NS/	/INC21000270/T1qd3
SS. REC. BY: Trauble 1	ASSIGNMENT
rom: Date:	Veh No: SNA 1405 J. Yr Regn. 2018 1 Sq.  Type: M.Car / M.Cycle / Bus / Van / Lorry (Tax) / Prime Mover /
DO (TP) WS I TP RES I OD RES I EVA I INV I MV	Truck/Trailer or
o Inspect Vehicle No:	Make: Hyunder loipig c.c 1560.  Colour Bus AIC: Insured/Std/NI/NA
t Workshop m/s	
	Sp.Reading T/Radio: insured / Std / NI / NA
nsured:	Eng/No:
Policy No.5 112309748-01 (12/09/2020-11/09	9/2021 CINO: KM H C85 1 CVK4/07336
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / STRim / STD A/Rim or
	Tyre Size: F: 195 (65 Ne 5
Date:Person Contacted:	R:  BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  TOYO / YOKO or  Front Rear R/Bal. Bal. Bal. Bal. Bal. Bal. Bal. Bal.
Date / Time Action / Instruction	
5/01/21@10.40am Taufikh finalised wit	th Mr Chiang LS \$2750, 3 days (Red \$4179.68, 60%)
Date/Time, File Pass to? : Preli. Report  1) 18/01 Typist : Final Report  Date/Time, File Return to?	Days Of Repair: 3  Resurvey No. of Trip: 1 Survey Fee: Transportation:  Add Fee: Site Insp (\$ )S = RSSI
2)	: Interview (\$ ) Photos
TD.	: Tech. Invs (\$ ) Others
Repetition TP	

## **COMFORTDELGRO ENGINEERING PTE LTD**

#### **REPAIR ESTIMATE\***

VEHICLE NO

E NO SHA1405J

MAKE

HYUNDAI

**DATE 30.12.20** 

MVA CHIANG/ NTUC



MODEL I-40

Qty	Parts Description/ Labour	Туре	Unit Price	Amount
	REAR BUMPER		R	\$1,106.00
	REAR BUMPER BRACKET RH		2.1	× \$35.00
1	REAR RH DOOR PANEL		htv	\$2,201.10
	REAR RH FENDER		R	> \$2,171.40
1	REAR DOOR PROTECTOR RH			\$56.90
1	REAR WHEEL CAP RH			₹ \$214.20
	SUB TOTAL			\$5,784.60
	20.00%			\$1,156.92
	DISCOUNTED TOTAL			\$4,627.68
1	REAR BUMPER MAT			¥ ¢50.00
	REAR BUMPER ADVERTISEMENT			× \$50.00
	REAR DOOR ADVERTISEMENT		eu.	\$100.00
	REAR DOOR COMFORT APP STICKER 10%		A 4	\$72.00
	REAR FENDER ADVERTISEMENT		70	\$100.00
			u	\$372.00
	Labour Charge			\$372.00
	Panel Beating		64	\$800.00
	Spray Painting Charge		61	\$800.00
	Remove/refix door parts			\$800.00 \$120.00
	Tuff coat		4	\$120.00
	Remove/refix rear Ih upholstery			60 \$90.00
	TOTAL LABOUR			\$1,930.00
				\$1,930.00
	ESTIMATE TOTAL			\$6,929.68
				7 2/3 2 3 1 3 0
	This is an initial estimate based on a visual inspection of the	e above ver	nicle. The final repair qu	uantum will
- 6	be prepared after the vehicle is surveyed by a motor Survey		-11 0 1	

Janfler 97495749 WP 4/1/24010un

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part silot ring resurvey
- · Parts prices are subject to continuation
- Third party survey is on a Witten a Frejudice" basis
- No illegal modification(s s as a sd
- Supplementary item(s) must be assistive and is subject to final approval from insurance Company

Acknowledged by Repairer

Signature:

Date:

e/s Rising after report

3 days

femphir c/hhuntown

## 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
Date/Time \$20 13 Poads 206480 9:56
Page: 1

ream: ARC Repair TP(CLSO)1 JOB CARD Sales Order: TOMER REGN NOSHA1405J COMFORT TRANSPORTATION PTE LTD 7010045 FOMER NO 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(R) (P)

OUNT CARD NO.

Accident Date: 30.12.2020 NATURE: 3P 30.12.2020

turned to Service Reception upon collection

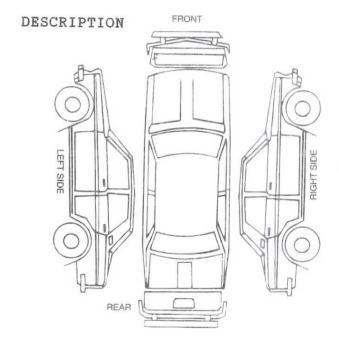
3/NO

RESS

LABOR CODE

JC NO.: 305445436 MILEAGE MAKE: HYUNDAI FUEL E.....F MODEL IONIQ(G2) 31.12.2020 07:40 YR OF MANU. 09.2018 TARGET DATE CHASSIS CODE 851CVKU107336 COMPLETION DATE/TIME:

JOB DESCRIPTION



				)
KED & PASSED OUT BY:				
SERVICE ADV	ISOR		*	
	10011		CUSTOMER'S SIGNATURE	
ledgement Slip		Exit Pass		
No.: SHA1405J	CHIANG	Vehicle No.: SHA1405J		
f Service Advisor	Signature/Date	Name of Service Advisor	Date	

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 witholding 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

31/12/2020 09:28 (SGT) 30/12/2020 13:00 (SGT) CTE, Singapore SLIP RD FROM CTE(CITY) TO BRADDELL (UPP SERANGOON) Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SHA1405,J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** 

Mobile Phone No Alternative Phone No.

Yes COMFORT TRANSPORTATION PTE LTD 1XXXXX821R fleetsafety@cdgtaxi.com.sq (Phone) +65-65508768 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Hyundai loniq

Private hire

No - Claiming third party

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number Cover Note Number

India International ThirdPartyFireTheft Yes

MCOM0015

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

PHUA PUE HOE SXXXX948G 25/03/1960 Outdoor



Date 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

24/08/1983

37 YEARS AND 4 MONTHS

Male

(Phone) +65-94566633

EDMUNDPHUA138@GMAIL.COM 272B 8-319 SENGKANG CENTRAL

-

542272 No Other

No

-

No

Yes

No

Yes

3

No

2

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Side Swipe Clear Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown persons

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

PASSENGER 2

Gender

acriaci

Name

Female

Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

No No

CIRCUMSTANCES OF ACCIDENT

SEE ATTACH

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant

-

YN8601T

=

Accident report SC1I20CV0002

Page 2 of 15

Vehicle Colour

Vehicle Category Commercial vehicle

Name of Driver
Contact Number

Contact Number Address

Address complement - Postcode - -

Insurance Company Name

Nature Of Damage

SLIGHT

Details of property damaged in accident

No. Of Passenger (Including Driver)

SLIGHT

FRT LEFT

## **INJURED PERSONS DETAILS**

#### INJURED 1

Name of injured person PHUA PUE HOE

Address

Address Complement \_ Post Code

Approximate Age Years Old

Injuries Sustained NECK,BACK

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

No

	B-YM.	1405J 8601T			Braddell. To (Upp Sarangu
From CT2 (City)	WSTANCES O	F THE ACCIDE	VT	A Y	To Braddolf (Cornie)
	* Sta	tant atta	e lod of		
DECLARATION  I/We declare the foregoing  DMFORT TRANSPORT TRANSPORT CO RESUME 1  Policyholder's Signature Date & Time:	RTATION PTE LIL 89303821R	ue in every respect.		Reporting Ce Name:	ム・ク ntre Personnel's Signature

081 m

Describe Circumstances	of the Accident.	
On 30.12.2020, at about	1300hrs, I was driving my Comfort taxi, SHA140	05J, on the extreme lef
lane along the slip road f	rom CTE(City) to Braddell (Upp Serangoon Rd)	with 2 female pax.
The extreme left lane is a	turn left only lane.	
Somewhere near the roa	d chevron, a lorry, B, which was travelling on la	ne 3 on my right,
suddenly cut into my land	e and hit my taxi right rear side. I stopped my t	axi and went out
to check. My taxi right re	ar was damaged and B left front was damaged	
Photos taken at the scene	show B was trying to cut into my lane to turn	left towards the
Braddell Rd (Upper Seran	geoon Rd) direction.	
After the accident, I felt p	ain in my neck and back.	
Weather was clear and m	oderate traffic.	
eclaration  We declare the foregoing part	iculars are true in every respect.	
	and a diversify respect.	
UMTURT .RANSPORTATE	ON PTE LTL SUF	Larry Ng
licyholder's Signature/Date & ne	Driver's Signature(If driver is not the policyholder)/Date	Witnessed by Reporting Centre Personnel
	& Time 31.12.2020 0810m	











