

ASS. REC. BY: Toughlin

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. 5115252700 (30/12/2019-27/02/2021)Claims No. MT/1119526-003

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

X	X
N/S	O/S
L	A

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: Lm KE Vehicle: IN / OUTVeh No: SMC 8676 L Yr Regn: 2015, NovType: M.Car / M.Cycle / Bus / Van / Lorry / Trailer / Prime Mover /

Truck / Trailer or _____

Make: Hyundai 140 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: KMMHLB414M64080580

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi: Nil / S/P / STD A/Rim or _____

Tyre Size: F: 205/60R16R: 1 1

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

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 6 mm / R/Bal. 6 mmL/Bal. 6 mm / L/Bal. 6 mmD.O.A. _____ D.O.I. 4/2/21Survey held at Comfort LodgeDes. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time _____ Action / Instruction Setting wheel

Book Value: \$38412.49; LTA: \$30468; NBV: \$7944.49

Submit Uneconomical Total Loss report

Date/Time, File Pass to?

☐ : Prell. Report

1) 19/02 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$

Fees

Others

TOTAL

Add Fee: ☐

Site Insp (\$

Interview (\$

Tech. Invs (\$

Week-end (\$

Report Format: TP-TL/U

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

L/Ce

NTUC

COMFORTDELGRO ENGINEERING PTE LTD

Date: 04.02.2021

Time: 16:43:06

Page: 1

REPAIR ESTIMATE

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

JOB NO : 305451726
 REGN NO : SHC8676L
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 19.11.2015
 DATE/TIME IN : 02.02.2021 17:31
 ACCIDENT DATE : 29.01.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	COVER ASSY-RR BUMPER#	1 L	1,106.00	20.00	884.80	de -
0002	04-01-0103-0738-G	COVER-RR BUMPER LWR#	1 L	228.00	20.00	182.40	de -
0003	04-01-0103-0739-G	ABSORBER-RR BUMPER ENERGY	1 L	119.50	20.00	95.60	ave -
0004	04-01-0103-0740-G	BEAM-RR BUMPER#	1 L	428.40	20.00	342.72	ave / plus
0005	09-01-9999-0068-A	REVERSE SENSOR ASSY*	1 N	135.70	10.00	122.13	nu -
0006	04-01-0103-0742-G	STAY-RR BUMPER LH	1 L	160.60	20.00	128.48	?
0007	04-01-0103-1150-A	PROTECTOR MAT	1 N	50.00	2.00-	50.00	ug -
0008	04-01-0103-0696-G	PANEL ASSY-BACK #	1 L	526.70	20.00	421.36	?
0009	04-01-0103-2159-G	MEMBER ASSY-RR FLOOR END	1 L	495.50	20.00	396.40	?
0010	04-01-0101-0111-G	BUMPER COVER CLIP REAR	10 L	22.00	20.00	17.60	net -
0011	04-01-0103-0577-U	PANEL ASSY-TRUNK LID#	1 L	2,174.90	20.00	1,739.92	bt -
0012	04-01-0103-0787-G	EMBLEM-I40	1 L	67.90	20.00	54.32	net -
0013	04-01-0103-0786-G	EMBLEM-CRDI	1 L	52.40	20.00	41.92	net -

COMFORTDELGRO ENGINEERING PTE LTD
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65508755

JOB NO : 305451726
REGN NO : SHC8676L
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 19.11.2015
DATE/TIME IN : 02.02.2021 17:3
ACCIDENT DATE : 29.01.2021

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0014 04-01-0103-0800-G SYMBOL MARK-TRUNK LID	1	L	63.10	20.00	50.48 <i>net</i>
0015 28-01-0103-0005-A REAR BOOT LOGO CTPL	1	N	30.00	10.00	27.00 <i>net</i>
0016 28-01-0103-0006-A REAR BOOT TEL NUMBER CTPL	1	N	30.00	10.00	27.00 <i>net</i>
0017 04-01-0103-0784-G MLDG-BACK PANEL	1	L	227.90	20.00	182.32 <i>net</i>
0018 04-01-0103-0785-G MLDG-CR PIECE	1	L	85.00	20.00	68.00 ?
0019 04-01-0103-0575-G PANEL ASSY-QUARTER OTR RH	1	L	2,171.40	20.00	1,737.12 <i>br</i>
0020 04-01-0103-0745-G MOULDING-RR WDO GLASS LWR	1	L	157.30	20.00	125.84 ?
0021 05-01-0199-0032-A WINDSCREEN AHESIVE-310MLC	2	N	46.00	10.00	41.40 ?
0022 04-01-0103-0852-G REFLECTOR/REFLEX ASSY-RR	1	L	32.00	20.00	25.60 <i>one</i>
0023 04-01-0103-0585-U LAMP ASSY-RR COMB O/S RH#	1	L	697.80	20.00	558.24 ?
0024 04-01-0103-0907-G BRKT ASSY-RR BUMPER SIDE	1	L	35.60	20.00	28.48 <i>net</i>
0025 04-01-0103-0783-G BRKT ASSY-RR BUMPER SIDE	1	L	35.60	20.00	28.48 <i>net</i>

COMFORTDELGRO ENGINEERING PTE LTD

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JOB NO : 305451726
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 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 19.11.2015
 DATE/TIME IN : 02.02.2021 17:3
 ACCIDENT DATE : 29.01.2021

JOB / PARTS DESCRIPTION		QTY IND UNIT-PRICE DISC% AMOUNT			
0026 02-01-0103-0054-G	MUFFLER ASSY-RH	1 L	949.60	20.00	759.68 ?
0027 02-01-0103-0086-G	PIPE-EXHAUST FR	1 L	730.10	20.00	584.08 ?
0028 04-01-0103-2322-A	BUMPER W LIP & FOG LAMP C	1 L	1,052.20	20.00	841.76 de ✓
0029 04-01-0103-0572-A	PANEL ASSY-HOOD+	1 L	2,265.90	20.00	1,812.72 bt ✓
0030 04-01-0103-0573-A	PANEL-FENDER RH+	1 L	663.00	20.00	530.40 bt ✓
0031 04-01-0103-0782-A	LAMP ASSY-HEAD RH#	1 L	1,800.00	20.00	1,440.00 cur ✓
0032 04-01-0103-2164-A	GRILLE ASSY-RADIATOR+	1 L	1,480.00	20.00	1,184.00 cur ✓
0033 04-01-0103-2175-G	SYMBOL MARK-H	1 L	129.50	20.00	103.60 ue ✓
0034 04-01-0103-0637-G	BRKT ASSY-FR BPR UPR SIDE	1 L	44.80	20.00	35.84 de ✓
0035 04-01-0103-0638-G	BRKT ASSY-FR BPR UPR SIDE	1 L	44.80	20.00	35.84 de ✓
0036 04-01-0103-0639-G	BRACKET-FR BUMPER SIDE LH	1 L	24.60	20.00	19.68 de ✓
0037 04-01-0103-0640-G	BRACKET-FR BUMPER SIDE RH	1 L	24.60	20.00	19.68 de ✓

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65508755

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REGN NO : SHC8676L
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 19.11.2015
DATE/TIME IN : 02.02.2021 17:3
ACCIDENT DATE : 29.01.2021

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT	
0038 04-01-0103-0606-G GUARD-RADIATOR	1	L	26.60	20.00	21.28	de ✓
0039 04-01-0103-0641-U CARRIER ASSY-FR END MODUL	1	L	907.40	20.00	725.92	car / plus ✓
0040 04-01-0103-2294-G ABSORBER-FRONT BUMPER ENE	1	L	379.20	20.00	303.36	car ✓
0041 04-01-0103-2296-A RAIL ASSY-FR BUMPER+	1	L	588.40	20.00	470.72	bt ✓
0042 01-01-0103-0039-A CONDENSER ASSY-COOLER	1	L	947.80	20.00	758.24	bt ✓
0043 16-01-0103-0103-A RADIATOR ASSY	1	L	1,637.20	20.00	1,309.76	car ✓
0044 16-01-0103-0105-A BLOWER ASSY	1	L	1,056.40	20.00	845.12	?
0045 02-01-0103-0044-G DEVICE ASSY-SWIRL CONTROL	1	L	208.40	20.00	166.72	?
0046 04-01-0103-0777-G WIRING HARNESS-FEM	1	L	156.60	20.00	125.28	?
0047 09-01-0103-0092-G HORN ASSY-LOW PITCH	1	L	73.80	20.00	59.04	?
0048 09-01-0103-0093-G HORN ASSY-HIGH PITCH	1	L	73.80	20.00	59.04	?
0049 FNP NUMBER PLATE FRONT	1	N	25.00	10.00	22.50	mis ✓

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 65508755

JOB NO : 305451726
 REGN NO : SHC8676L
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 19.11.2015
 DATE/TIME IN : 02.02.2021 17:3
 ACCIDENT DATE : 29.01.2021

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0050 04-01-0103-0651-G HINGE ASSY-BONNET LH	1	L	126.70	20.00	101.36 <i>ht -</i>
0051 04-01-0103-0652-G HINGE ASSY-BONNET RH	1	L	126.70	20.00	101.36 <i>ht -</i>
SUB-TOTAL					: 19,814.59

JOB NATURE

0000 23-01	TOWING FEE (King Dolly)	150.00	<i>X</i>
0001 L	PANEL BEATING [REAR]	1150.00	<i>840</i>
0002 23-502	SPRAYPAINT ON AFFECTED AREA [REAR]	1050.00	<i>1000</i>
0003 17-01	CHECK ALL LIGHTING [REAR]	50.00	<i>30</i>
0004 20-00	TUFF COAT ON AFFECTED PARTS.	50.00	<i>30</i>
0005 20-20	REMOVE/REFIX RR W/SCREEN TO ASST R/P	120.00	<i>?</i>
0006 20-204	REMOVE/REFIX UPHOLSTERY ASST REPAIR	200.00	<i>60.</i>

REPAIR ESTIMATE

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REGN NO : SHC8676L
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 19.11.2015
DATE/TIME IN : 02.02.2021 17:3
ACCIDENT DATE : 29.01.2021

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0007 20-22	REMOVE/REFIX REVERSE SENSOR	120.00		30.		
0008 L	PANEL BEATING [FRT]	980.00		840		
0009 23-502	SPRAYPAINT ON AFFECTED AREA [FRT]	800.00		750.		
0010 17-01	CHECK ALL LIGHTING [FRT]	50.00		30		
0011 20-00	TUFF COAT ON AFFECTED PARTS.	50.00		30		
0012 L	REMOVE/REFIX AIRCON & REFILL GAS	150.00		100.		
SUB-TOTAL						: 4,920.00

TOTAL : 24,734.59

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

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:

Tanpin 9749849
4/2/20 4pm with
1/5 Resurvey after repair
8 days.

* To check book value of taxi
* To check repair limit

Date/Time: 04.02.2021 11:07 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4058198

JC NO.: 305451726

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

REGN NO:	SHC8676L	MILEAGE
MAKE :	HYUNDAI	FUEL E.....1/2.....F
MODEL	I-40	DATE/TIME IN 02.02.2021 17:31
YR OF MANU.	19.11.2015	TARGET DATE
CHASSIS CODE	KMHLB41UMGU080580	COMPLETION DATE/TIME:

NTUC

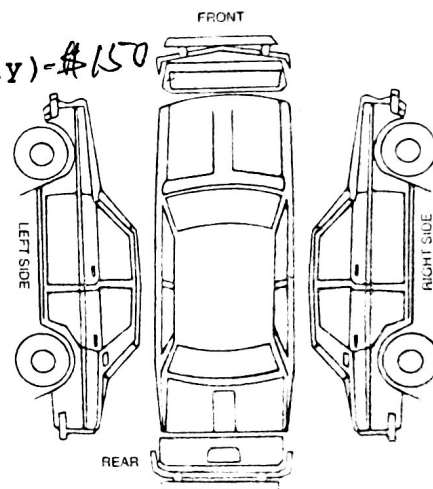
OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 29.01.2021
NATURE: TP/3P 29.01.2021

S/NO LABOR CODE
000010 23-01

DESCRIPTION
TOWING FEE (King Dolly)-\$150



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No: SHC8676L

LKE

Taufik

Vehicle No.

SHC8676L

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

821R

Vehicle Details

Vehicle No.:

SHC8676L

Vehicle to be Exported:

Yes

Intended Deregistration Date:

28 Feb 2021

Vehicle Make:

HYUNDAI

Vehicle Model:

I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Primary Colour:

Blue

Manufacturing Year:

2015

Engine No.:

D4FDFU563965

Chassis No.:

KMHLB41UMGU080580

Maximum Power Output:

100.0 kW (134 bhp)

Open Market Value:

\$20,719.00

Original Registration Date:

19 Nov 2015

First Registration Date:

19 Nov 2015

Transfer Count:

0

Actual ARF Paid:

\$21,007.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

18 Nov 2023

PARF Rebate Amount:

\$14,704.00

Intended COE Rebate Details

COE Expiry Date:

18 Nov 2023

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

8

PQP Paid:

\$45,267.00

COE Rebate Amount:

\$15,371.00

Total Rebate Amount:

\$30,075.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 01 Feb 2021

OK



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: 03/02/2021 Time Received: 1405/1467		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up <u>No Key</u>
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : MR. JANET Contact No. : SAC 8676L 6214 8308 Vehicle No. : K Make / Model / Colour : i-40 Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:
7. Location: 517, Airpore Rd		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:			

10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	<p># : Cracked X : Dented / : Scratched O : Missing</p>
---	--	---

Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> OTHERS Name of Driver : Hei Vehicle No. : GZ8458R Time Dispatch : 1407 Time of Arrival : 1450 Time Completed : 1525		<p># : Cracked X : Dented / : Scratched O : Missing</p>
Signature of Customer		

Cash Invoice Details (if applicable)

13. Cash Invoice No. :

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

03/02/2021

1525

Date

Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY

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	01/02/2021 12:48 (SGT)
Date of Accident	29/01/2021 19:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8676L
-----------------------------	----------

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) +65-81123273
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	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	CHONG NYUK LOONG
NRIC No	SXXXX388D
Date Of Birth	06/07/1955
Occupation	Outdoor

Date Of Driving Pass	05/07/1976
Driving experience	44 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81123273
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 401 HOUGANG AVENUE 10 #06-1170
Address complement	-
Postcode	530401
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	FELICIA
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT (T/20210130/2018)

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SLM4835X
Vehicle Manufacturer	Nissan
Vehicle Model	Qashqai
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKG3657T
Vehicle Manufacturer	Hyundai
Vehicle Model	Elantra
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHONG NYUK LOONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC8676L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 lodging 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) of:
 - (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.

COMFORT TRANSPORTATION SERVICES LTD
CO. REG. NO. 1990042183

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

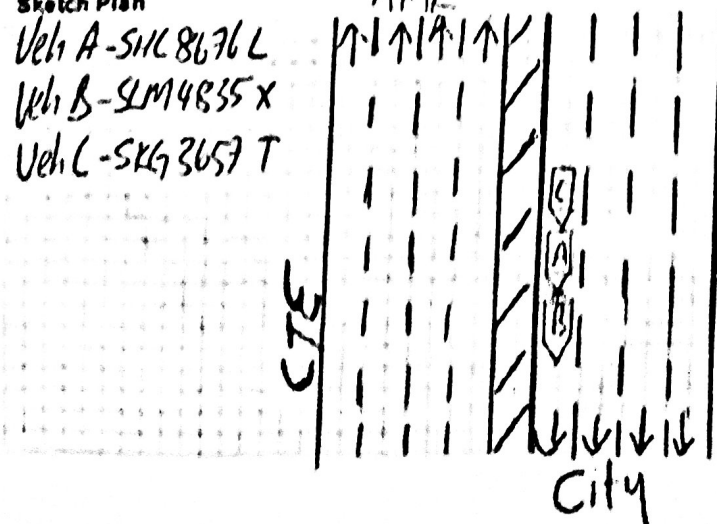
Witnessed by Reporting Centre Personnel

Sketch Plan

Veh A - SHL 8676 L

Veh B - LM 4835 X

Veh C - SKG 3657 T



Describe Circumstances of the Accident

info to take report (if possible/feasible)

Declaration

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 190303621R

Policyholder's Signature / Date & Time

Cheng 30/1/21 @ 10:04am
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210130/2018

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210130/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2021 09:53	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHANG NYUK LOONG			Address: APT BLK 401 HOUGANG AVENUE 10 #06-1170 SINGAPORE 530401		
ID Type / ID No.: NRIC NO / S1212388D			Contact No.: Home/Office: Mobile: 81123273		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 06/07/1955	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: TAXI DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/01/2021 19:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8676L	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		0
SKG3657T	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Silver		0



**SINGAPORE
POLICE FORCE**



T/20210130/2018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20210130/2018

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLM4835X	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Black		0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	CHANG NYUK LOONG			ID No.	S1212388D
Related Vehicle	SHC8676L (Car)			Contact No.	81123273
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/01/2021		Date Discharge	29/01/2021	
No. of Days granted Medical Leave	05		Degree of Injury	NIL	
Driver					
Name	CHUA CHEK NGAK			ID No.	S7046311C
Related Vehicle	SKG3657T (Car)			Contact No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	
Driver					
Name	CHAN LAI MEI			ID No.	S7626422H
Related Vehicle	SLM4835X (Car)			Contact No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	



**SINGAPORE
POLICE FORCE**



T/20210130/2018

3 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210130/2018

CONTINUATION OF REPORT

Brief Details.

ON STATED DATE TIME AND LOCATION

ON 29/01/21 AT ABOUT 7:30 PM, I WAS BEARING A VEHICLE PLATE NUMBER A(SHC8676L) AND THE OTHER TWO PARTY WAS BEARING A VEHICLE PLATE NUMBER B(SLM4835X),C(SKG3657T).I WAS TRAVELLING ALONG CTE GOING TOWARDS TOWN AREA, I WAS DRIVING ON THE 1 LANE, I NOTICE FROM A DISTANCE VEHICLE INFRONT OF ME B(SLM4835X) WAS STOPPING,SO I COMPLETELY STOP,ONE TO TWO SECOND LATER A VEHICLE FROM BEHIND ME HIT ON TO ME C(SKG3657T),THERE WERE DAMAGES ON MY FRONT PART OF MY VEHICLE.AFTER WHICH I WAS CONVEY BY THE AMBULANCE DUE TO OF THE IMPACT AND WAS SENT TO THE HOSPITAL, THEREFORE I AM MAKING A POLICE REPORT.THATS ALL



SINGAPORE
POLICE FORCE



11292401202015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4.1.1

Report No: 11292401202015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
SC MUHAMMAD SHAFFIY BIN ROSLAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No: 65476201

Authentication Stamp
NP 158

Signature Of Informant:

Chen
Date/Time:
30/01/2021 09:53

Classification Of Case:



SINGAPORE
POLICE FORCE

