

ASS. REC. BY: Taufikh

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. 5115651383-01 (17/10/20-01/10/21)
 Claims No. MT/1123076-002
 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
X	X

Bal. or Market Value: _____
 IDAC Accident Rport: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lurn Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: Lim KE Vehicle: IN / OUT

Veh No: SH 8906S Yr Regn: 20/11 Dec
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai 190 c.c 1685
 Colour Blue A/C: Insured / Std / NI / NA
 Sp. Reading 541346 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHCB41UMH4092249
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / 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 WSP/Blue
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 5/2/21
 Survey held at Comfort Lodge
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
06/03/21	Taufikh finalised with Mr Lim LS \$1350, 2 days. (Red \$676.93, 33%)

Date/Time, File Pass to? : Preli. Report
 1) 27/05 Typist : Final Report
 Date/Time, File Return to? _____
 2) _____
 Rep. Format : TP
 Lump Sum / Fee: 1350
 Days Of Repair: 2
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)
 Survey Fee: _____
 Transportation: _____
 S + RS. \$I _____
 Photos _____
 Others _____
 TOTAL _____

Lice NTUC

COMFORTDELGRO ENGINEERING PTE LTD

Date: 05.02.2021

Time: 11:54:56

REPAIR ESTIMATE

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 : 305452236
REGN NO : SH 8906S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 22.12.2016
DATE/TIME IN : 04.02.2021 10:50
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	dl
0002	04-01-0101-0111-G	BUMPER COVER CLIP REAR	10	L	22.00	20.00	17.60	ner
0003	04-01-0103-0738-G	COVER-RR BUMPER LWR#	1	L	228.00	20.00	182.40	dl
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	ner
								SUB-TOTAL : 1,256.93

JOB NATURE

0000	L	PANEL BEATING			350.00			250
0001	23-502	SPRAYPAINT ON AFFECTED AREA			300.00			250
0002	20-22	REMOVE/REFIX REVERSE SENSOR			120.00			30
								SUB-TOTAL : 770.00

Tanpin 97495749
-wp' 5/2/21 @ 330
2 days L/S Resurvey after repair
tanpin@lkkauto.com

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:

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305452236

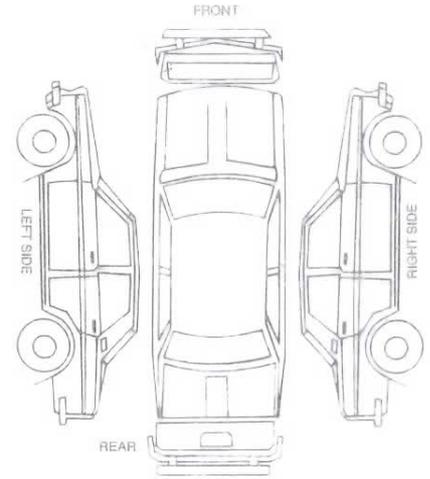
TOMER AS TOMER NO. RESS (R) (P) QUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO: SH 8906S	MILEAGE
		MAKE: HYUNDAI	FUEL E.....1/2.....F
		MODEL I-40	DATE/TIME IN 04.02.2021 10:50
		YR OF MANU. 22.12.2016	TARGET DATE
		CHASSIS CODE KMHLB41UMHU097249	COMPLETION DATE/TIME:

NTUC

JOB DESCRIPTION

Accident Date: 04.02.2021
NATURE: 3P 04.02.2021

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: **SH 8906S**

LKE

Vehicle No.:

SH 8906S

Kaufikh

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	04/02/2021 17:11 (SGT)
Date of Accident	04/02/2021 08:00 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8906S
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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) +65-98531499
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	LIM YANG TECK
NRIC No	SXXXX158J
Date Of Birth	24/04/1966
Occupation	Outdoor

Date Of Driving Pass	29/12/1988
Driving experience	32 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98531499
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 228B COMPASSVALE WALK #08-322
Address complement	-
Postcode	542228
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT (T/20210204/2010)

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 1

Vehicle Registration Number	FV2790C
Vehicle Manufacturer	Yamaha
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUHAMMAD SULAIMAN BIN HANAFI
NRIC No	TXXXX097E
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	MUHAMMAD SULAIMAN BIN HANAFI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	20
Injuries Sustained	INJURIES ON LEFT LEG
Injured person in which vehicle?	FV2790C
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 Authorised 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Handwritten Signature] 4/2/21
[Handwritten Signature]

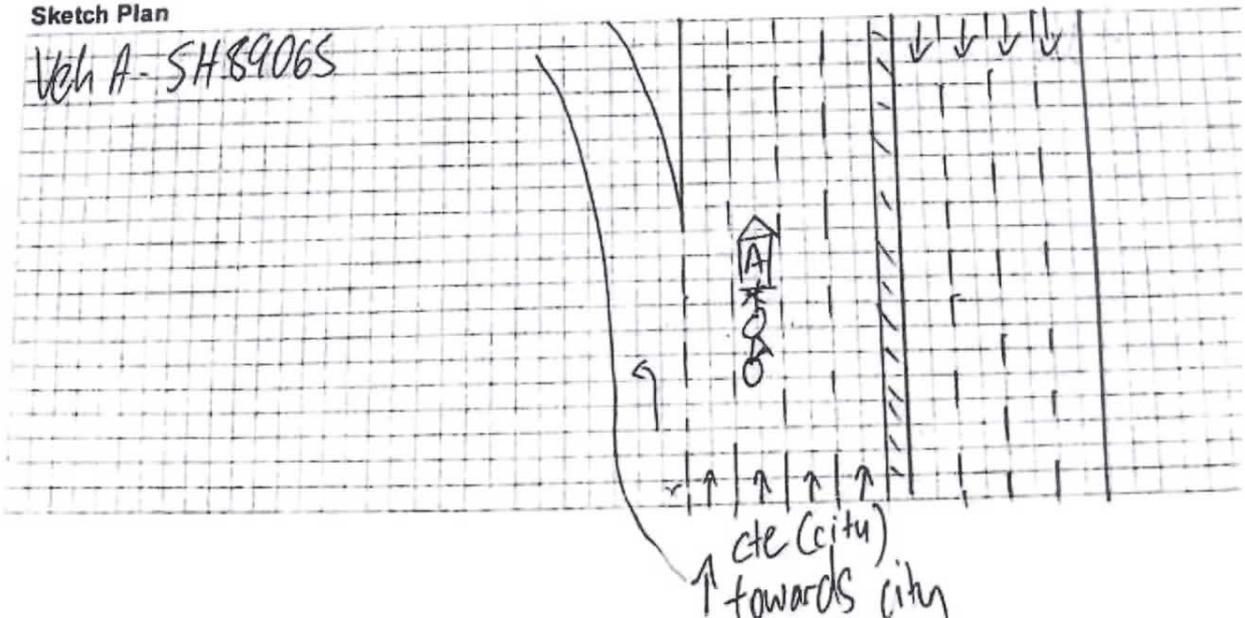
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Veh A - SH8906S



Describe Circumstances of the Accident

Refer to Police report (T/20210204/2010)

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

L *12.35pm*

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

[Signature] *4/2/21*

Witnessed by Reporting Centre Personnel



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2021 09:57		Vide Report No.: E/20210204/0043		Station Diary No.: 21	
Informant's Particulars					
Name of Informant: LIM YANG TECK			Address: APT BLK 228B COMPASSVALE WALK #08-322 SINGAPORE 542228		
ID Type / ID No.: NRIC NO / S1762158J			Contact No.: Home/Office: Mobile: 98531499		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 24/04/1966	Type of Informant: Driver		
Race: Chinese		Language: Mandarin		Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3,4,5		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/02/2021 08:00	Type of Location: Expressway
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FV2790C	Motorcycle	YAMAHA		Blue		0
SH8906S	Taxi	HYUNDAI		Blue	Slightly Damaged	1

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



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20210204/2010

CONTINUATION OF REPORT

Rider			
Name	SULAIMAN BIN HANAFI	ID No.	T0115097E
Related Vehicle	FV2790C (Motorcycle)	Contact No.	88919323
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	Serious
Driver			
Name	LIM YANG TECK	ID No.	S1762158J
Related Vehicle	SH8906S (Taxi)	Contact No.	98531499
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/02/2021 at about 0800hrs, I was driving my taxi (Reg no: SH8906S) with a passenger along CTE(AYE) heading to Marriott Hotel. I was travelling on the 2nd lane and while I was somewhere before the slip road to PIE(Tuas), I signaled left with the intention to filter into the 3rd lane. I had checked my side mirror and also checked my blink spot to make sure that it was safe to filter in. After making sure that the traffic was clear, I then filter into the 3rd lane; however, after doing so, I felt that something had collided into the rear of my taxi.

I immediately stopped and made a check and discovered that a motorcycle (Reg no: FV2790C) had collided into the rear of my taxi. The rider of the said motorcycle was injured due to the accident and from what I understand, he had sustained injuries on his left leg. He was subsequently conveyed to hospital by the ambulance. As much as I know, my passenger and I did not sustain any injuries.

I wish to also inform that my vehicle had sustained dents at the rear bumper area. Traffic Police had attended to me and had taken the SD Card from in-vehicle camera. That is all.

