

ASS. REC. BY: Tan JHREF: NS/INC 21000620/T19, d3

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. 5119427507 (17/10/20-16/10/21)

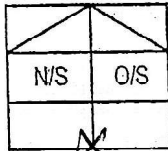
Claims No. _____

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: 2 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Lim KE

Vehicle: IN / OUT

Veh No: SHA 7706B Yr Regn: 2019, outType: M.Car / M.Cycle / Bus / Van / Lorry / Prime Mover /

Truck / Trailer or

Make: Hyundai c.c. 1580Colour: Blue A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: UWH C851 C16487 891Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / STD / Rim / STD A/Rim or

Tyre Size: F: 145/65R15R: 145/65R15

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

TOYO / YOKO or Washake

Front Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. D.O.I. 21/12/20Survey held at Comfort LodgeDes. of Damages: Frt / Rear / W/O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
<u>20/1/21</u>	<u>21425.02, 2 days</u> <u>Battery weak</u> <u>enact to Lim</u> (Red \$837.28, 37%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 27/01 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$☐ : Interview (\$

Survey Fee:

Transportation:

S + RS \$

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 21.12.2020

Time: 10:44:11

Page: 1

NOTICE - CPP
LIKE

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

JOB NO : 305440013
 REGN NO : SHA7706B
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G3)
 DATE OF REGN : 30.10.2019
 DATE/TIME IN : 19.12.2020 09:00
 ACCIDENT DATE : 19.12.2020

JOB / PARTS DESCRIPTION

PART REQUISITION

QTY	IND	UNIT PRICE	DISC%	AMOUNT
0001	FNPS	NO PLATE(S)	1 N	25.00 10.00 22.50 <i>ma</i>
0002	04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1	459.40 20.00 367.52 <i>ma</i>
0003	04-01-0104-2533-G	IONIQV2-4 MOULDING ASSY-R	1	451.25 20.00 361.00 <i>ma</i>
0004	09-01-0104-2133-G	IONIQVC ANTENNA ASSY-SMAR	1	40.50 20.00 32.40 <i>ma</i>
0005	04-01-0104-2544-G	IONIQVC CAP-RR HOOK	1	98.80 20.00 79.04 <i>ma</i>
0006	04-01-0104-2288-G	IONIQVC BEAM-RR BUMPER	1	394.80 20.00 315.84 <i>ma</i>
0007	04-01-0104-2545-G	IONIQVC MOULDING-REAR BUM	1	155.00 20.00 124.00 <i>ma</i>
0008	04-01-0104-2540-G	IONIQVC COVER-RR BPR UNDE	1	225.00 20.00 180.00 <i>ma</i>

LKK Auto Consultants hence notify
 the Repairer of the following:

- 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:

SUB-TOTAL : 1,482.30

1065.65
 852.52
 SW 22.50
 875.62

JOB NATURE

0000	PB	PANEL BEATING	400.00	320
0001	SP	SPRAYPAINT CHARGE	300.00	200
0002	L	REMOVE/REFIX REVERSE SENSOR	80.00	30

320
 200
 550

Tampin 2746 5749

WP 21/12/20 C/LPMS

2 days before

PP Resurvey after repair part
 Tampin C/Lhandover

875.62
 550

1425.02

2 days

Date/Time: 21.12.2020 10:19

Page : 1

am: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.: 305440013

MEMBER

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

MEMBER NO.

ESS

(R)

(P)

COUNT CARD NO.

REGN NO: SHA7706B	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 19.12.2020 09:00
YR OF MANU. 30.10.2019	TARGET DATE
CHASSIS CODE KMHC851CVLU187491	COMPLETION DATE/TIME:

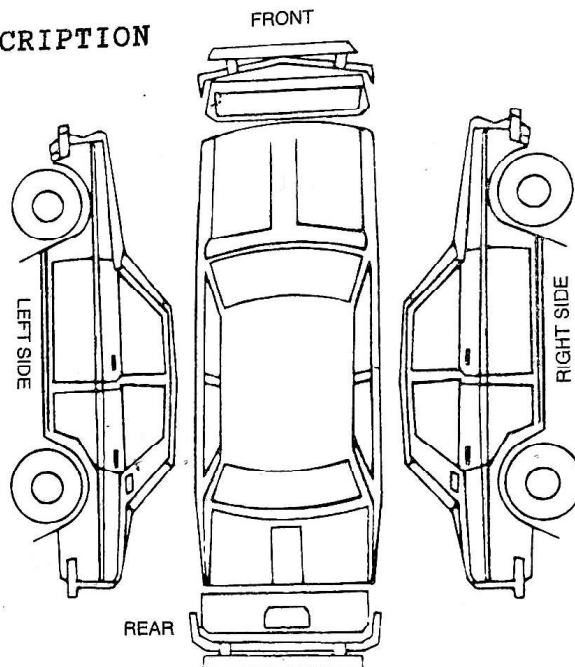
JOB DESCRIPTION

Accident Date: 19.12.2020
NATURE: 3P 19.12.2020

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Assessment Slip

Exit Pass

SHA7706B

LKE NTUC

Vehicle No.:

SHA7706B

Service Advisor

Signature/Date

Name of Service Advisor

Date

to be kept by Service Reception upon collection

To be kept by Security

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 19/12/2020 12:44 (SGT)
Date of Accident 19/12/2020 08:45 (SGT)
Exact Location of Accident Dunearn Rd & Watten Estate Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA7706B

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
NRIC No SHA7706B
..... SXXXX138J

Valid Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

23/07/2009
11 YEARS AND 5 MONTHS
Male
(Phone) +65-94574187
-
fleetsafety@cdgtaxi.com.sg
BLK 547C SEGAR ROAD
#06-13
673547
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) 3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name -
Gender Male

PASSENGER 2

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
Vehicle Manufacturer FBR7651G
.....

Vehicle Colour
Vehicle Category
Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
Motorcycle
-
-
-
-
-
NTUC
NOT SURE
FRT
-

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. 199303821R

Policyholder's Signature
Date & Time:

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

19.12.2020

1115m

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

Waffen
Escorte
Rd.

SMT 7325H

A-SHA 7706 B

B-FBR 7651G

DUNSTON R.D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* statement attached *

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: 19.12.2020

11:15 hr

Reporting Centre Personnel's Signature

Name:

NRIC/Fin No.: Larry Ng

Describe Circumstances of the Accident.

On 19.12.2020, at about 0845hrs, I was driving my Comfort taxi, SHA7706B, on the centre lane along Dunearn Rd with 1 couple. Weather was clear and moderate traffic.

While driving near the T junction with Watten Estate Rd, a private car, SMT7325H, suddenly moved out from the minor road and encroached into my lane.

I quickly braked and stopped my taxi to avoid hitting SMT7325H. No contact with SMT7325H.

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

I have a video recording of the accident impact. Photos taken after the accident.

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

Larry Ng
Witnessed by Reporting
Centre Personnel

19.12.2020

1115h