

A.S.S. REC. BY: Farouk

REF: NS/INC20014773/R1qd3

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: 5101581770-02 (26/06/2020-25/06/2021)

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: 2 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: SHD 3156Z Yr Regn: 2016 / Jun

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

Truck / Trailer or

Make: Hyundai I40 1.7 c.c. 1685

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

Sp. Reading: 47311 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UM6U091473

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

Modi: Nil / 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 DURATURN

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 30/12/2020 D.O.I. 30/12/2020

Survey 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
06/01/21 @ 10.10am	Rasul finalised with Jumani LS \$1250, 2 days (Red \$610.40, 33%)

Date/Time, File Pass to?

: Prel. Report

Days Of Repair: 2

: Final Report

Resurvey No. of Trip: 1

1) Date/Time, File Return to?

Add Fee: : Site Insp (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Photos _____

Others _____

TOTAL _____

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Report Format: TP

Lump Sum ~~1250~~ (\$ 1250)

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

JOB NO : 305441710
 REGN NO : SHD3156Z
 MILEAGE : 000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 16.06.2016
 DATE/TIME IN : 30.12.2020 10:10
 ACCIDENT DATE : 30.12.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	1,106.00 20.00 884.80 <i>de ✓</i>
0002	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	228.00 20.00 182.40 <i>X</i>
0003	04-01-0103-0739-G	I40VC ABSORBER-RR BUMPER	1	119.50 20.00 95.60 <i>?</i>
0004	04-01-0101-0111-G	I40VC BUMPER COVER CLIP R	10 L	22.00 20.00 17.60 <i>am ✓</i>
0005	04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00 2.00- 50.00 <i>tan ✓</i>

SUB-TOTAL : 1,230.40

JOB NATURE

0000	PB	PANEL BEATING	300.00	300.00 <i>280</i>
0001	SP	SPRAYPAINT CHARGE	200.00	<i>✓</i>
0002	L	REMOVE/REFIX REVERSE SENSOR	80.00	<i>60</i>
0003	20-05	RENEW ADVERTISEMENT STICKER-Bumper	50.00	<i>✓</i>

SUB-TOTAL : 630.00

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:

Rasul
Hp 9000068
2 days
48
30/12/2020 @1435
Resurvey after repair

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 30.12.2020
Time: 12:05:59
Page: 2

COMFORTDELGRO ENGINEERING

Member 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 : 305441710
REGN NO : SHD3156Z
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 16.06.2016
DATE/TIME IN : 30.12.2020 10:1
ACCIDENT DATE : 30.12.2020

Item:

OWNER

AS

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,860.40

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

0.12.2020
12:05:59

1710
5Z

COMFORTDELGRO 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
220 Upper Road Singapore 549922
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yehun Industrial Park A Singapore 768732

Date/Time: 30.12.2020 11:59 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.: 305441710

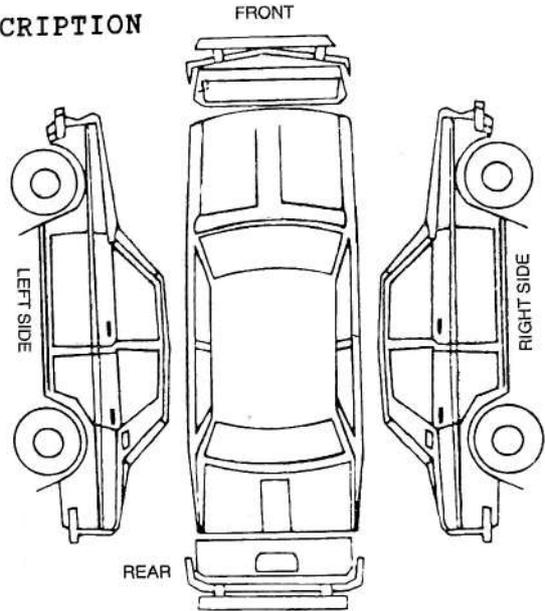
OWNER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO. SHD3156Z	MILEAGE
	MAKE : HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 30.12.2020 10:10
	YR OF MANUF. 16.06.2016	TARGET DATE
QUANTITY CARD NO.	CHASSIS CODE KMHLB41UMGU091473	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 30.12.2020
NATURE: 3P 30.12.2020

S/NO LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Receipt Slip

Exit Pass

No.: **SHD3156Z** **JU NTUC LKK**

Vehicle No.: **SHD3156Z**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned 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	30/12/2020 11:43 (SGT)
Date of Accident	30/12/2020 09:00 (SGT)
Exact Location of Accident	Depot Rd, Singapore
Additional Location Information	NEAR BUS STOP B04
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3156Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXX21R
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	First Capital
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	D-18088936MFSH
Cover Note Number	-

DRIVER

Name of Driver	QUEK SER HUNG
NRIC No	SXXXX7961
Date Of Birth	06/08/1949

Driving Pass
 Experience 28/02/1968
 Number 52 YEARS AND 10 MONTHS
 Phone Number Male
 Address (Phone) +65-97698659
 Address
 Address complement fleetsafety@cdgtaxi.com.sg
 Postcode BLK 633 HOUGANG AVENUE 8
 Is the driver the policyholder? #08-09
 If No, Relationship of the Driver with the Insured 530633
 Does Driver Own Other Vehicles? No
 Vehicle Registration Number of Other Vehicle Owned by Driver Other
 Insurance Company of Other Vehicle Owned by Driver 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) 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

Vehicle Registration Number GBH5054X
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -
 Contact Number -

Implement

-

Insurance Company Name

-

Amount Of Damage

-

Details of property damaged in accident

NTUC

Name Of Passenger (Including Driver)

SLIGHT

FRT LEFT

-

IMPORTANT NOTICE

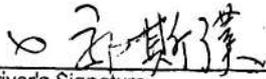
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
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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.

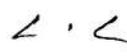
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:



Driver's Signature
(if driver is not the policyholder)

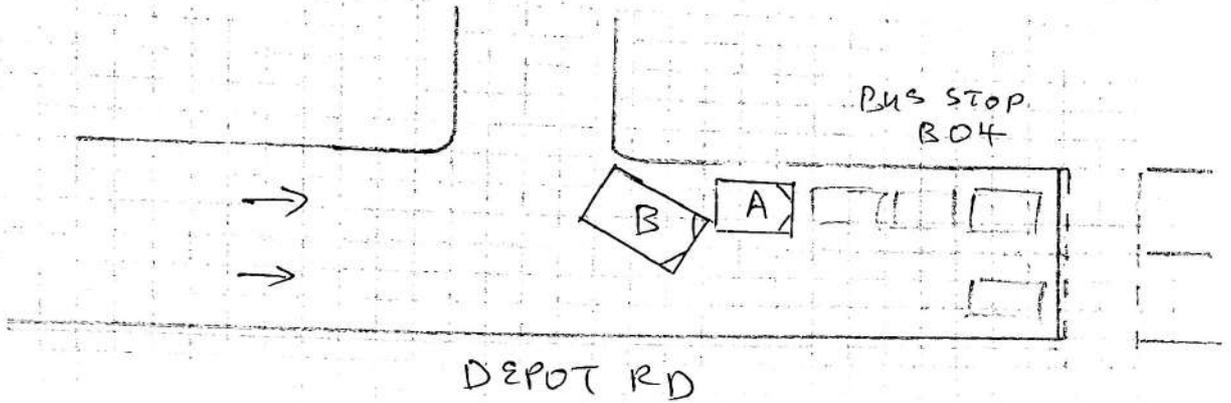
Date & Time: 20.12.2020
1030am



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

SKETCH PLAN

A - SHD3156Z
 B - CBH5054X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30.12.2020, at about 0900hrs, I stopped my Comfort taxi, SHD3156Z, on the left lane of Depot Rd due to red lights at the pedestrian crossing.

While stationary, I suddenly felt an impact from the rear.

A lorry, B, had hit my taxi rear right bumper area. I have a video recording of the accident impact. Photos taken at the scene.

I female pax in my taxi and 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. 199303821R

Policyholder's Signature
 Date & Time:


 Driver's Signature
 (if driver is not the policyholder)
 Date & Time: 30.12.2020
 1030hrs


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