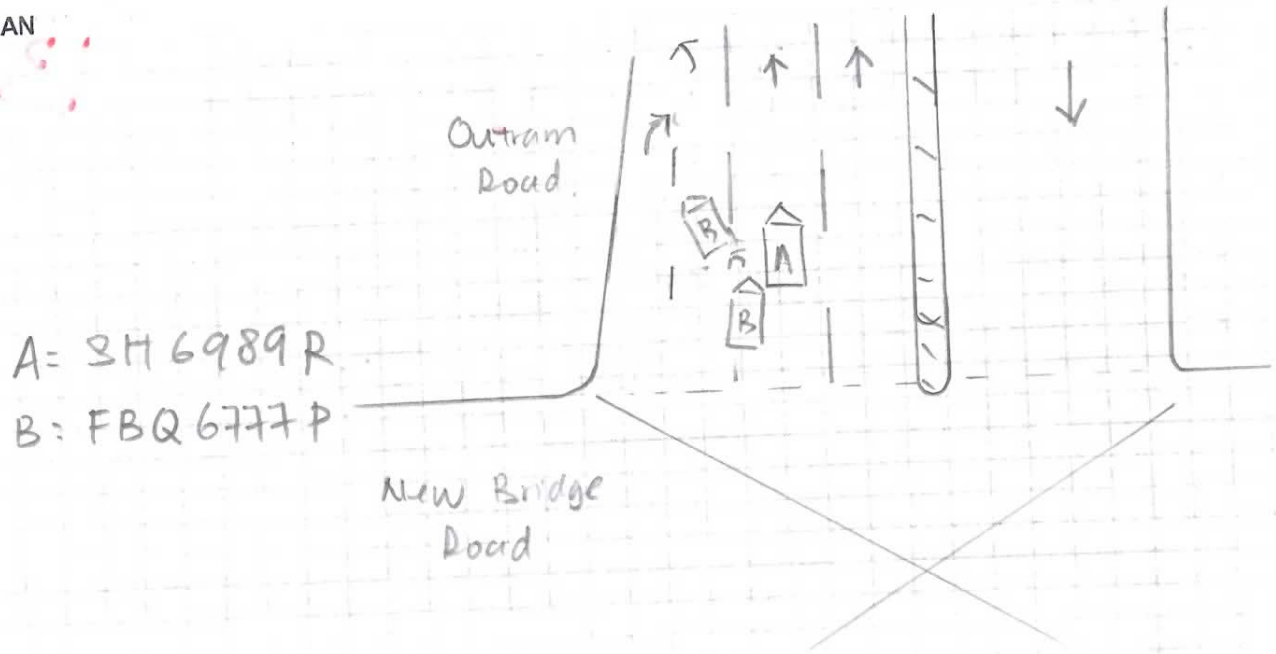
(ii) for complying with requirements under any regulations, laws or ourt orders.

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

23-12-2020

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.: Loke Wei Yiang

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report

T/20201223/2004

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:

23-12-2020

Reporting Centre Personnel's Signature
Name: Loke Wen Hong
NRIC/Fin No.:

SINGAPORE POLICE FORCE

T/20201223/2004

Report No. T/20201223/2004

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
23/12/2020 02:49	A/20201222/0128	25

Informant's Particulars

Name of Informant: TAN PEN KIM			Address: APT BLK 585 ANG MO KIO AVENUE 3 #10-3051 SINGAPORE 560585	
ID Type / ID No.: NRIC NO / S6805464H			Contact No.: Home/Office: Mobile: 96367570	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 52	Date of Birth: 18/01/1968	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 22/12/2020 23:20	Type of Location: Curve road
Location: OUTRAM ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ6777P	Motorcycle					0
SH6989R	Car					1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20201223/2004

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20201223/2004

CONTINUATION OF REPORT

Driver			
Name	TAN PEN KIM	ID No.	S6805464H
Related Vehicle	SH6989R (Car)	Contact No.	96367570
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/12/2020 at about 2320hrs, I was driving my taxi; SH6989R, with one passenger along Outram Road. I was at the middle lane. As I was driving, there was some roadwork ahead along the curve. On the right lane, suddenly I saw a car abruptly cutting into my lane which then caused my car and the cars ahead to slow down. As I was slowing down and eventually coming to a stop, suddenly a motorcycle; FBQ6777P, collided with the back of my taxi. The rider fell and it caused him to have some injury. We were then attended by Traffic Police and ambulance. I was given case number; A/20201222/0128, by the Traffic Police. I do not have the witness NRIC for this report.

SINGAPORE POLICE FORCE

T/20201223/2004

Report No. T/20201223/2004

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 3 MASHIDAYAT BIN MASZENI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/12/2020 02:49
Officer In Charge Of Case: TP / DDGVT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476198	Classification Of Case:

Authentication Stamp

NP168


HYUNDAI MOTOR COMPANY
KMHLB41UMGU080454


SH6989R
Find out more at murdoch.kaplan.com.sg







SH6886R









OLICE