

ASS. REC. BY: Tau J M

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.

☒	☐
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

Lum / RE

Veh No: SHD 3222R Yr Regn: 2016 July

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

Truck / Trailer or

Make: Hyundai 140 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 516282 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB414MG 4091857

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: 205/60R16R: 7-7

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

TOYO / YOKO or WentakeFront 6 mm Rear 6 mmR/Bal. 6 mm L/Bal. 6 mmL/Bal. 6 mm D.O.I. 28/12/20

D.O.A. _____

Survey held at Compt Logg

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

COR I/s \$1800, 3 days

RED: 2231.84;55%

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Rep. Format: _____

Lump Sum / L.B. / (\$ _____)

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 28.12.2020

Time: 14:53:15

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 : 305441074
REGN NO : SHD3222R
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 08.07.2016
DATE/TIME IN : 26.12.2020 22:10
ACCIDENT DATE : 26.12.2020

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	th
0002	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10	22.00	20.00	17.60	nee
0003	04-01-0103-0737-G	I40V2 COVER-FR FOG LAMP B	1	41.60	20.00	33.28	and
0004	04-01-0103-0637-G	I40VC BRKT ASSY-FR BPR UP	1	44.80	20.00	35.84	? NN
0005	04-01-0103-0639-G	I40VC BRACKET-FR BUMPER S	1	24.60	20.00	19.68	? NN
0006	04-01-0103-0781-A	I40VC LAMP ASSY-HEAD LH#	1	1,800.00	20.00	1,440.00	X NN
0007	04-01-0103-2834-G	I40V3 GUARD ASSY-FRONT WH	1	174.90	20.00	139.92	th
0008	04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	217.20	20.00	173.76	ant

SUB-TOTAL : 2,701.84

JOB NATURE

0000	20-05	FRT FENDER ADVERTISMENT LOGO LH	100.00	ant
0001	L	PANEL BEATING (repair frt fender Lh)	600.00	420
0002	23-502	SPRAYPAINT ON AFFECTED AREA	450.00	400

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JOB NO : 305441074
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MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 08.07.2016
DATE/TIME IN : 26.12.2020 22:1
ACCIDENT DATE : 26.12.2020

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0003 17-01 CHECK ALL LIGHTING	50.00		30.		
0004 20-00 TUFF COAT ON AFFECTED PARTS.	50.00				
0005 20-08 ADJUST FRONT WHEEL ALIGNMENT	80.00				
SUB-TOTAL					: 1,330.00
TOTAL					: 4,031.84

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Tan Jiah 97495749 W. X. K. K.
WP 28/12/20 04pm
2-3 days
1/5 Repair after repair
Tan Jiah e/phone to on

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 file photo submission(s) is allowed
- Surveyed parts must be resurveyed and is subject to final approval from Insurance Company

Accepted by Repairer
Signature
Date

number of COMFORTDELGRO

Date/Time: 28.12.2020 12:25

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305441074

MEMBER
COMFORT TRANSPORTATION PTE LTD
7010045
MEMBER NO. 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

REGN NO:	SHD3222R	MILEAGE
MAKE:	HYUNDAI	FUEL
MODEL	I-40	E.....1/2.....F
YR OF MANU.	08.07.2016	DATE/TIME IN
CHASSIS CODE	KMHLB41UMGU091857	COMPLETION DATE/TIME:

UNT CARD NO.

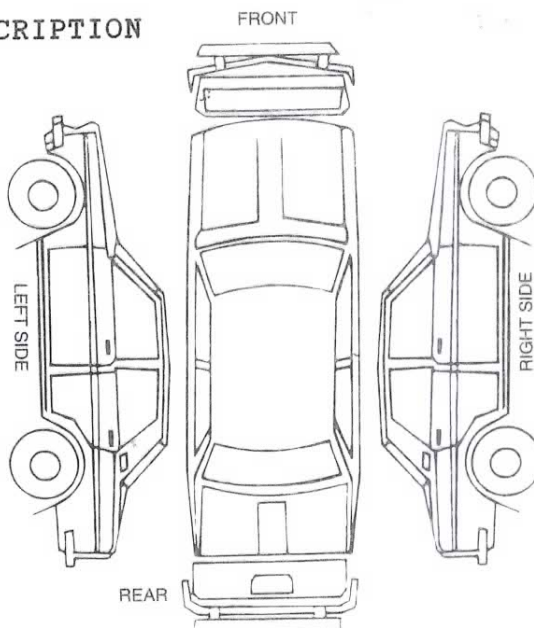
JOB DESCRIPTION

Accident Date: 26.12.2020
NATURE: 3P 26.12.2020

/NO

LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

No.: SHD3222R

LKE

Taufik

Vehicle No.:

SHD3222R

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	28/12/2020 11:02 (SGT)
Date of Accident	26/12/2020 20:00 (SGT)
Exact Location of Accident	Kim Keat Link & Lorong 6 Toa Payoh, Singapore
Additional Location Information	T JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3222R
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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	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	NG TECK KEONG
NRIC No	SXXXX659B

Date Of Driving Pass	01/01/2000
Driving experience	20 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92341790
Alt. Phone Number	-
Email Address	teckkeongng7@gmail.com
Address	BLK 74 MARINE DRIVE
Address complement	#10-45
Postcode	440074
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	DRIZZLING
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)	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?	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	FBD1002T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	

Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC
Nature Of Damage	NOT SURE
Details of property damaged in accident	RIGHT FRT
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG TECK KEONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	69
Injuries Sustained	FEEL UNWELL
Injured person in which vehicle?	SHD3222R
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**.
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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 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:

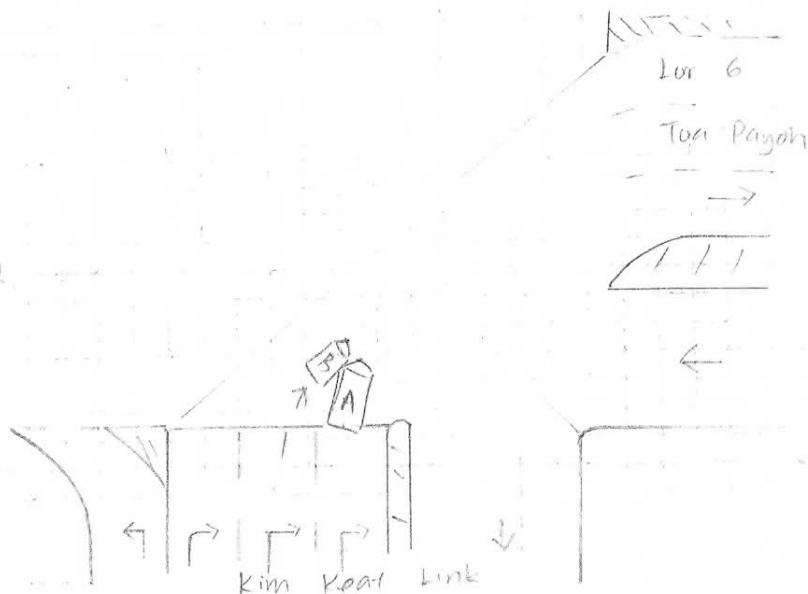
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

28-10-2020
Loke Wei Hong

SKETCH PLAN

A: 2FID 3000 R
B: FBD 1002 T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26.12.2020 at about 20:00 hrs, I Veh A was
stopped at above said junction waiting traffic light to change.
Shortly traffic light turned green, I started to negotiate right turn.
In the midst, Veh B motorcycle sharply cut into my path from
center lane. Veh B hit onto the left front portion of my taxi
in the result, I got down to render assistance because the rider
fell on the road, but the rider quickly drive away when told him must
report insurance. Luckily I managed to take down the plate number.
I feeling unwell after the accident, will consult doctor later.

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:
NRIC/Fin No.:

28.12.2020

