

ASS. REC. BY: TaufikhREF: JM1

CS/TM121002164/T1qd3

## 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. ML000124Claims No. M2100789

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

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ 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 TS

Vehicle: IN / OUT

Veh No: SHP4545C Yr Regn: 2019, Dec.  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Ioniq c.c. 1580Colour Blue A/C: Insured / Std / NI / NASp. Reading 67589 T/Radio: Insured / Std / NI / NAEng/No: KMPC85/CV L4190360

C/No: \_\_\_\_\_

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 195/65/15R: 195/65/15BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Wishbone

Front

R/Bal. 6 mmL/Bal. 6 mm

D.O.A. \_\_\_\_\_

Survey held at Comfit Legung

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 15/2/20

Date / Time | Action / Instruction

19/02/21 @ 5.34pm revised to Telma Gomez via Merimen.

05/03/21 Taufikh finalised with Mr Lim final fig \$882.28, 2 days (Red \$898.16, 50%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Report Format:

MER-TP

Lump Sum / I.B.B. (7) 882.28Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

Date: 15.02.2021

REPAIR ESTIMATE

Time: 15:42:17

Page: 1

Toto Marine C/P  
LKK-

TS

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

JOB NO : 305453444  
 REGN NO : SHD4545C  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : IONIQ(G3)  
 DATE OF REGN : 19.12.2019  
 DATE/TIME IN : 15.02.2021 10:20  
 ACCIDENT DATE : 11.02.2021

Tyre: Michelin 195/65R15

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0104-0573-G	FRT FENDER RH	1	588.80	20.00	471.04	R7
0002 04-01-0104-3813-G	FRT FENDER BLUE DRIVE RH	1	26.60	20.00	21.28	net
0003 03-01-0104-2137-G	FRT WHEEL CAP RH	1	346.40	20.00	277.12	x old damage

SUB-TOTAL : 769.44

## JOB NATURE

0000 L	TP MERIMEN	11.00	✓
0001 PB	PANEL BEATING	400.00	350
0002 SP	SPRAYPAINT-Frt Bumper Etc	600.00	500

SUB-TOTAL : 1,011.00

TOTAL : 1,780.44

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
 DATE :

SURVEYOR NAME & SIGNATURE  
 DATE :

Tanpin 92495787  
 NP 15/2/21 C/P  
 P/P Resurvey after repair  
 2 days  
 Tanpin@phlauto.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

4. ... by Repairer

Date/Time: 15.02.2021 15:29

Page : 1

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305453444

COMFORT TRANSPORTATION PTE LTD  
7010045  
83 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
5508755 (O)

REGN NO. SHD4545C	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 15.02.2021 10:20
YR OF MANU. 19.12.2019	TARGET DATE
CHASSIS CODE KMH851CVLU190360	COMPLETION DATE/TIME

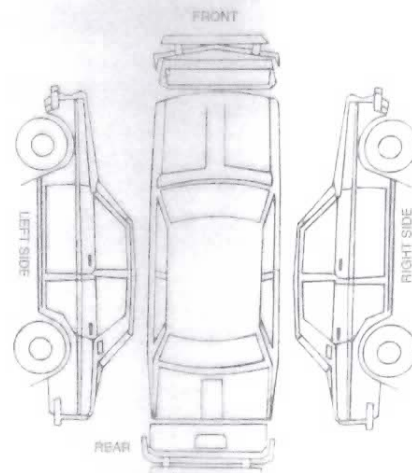
CAR ID NO.

Ident Date: 11.02.2021  
IRE : 3P 11.02.2021

JOB DESCRIPTION

LABOR CODE

DESCRIPTION



PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ment Slip

Exit Pass

SHD4545C

LIMITS

Vehicle No.:

SHD4545C

Service Advisor

Signature/Date

Name of Service Advisor

Date

to Service Department as follows:

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	15/02/2021 14:17 (SGT)
Date of Accident	11/02/2021 11:10 (SGT)
Exact Location of Accident	Selegie Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4545C
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	XXXXXXX21R
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	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

#### DRIVER

Name of Driver	CHUA QWEE TECK
NRIC No	SXXXX838I
Date Of Birth	23/12/1946
Occupation	Outdoor

Date Of Driving Pass	16/01/1980
Driving experience	41 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98263502
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 148 BUKIT BATOK WEST AVENUE 6
Address complement	#11-321
Postcode	650148
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Side Swipe
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?	No
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	-
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO ATTACHED  
POLICE REPORT: T/20210212/2017

#### 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 1

Vehicle Registration Number	SLP4936Y
Vehicle Manufacturer	Mazda
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Tokio Marine
Nature Of Damage	NOT SURE
Details of property damaged in accident	LEFT FRT
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	CHUA QWEE TECK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	74
Injuries Sustained	NECK BACK PAIN
Injured person in which vehicle?	SHD4545C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**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 to 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:

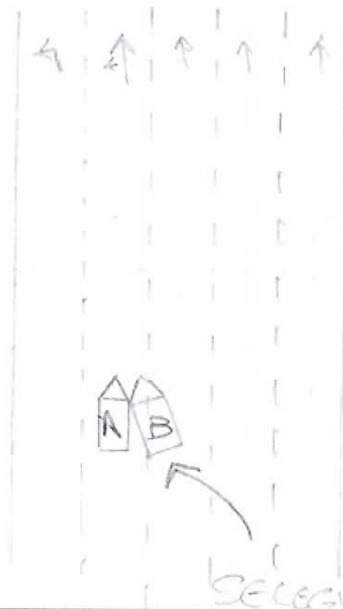
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

A = SHD 4545C

B = SLP 4936Y  
(MAZDA)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report

① T1 2001 02 12 12017

DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
LIC. NO. 100303021R

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Olivia Wendi  
NRIC/Fin No.: 15 FEB 2021



**SINGAPORE  
POLICE FORCE**



T/20210212/2017

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

SLP 49364  
GRAD

1 of 3

Report No. T/20210212/2017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/02/2021 10:11	Vide Report No.:	Station Diary No.: 13
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**Informant's Particulars**

Name of Informant: CHUA QWEE TECK			Address: APT BLK 148 BUKIT BATOK WEST AVE 6 #11-321 SINGAPORE 650148	
ID Type / ID No.: NRIC NO / S1081838I			Contact No.: Home/Office: Mobile: 98263502	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 74	Date of Birth: 23/12/1946	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: TAXI DRIVER.			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/02/2021 11:10	Type of Location: towards tekka market
Location:  SELEGIE ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4545C	Car	HYUNDAI	ionic	Blue	Slightly Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210212/2017

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20210212/2017

## CONTINUATION OF REPORT

Driver			
Name	CHUA QWEE TECK	ID No.	S1081838I
Related Vehicle	SHD4545C (Car)	Contact No.	98263502
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 11/2/2021 at about 11.10am, I was driving in vehicle SHD4545C along Selegie road towards tekka market. I was travelling along the middle lane. As such, my passenger informed me to make a left turn to bukit timah road. Suddenly there was a black in color vehicle on my right make a left turn and collided on to the right of my car and the vehicle subsequently ran away. The vehicle did not stop and subsequently left.

My passengers do not have any injuries. I have a slight pain on my neck and back due to the collision however I have yet to seek medical treatment. I have a video recording on the collision however its in my camera.

My witness is my passenger is Mr toh , etc : 96892723.



**SINGAPORE  
POLICE FORCE**



T/20210212/2017

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20210212/2017

## 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:

G /

Sgt 2 MUHAMMAD FAIZ BIN MUHAMMAD  
FAIZAL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

12/02/2021 10:11

Classification Of Case: