THEF: INC	
ASS. REC. BY: Taut Wh	CNIMENT
ASSI	GNMENT 2011 A
From: Date:	Veh No: SH 3372X Yr Regn: 2461 April.
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD (PP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Myunda 140 c.c /685.
at Workshop m/s	Colour Rive A/C: Insured / Std / NI / NA
of	Sp.Reading 88544/ T/Radio: Insured / Std / NI / NA
insured:	Eng/No:
Policy No.	CINO: KM HLB41414 408 7788
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 / S/R/m / STD A/Rim or
	Tyre Size: F: 25/60KL6
(Policy Condition)	
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	hankook
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. C mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6. mm L/Bal. 6 mm
Est. Repairs:days Res.: Yes or No	D.O.A. D.O.I. 5/7/7/
Lum Sum: % 3 Val.: Yes or No	Survey held at Comfut Cogen
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C URooftop or
Date: Person Contacted: Vehicle: IN / OU	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	- The off of diagnoticality and a second a second and a second a second and a second a second and a second and a second a second and a second a seco
Date / Hitle Action / Historia (1	
00001/ 04000 0 1	
COR I/s \$1200 , 2 days.	
RED:786.93;39%	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 2
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fo	
C	: Interview (\$) Photos
Reperior Format :	: Tech. Invs (\$) Others
Lump Sum / LBJ: (%)	: Weel and (\$

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 05.02.2 Time: 13:28:53

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 **REGN NO** 305452238

MILEAGE

SHC3372X 0000000000

MAKE

HYUNDAI

MODEL

I-40

DATE OF REGN DATE/TIME IN

21.04.2016

04.02.2021 16:55

ACCIDENT DATE

04.02.2021

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

0002 04-01-0101-0111-G BUMPER COVER CLIP REAR

10 L 22.00 20.00

17.60 not

0003 04-01-0103-0738-G COVER-RR BUMPER LWR#

1 L 228.00 20.00 182.40 PX

0004 09-01-9999-0068-A REVERSE SENSOR ASSY*

1 N 135.70 10.00 122.13

0005 04-01-0103-1150-A PROTECTOR MAT

1 N 50.00 1.00- 50.00 Nel

SUB-TOTAL : 1,256.93

JOB NATURE

0000 L

PANEL BEATING

350.00 280

0001 23-502

SPRAYPAINT ON AFFECTED AREA

300.00

0002 20-22

REMOVE/REFIX REVERSE SENSOR

80.00 50

SUB-TOTAL:

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:



ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops 206 Braddeli Road Singapore 579701 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717

Date/Time: 05.02.2021 12:23 Page: 1

Team:

ARC Repair TP(CLSO)1

JOB CARD

JC NO.: 305452238

FOMER

Sales Order:

COMFORT TRANSPORTATION PTE LTD

7010045

TOMER NO. 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755 (R)

(P)

OUNT CARD NO.

REGN NO.: SHC3372X MILEAGE FUEL MAKE HYUNDAI E.....1/2.. 04.02.2021 16:55 MODEL I-40 YR OF MANU. 21.04.2016 TARGET DATE CHASSIS

KMHLB41UMGU087798

COMPLETION DATE/TIME:

JOB DESCRIPTION

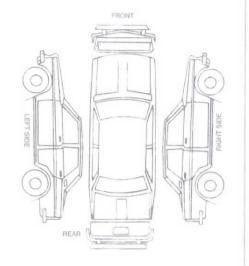
Accident Date: 04.02.2021

NATURE: 3P 04.02.2021

S/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:		
SERVICE ADVISO	DR .	CUSTOMER'S SIGNATURE
ledgement Slip	Exit Pass	
No.: SHC3372X	LKE COUTE & Vehicle No.:	SHC3372X

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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 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

05/02/2021 09:50 (SGT) 04/02/2021 10:15 (SGT) AYE, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC3372X

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No Email Address Mobile Phone No

Alternative Phone No

Yes

COMFORT TRANSPORTATION PTE LTD

1XXXXXX21R

fleetsafety@cdgtaxi.com.sg (Phone) +65-65508768 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Hyundai

140

Private hire

No - Claiming third party

Taxi

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number Axa

ThirdPartyFireTheft

Yes

VFX/P2419138

DRIVER

Name of Driver NRIC No Date Of Birth

Occupation

TAN BENG GUAN SXXXX407G 20/04/1975 Outdoor



Accident report SC1I21250006

Page 1 of 23

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

27/02/2003 18 YEARS

Male (Phone) +65-96445611

fleetsafety@cdgtaxi.com.sg

BLK 268B BOON LAY DRIVE #04-568 642268

No Other

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear

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 person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender No 2

Yes No

Yes 2

No

Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No Alt. Police Station Phone No.

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Tampines Neighbourhood Police Centre

(Phone) +65-18005871999 (Fax) +65-65871699

6 Tampines Ave 4 Singapore 529682

No

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO ATTACHED

POLICE REPORT: T/20210204/2071

ATTACHMENT(S)

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

Was there any audio recorded?

Yes Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

GBB769G Mitsubishi

Vehicle Model

Accident report SC1I21250006

Page 2 of 23

Vehicle Variant

Vehicle Colour

Vehicle Category Commercial vehicle

Name of Driver
Contact Number
Address
Address complement
Postcode

Insurance Company Name NTUC

Nature Of Damage VERY SLIGHT

Details of property damaged in accident FRT

No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person TAN BENG GUAN

Address -

Address Complement -

Post Code

Approximate Age Years Old 45

Injuries Sustained NECK, SHOULDER, BACK AND HAND PAIN, ON 5 DAYS MC.

Injured person in which vehicle? SHC3372X

Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of materi facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy flability on the part of th 4 insurance companies.
- Any false reporting may be referred to the Police for investigation
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance 6 Association of Singapere (GIA) for archiving and that copies of this report will for a fee be made available upon application b interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies o the report being made available aforesaid.
- 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 setout 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 my be sited outlisde 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 ourt 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

Reporting Centre Personnel's Signature Name:

NRIC/Fin No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
le per tolle Report (2)
7/2021 0204/2071

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:

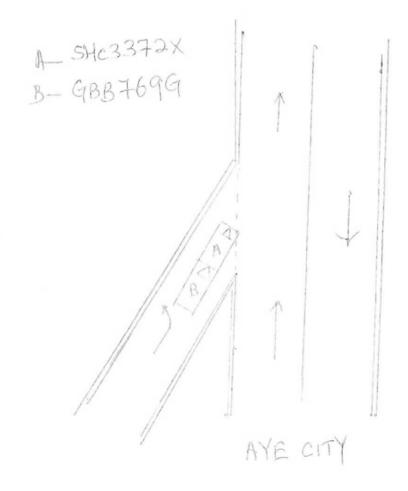
Driver's Signature

(if driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: Olivia Wendy

NRIC/Fin No.:

0 A FEB 2021







Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

1 of 3 Report No. T/20210204/2071

REPORT	OF A TRAFF	IC ACCIDENT				
Date/Time Report Made: 04/02/2021 16:05			Vide Report No.: Station Dia			
	ant's Partic					
TAN BE	of Informant ENG GUAN I / ID No.: O / S75184		Address: APT BLK 268B BOON LAY [642268 Contact No.: Home/Office:	DRIVE #04-568 SINGAPORE Mobile: 96445611		
Nationa SINGAR	lity: PORE CITIZ	EN	Email:			
Sex: Male	Age: 45	Date of Birth: 20/04/1975	Type of Informant:			
Race: Chinese			Language: Institution / School Name.			
Occupation: Taxi driver			Driving Licence Information:	Data of Suning		

Type of Accident:	Non-Injury Others			Type of Location	
AYER RAJAH	EXPRESSWAY	Dood O. do			
Clear		Road Surface: Dry	F	Road Speed Limit:	
Traffic Flow:		Traffic Control:	T	Traffic Volume: Moderate	
One Way Type of Collisi	_				

Vehicle No.	Туре	Make	Model	Color	Candition	N (D
GBB769G	Car		MOGEL	COIDI	Condition	No of Passenger
200,000	Cai				Slightly	0
SHC3372X	Car				Damaged	
	Jai				Slightly	1
					Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
	oroganig. 14/





Police Station Of Origin: Tampines N.P.C

Report No. T/20210204/20.

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver	Section 1	plant of the	51	WATER OF	STEEL ST	Property of the last
Name	TAN BENG GUAN		ID No	١.	S7518407G	
Related Vehicle	SHC3372X (Car)			Conta	ct No.	96445611
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class Drivin Licene Expiry	g	Class; NIL Date of Expiry: NIL	
Date Treatment	04/02/2021 Date Disc		charge	NIL		
No. of Days gran	ted Medical Leave	05	Degree o		Slight	

Brief Details.

On 04/02/2021 at about 1015hrs, I was driving along Clementi Ave 6 to AYE CITY. While I was slowing down my car to a stop to enter the main road, a car bearing plate number GBB769G collided onto the rear right side of my car from behind. The front side of the vehicle collided onto the rear side of my taxi causing my right bumper to crack open. There were scratches, taxi bumper was loosen and the paint on the car were off abit. I had obtained a 5 days mc as I suffered strain neck, back body and shoulder.





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

3 of 3 Report No. T/20210204/2071

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 Informant:
Date/Time:
04/02/2021 16:05
Classification Of Case:











