

ASS. REC. BY: Taufikh

REF:

NS/INC21002252/T1qf3

## 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. 5120903929 (04/02/21-03/02-22)  
Claims No. MT/1123821-001  
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 Rpt: \_\_\_\_\_ 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 WP  
Vehicle: IN / OUT  
Date: \_\_\_\_\_ Person Contacted: Lim TS

Veh No: SHD31964 Yr Regn: 2961 Jly  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
Make: Hyundai 140 c.c. 1685  
Colour: Blue A/C: Insured / Std / NI / NA  
Sp. Reading: 650537 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: 10M HLB 414 MG 409/851  
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: 205/60R16  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
**WEST LAKE**  
TOYO / YOKO or \_\_\_\_\_  
Front \_\_\_\_\_ Rear \_\_\_\_\_  
R/Bal. 6 mm R/Bal. 6 mm  
L/Bal. 6 mm L/Bal. 6 mm  
D.O.A. \_\_\_\_\_ D.O.I. 16/2/21  
Survey held at Conquest Wagon  
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 \$2400, 2 days (Red \$1466.62, 38%)

Date/Time, File Pass to? ☐ : Preli. Report1) 10/03 Typist ☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Rep. Format: TPLump Sum 2400Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

Date: 16.02.2021

REPAIR ESTIMATE

Time: 08:34:44

Page: 1

NTUC-4S  
LKK-Taufiqh.

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

JOB NO : 305453479  
REGN NO : SHD3196H  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 08.07.2016  
DATE/TIME IN : 15.02.2021 14:30  
ACCIDENT DATE : 12.02.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0595-G	REAR DOOR RH	1	2,201.10	20.00	1,760.88	by ✓
0002 04-01-0103-0810-G	ROCKER PANEL GARNISH RH	1	732.80	20.00	586.24	Ry ✓
0003 28-01-0103-0003-A	Frt Door ComfortDelGro RH	1	75.00	10.00	67.50	neu ✓
0004 28-01-9999-2023-A	Rear Door APPS RH	1	80.00	10.00	72.00	neu ✓

SUB-TOTAL : 2,486.62

## JOB NATURE

0000 PB	PANEL BEATING	300.00	280
0001 SP	SPRAYPAINT-Frt Door RH Etc	900.00	750
0002 20-00	TUFF COAT ON AFFECTED PARTS.	60.00	30
0003 L	TRANSFER OF DOOR	120.00	60

SUB-TOTAL : 1,380.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 16.02.2021

REPAIR ESTIMATE

Time: 08:34:44

Page: 2

NTUC-LS  
LKK-Taufikh.

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

JOB NO : 305453479  
REGN NO : SHD3196H  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 08.07.2016  
DATE/TIME IN : 15.02.2021 14:30  
ACCIDENT DATE : 12.02.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,866.62

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME & SIGNATURE  
DATE :

Taufikh 97415749  
WP 16/2/21 24pm  
LB Resurvey after repair  
2 days  
Taufikh Chhantaw

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:

Date/Time: 16.02.2021 08:23

Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO.:305453479

OWNER IS OWNER NO ADDRESS (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO: SHD3196H	MILEAGE
		MAKE: HYUNDAI	FUEL E.....1/2.....F
		MODEL I-40	DATE/TIME IN 15.02.2021 14:30
		YR OF MANU 08.07.2016	TARGET DATE
		CHASSIS CODE KMHLB41UMGU091851	COMPLETION DATE/TIME:

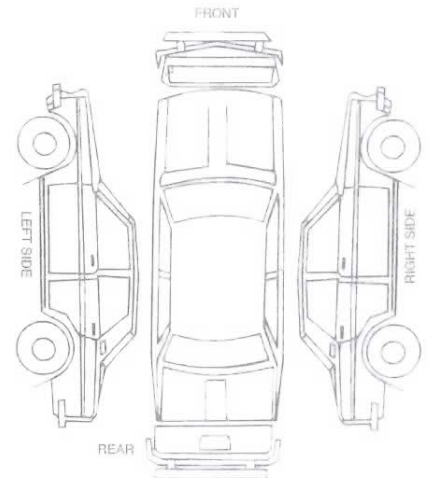
DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 12.02.2021

ATURE: 3P 12.02.2021/C

/NO LABOR CODE DESCRIPTION



MARKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist Slip

Exit Pass

No.: SHD3196H

LIMITS

Vehicle No.:

SHD3196H

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	14/02/2021 00:40 (SGT)
Date of Accident	12/02/2021 15:05 (SGT)
Exact Location of Accident	203 Choa Chu Kang Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3196H
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) +65-97492144
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	SANUSI BIN OSMAN
NRIC No	SXXXX137G
Date Of Birth	23/06/1974
Occupation	Outdoor

Date Of Driving Pass	28/05/2007
Driving experience	13 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97492144
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 541 WOODLANDS DRIVE 16 #07-71
Address complement	-
Postcode	730541
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 - Major/Minor Rd
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 12/2/21 AT ABOUT 1505HRS, I WAS DRIVING VEHICLE A (SHD3196H) ALONG BLOCK 203 CCK CENTRAL SERVICE RD TO PARK. WHEN I WAS ABOUT TO TURN RIGHT AT THE JUNCTION, VEHICLE B (SKA1466Y) FROM RIGHT HIT ONTO MY RIGHT SIDE PASSENGER DOOR EVEN THOUGH I TRIED TO AVOID CONTACT. MY VEHICLE'S RIGHT SIDE PASSENGER DOOR DAMAGED. EXCHANGED PARTICULARS. NO INJURY.

#### 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	SKA1466Y
Vehicle Manufacturer	Honda
Vehicle Model	Fit
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	VIERRA ANTONIO EMMANUEL
NRIC No	SXXXX502G
Contact Number	(Phone) +65-83320665
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

# 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 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 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' 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 PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature / Date & Time

Sketch Plan

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

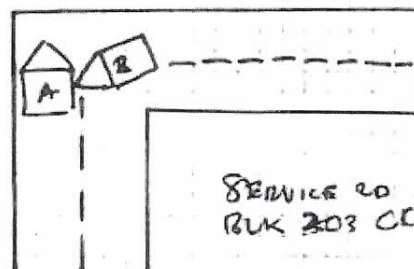
13/2/21 / 1130 Hrs

Witnessed by Reporting Centre Personnel

Braun

A SHD 3196H

B SEA 1466Y





Describe Circumstances of the Accident

ON 12/2/21 AT ABOUT 1:00 PM, I WAS DRIVING VEHICLE (SHD 31964) ALONG BLK 203 CLK CENTRAL SERVICE RD TO PARK WHEN I WAS ABOUT TO TURN RIGHT AT THE JUNCTION. VEHICLE B (SKM 14664) FROM RIGHT HIT AND MY RIGHT SIDE PASSENGER DOOR. EVEN THOUGH I TRIED TO AVOID CONTACT. MY VEHICLE RIGHT SIDE PASSENGER DOOR DAMAGED. EXCHANGED PARTICULARS. NO INJURY.

Declaration

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

Witnessed by Reporting Centre Personnel

13/2/21 / 11:30 AM

Romy