

ASS. REC. BY: Taufikh 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: 51046320216-01(28/12/2019-27/12/2020)
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SHB6366A Yr Regn: 2018, oct.
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai ioniq C.C. 1580
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 201538 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHC857CV K04114804
 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: 195/65R15
 R: 195/65R15
 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. _____ D.O.I. 23/12/20
 Survey held at Confet byay
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: _____
 IDAC Accident Rport: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS WP
 Date: _____ Person Contacted: Lim TS Vehicle: IN / OUT

Date / Time	Action / Instruction
11/01/21 @ 12.24pm	Taufikh finalised with Mr Lim LS \$2700, 3 days (Red \$1136.16, 30%)

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) 19/01 Typist
 Date/Time, File Return to?
 2) _____
 Report Format: TP
 Lump Sum 2700
 Days Of Repair: 3
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$ _____) : S + RS. _____ \$
 : Interview (\$ _____) : Photo
 : Tech. Invs (\$ _____) : Others
 : Weekend (\$ _____)
 Survey Fee: _____
 Transportation: _____
 TOTAL _____

NTUC-LIS
LKK

12 IS

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

JOB NO : 305440634
 REGN NO : SHB6366A
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 18.10.2018
 DATE/TIME IN : 23.12.2020 10:50
 ACCIDENT DATE : 22.12.2020

JOB / PARTS DESCRIPTION QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-0573-G	FRT FENDER RH	1	588.80	20.00	471.04	<i>67</i>
0002	04-01-0104-3913-G	FRT FENDER BLUE-DRIVE RH	1	26.60	20.00	21.28	<i>net</i>
0003	04-01-0104-0592-G	FRT DOOR RH	1	1,797.20	20.00	1,437.76	<i>ht</i>
0004	04-01-0104-2468-G	FRT DOOR LWR MOULDING RH	1	186.20	20.00	148.96	<i>Ry</i>
0005	03-01-0104-2137-G	FRT WHEEL CAP RH	1	346.40	20.00	277.12	<i>ant</i>

SUB-TOTAL : 2,356.16

JOB NATURE

0000	20-05	Frt Fender Adv.Sticker RH		100.00			<i>ant</i>
0001	20-05	Frt Door Adv.Sticker RH		100.00			<i>ant</i>
0002	PB	PANEL BEATING		500.00			<i>480</i>
0003	SP	SPRAYPAINT CHARGE		500.00			<i>400</i>
0004	20-00	TUFF COAT ON AFFECTED PARTS.		40.00			<i>30</i>
0005	L	TRANSFER OF DOOR		120.00			<i>60</i>

COMFORTDELGRO ENGINEERING PTE LTD

Date: 23.12.2020

REPAIR ESTIMATE

NTUC - 4S
LKK

Time: 16:25:52

Page: 2

Handwritten initials/signature

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

JOB NO : 305440634
REGN NO : SHB6366A
MILEAGE : 000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 18.10.2018
DATE/TIME IN : 23.12.2020 10:5
ACCIDENT DATE : 22.12.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0006 L WHEEL ALIGNMENT 120.00

SUB-TOTAL : 1,480.00

TOTAL : 3,836.16

Limfs

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

Tan Jiah 97495749
'WP' 2-3 days
23/12/20 @ 5pm
C/S Resurvey after repair
for the Tkhamb.com

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:

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	23/12/2020 12:15 (SGT)
Date of Accident	22/12/2020 19:00 (SGT)
Exact Location of Accident	New Bridge Rd, Singapore
Additional Location Information	NEW BRIDGE RD TWDS KEONG SAIK RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6366A
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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	First Capital
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	D-18088936MFSH
Cover Note Number	-

DRIVER

Name of Driver	CHAN LUEN KIONG
NRIC No	SXXXX919A

Date Of Driving Pass	19/11/1976
Driving experience	44 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +966-96556916
Alt. Phone Number	-
Email Address	chanluenkiong@gmail.com
Address	105 SEMBAWANG HILLS DRIVE
Address complement	-
Postcode	575945
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

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	SLD7525T
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	

Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC
Nature Of Damage	MODERATE
Details of property damaged in accident	LEFT FRT
No. Of Passenger (Including Driver)	-

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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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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 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:

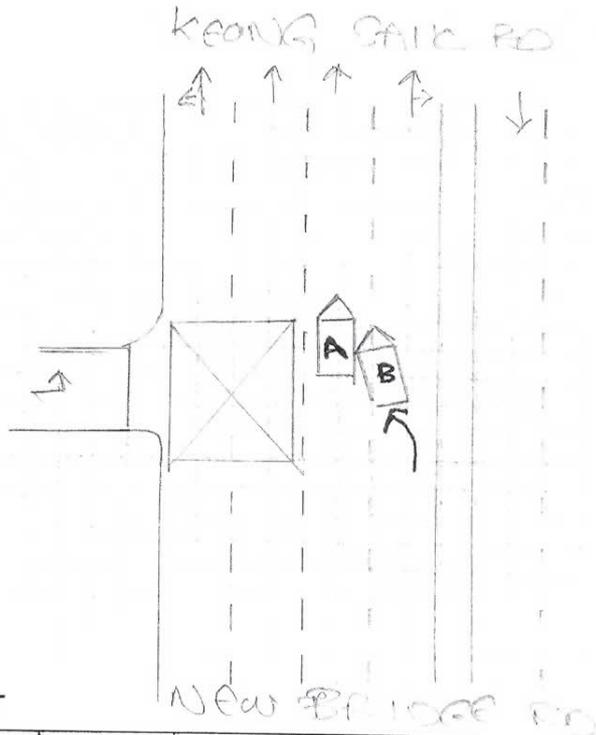


Reporting Centre Personnel's Signature
Name: Olivia Wendy
NRIC/Fin No.: 23 111 2026

SKETCH PLAN

A = SHB6366A

B = SLD7525T
(MAZDA)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 22/12/2006 @ 19:00hrs, I was driving along New Bridge Rd direction with 1 passenger on board my taxi.

I was driving towards Keong Saik Rd to exit my passenger. I switched on my signal light to indicate my intention to change lane, and slowly change lane after I checked it was clear from any incoming vehicle.

Then there's a slight jerk on my taxi right front portion, so I slow down to checked and found out a vehicle of SLD7525T was changing lane and grazed onto my taxi.

No injury at the point of accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CC. REG. NO. 109303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Olivia Wendy
NRIC/Fin No.: