

A.S. REC. BY: ComREF: CS/smo20014713/Riutd3

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SHC 8741Gat Workshop m/s COMFORTof SA LOYALTY ORInsured: SOMPO

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

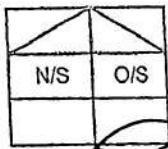
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



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: SHC 8741GYr Regn: 2016 / MAR

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

Truck / Trailer or \_\_\_\_\_

Make: HYUNDAI I40 1-7 c.c. 1685Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 520774 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMH LB41UMGU085555

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD A/Rim orTyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or WESTLAKG

Front

Rear

R/Bal. 5 mmR/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 29/12/2016D.O.I. 30/12/2016Survey held at COMFORT

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

REAR O/S

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

Date / Time Action / Instruction

Finalised amount of \$700 / 2 days of repair is confirmed

RED: 1540.50; 68%

Date/Time, File Pass to?



: Prel. Report

Days Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Date/Time, File Return to?



: Final Report

Transportation: \_\_\_\_\_

Date/Time, File Return to?

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

S + RS. \$ \_\_\_\_\_

☐ : Interview (\$ \_\_\_\_\_)

Photos

☐ : Tech. Invs (\$ \_\_\_\_\_)

Others

☐ : Weekend (\$ \_\_\_\_\_)

TOTAL

Rep. Format: \_\_\_\_\_

Lump Sum / L.S. (\$ \_\_\_\_\_)

# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 29.12.2020  
Time: 17:17:36  
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 : 305441436  
REGN NO : SHC8741G  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 10.03.2016  
DATE/TIME IN : 29.12.2020 14:30  
ACCIDENT DATE : 29.12.2020

### 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	repair
0002	04-01-0101-0111-G	I40VC BUMPER COVER CLIP R	10 L	22.00	20.00	17.60	X
0003	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1 L	228.00	20.00	182.40	repair
0004	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	2.00	135.70	X
0005	04-01-0103-1150-A	I40VC PROTECTOR MAT(Metal	1 N	50.00	0.20	50.00	bt

SUB-TOTAL : 1,270.50

#### JOB NATURE

0000	20-05	REAR BUMPER ADVERTISMENT LOGO	50.00	rec
0001	20-05	RAER FENDER ADVERTISMENT LOGO RH	100.00	rec
0002	20-05	REAR FENDER ADVERTISMENT LOGO LH	100.00	rec
0003	L	PANEL BEATING	350.00	200
0004	23-502	SPRAYPAINT ON AFFECTED AREA	250.00	200
0005	20-22	REMOVE/REFIX REVERSE SENSOR	120.00	X

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:

Repair  
by 9010068  
2 days  
4/3  
30/12/2020  
@ 14:20  
Resurvey after repair

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 29.12.2020  
Time: 17:17:36  
Page: 2

COMFORTDELGRO ENGINEERING  
Part of COMFORTDELGRO  
ARC Repair

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

JOB NO : 3054414  
REGN NO : SHC8741  
MILEAGE : 000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 10.03.2016  
DATE/TIME IN : 29.12.2020 14:30  
ACCIDENT DATE : 29.12.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 970.00

TOTAL : 2,240.50

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME & SIGNATURE  
DATE :

Page: 2  
Date: 29.12.2020  
Time: 17:17:36

# ORIDELGRO ENGINEERING

Member 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

520 Upper Road Singapore 209449

24 Senoko Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 29.12.2020 15:54

Page : 1

Job: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305441436

REGN NO.	SHC8741G	MILEAGE
MAKE :	HYUNDAI	FUEL
MODEL	I-40	DATE/TIME IN 29.12.2020 14:30
YR OF MANU.	10.03.2016	TARGET DATE
CHASSIS CODE	KMHLB41UMGU085555	COMPLETION DATE/TIME:

COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

Sompo

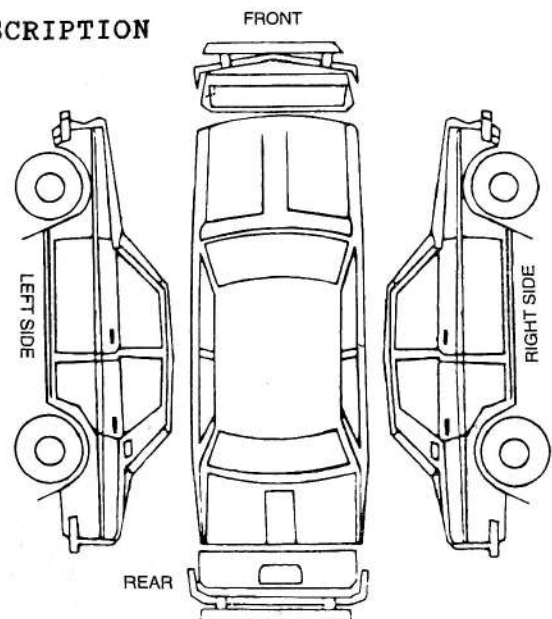
OUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 29.12.2020  
NATURE: 3P 29.12.2020

3/NO LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

Vehicle No.:

SHC8741G

Name of Service Advisor

Date

To be kept by Security Guard

Signature/Date

Service Advisor

turned to Service Reception upon collection

No.: SHC8741G

LKE

Tes SL

## 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	29/12/2020 15:29 (SGT)
Date of Accident	29/12/2020 12:40 (SGT)
Exact Location of Accident	Upper Cross St, Singapore
Additional Location Information	UPPER CROSS ST
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8741G
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	OON CHEE KEONG
NRIC No	SXXXX512E
Date Of Birth	24/06/1968
Occupation	Outdoor

20/07/1989  
31 YEARS AND 5 MONTHS  
Male  
(Phone) +65-94368772  
-  
CKOON1968.OCK@GMAIL.COM  
BLK 227A COMPASSVALE DRIVE  
#13-208  
541227  
No  
Other  
No  
-  
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collision - Head to Rear  
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

Vehicle Registration Number ..... FBP6127X  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Motorcycle  
Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... Sompo



## 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. 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. 190303821R

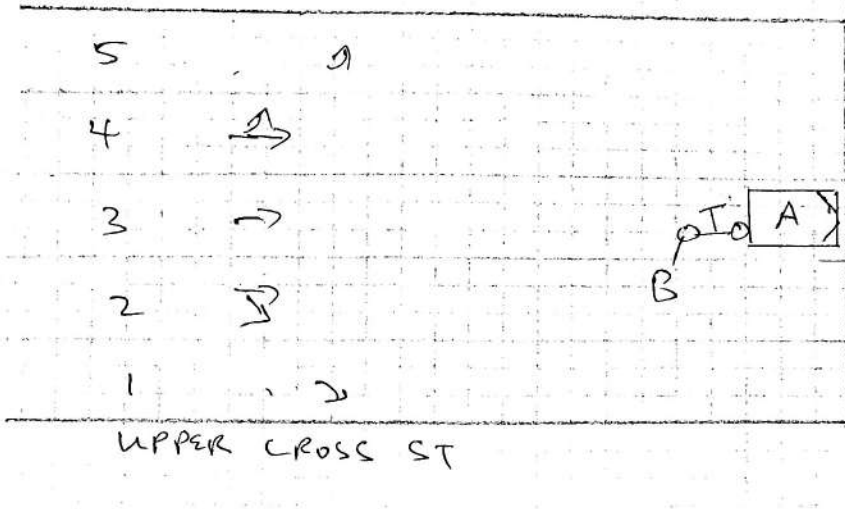
Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 29.12.2020  
1440h

Reporting Centre Personnel's Signature  
Name: Loo, Ng  
NRIC/Fin No.: 1

# SKETCH PLAN

A - SHC8741G  
B - FBP6127X



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29.12.2020, at about 1240hrs, I was driving my Comfort taxi, SHC8741G, on lane 3 along Upper Cross St with no pax.

Weather was clear and moderate traffic. While approaching the junction with New Bridge Rd, the traffic lights turned amber. I slowed down and stopped.

Right after I had stopped, I felt an impact from the rear. A motorcycle, B, had hit my taxi rear right side.

I have a video recording of the accident impact. No injury at the time of accident.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199363821K

Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 29.12.2020

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

1440hrs