

ASS. FEE BY:

Taylors

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.

Claims No. MT/1128773-002

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

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

Vehicle: IN / OUT

Date: Person Contacted:

LMTS

Veh No: SH6149L Yr Regn: 2017 Dec.  
Type: M.Cár / 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

321616

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

Km HLB41 Km H40 98577

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

Weyhake

Front

Rear

R/Bal.

6

mm

R/Bal.

0

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

20/4/21

Survey held at

LMTS

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

COR I/s \$3550, 3 days.

red:3585.90;50%

7135.90

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Report Form:

Lump Sum / LMTS

3550

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Misc. (\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

Other:

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

Date: 20.04.2021

REPAIR ESTIMATE

Time: 12:08:35

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 : 305464619  
 REGN NO : SH 6144L  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 13.12.2017  
 DATE/TIME IN : 19.04.2021 12:55  
 ACCIDENT DATE : 17.04.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	28-01-0103-0003-A	Frt Door ComfortDelGro LH	1	75.00 10.00 67.50
0002	28-01-9999-2023-A	Rear Door APPS LH	1	80.00 10.00 72.00
0003	04-01-0103-0593-G	FRT DOOR LH	1	2,256.40 20.00 1,805.12
0004	04-01-0103-0596-G	REAR DOOR LH	1	2,201.10 20.00 1,760.88
0005	04-01-0103-0574-A	FRT FENDER LH	1	663.00 20.00 530.40

SUB-TOTAL : 4,235.90

## JOB NATURE

0000	PB	PANEL BEATING-Rear Fenders LHetc	400.00
0001	SP	SPRAYPAINT-Both Bumpers etc	2100.00
0002	20-00	TUFF COAT ON-AFFECTED PARTS.	160.00
0003	L	TRANSFER OF DOORS	240.00

SUB-TOTAL : 2,900.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 20.04.2021

REPAIR ESTIMATE

HTUC-45

Time: 12:08:35

Page: 2

LKK-

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

JOB NO : 305464619  
REGN NO : SH 6144L  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 13.12.2017  
DATE/TIME IN : 19.04.2021 12:55  
ACCIDENT DATE : 17.04.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 7,135.90

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Tamplin 77475749  
'WP' 20/4/21 @ Spr  
c/s Resurvey after impact  
Tamplin @ lkk auto.com  
3 days

**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: 20.04.2021 11:45

Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD**

Sales Order:

JC NO.: 305464619

Customer: COMFORT TRANSPORTATION PTE LTD  
Customer NO. 7010045  
Address: 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)  
(P)

Customer CARD NO.

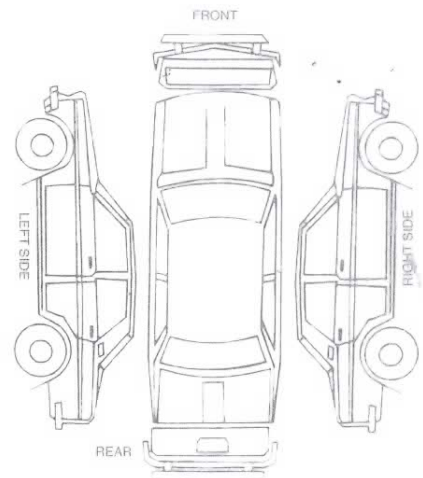
REGN NO.: <b>SH 6144L</b>	MILEAGE
MAKE : <b>HYUNDAI</b>	FUEL E.....1/2.....F
MODEL <b>I-40</b>	DATE/TIME IN <b>19.04.2021 12:55</b>
YR OF MANU. <b>13.12.2017</b>	TARGET DATE
CHASSIS CODE <b>KMHLB41UMHU098577</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 17.04.2021  
Nature: 3P 17.04.2021/C

/NO LABOR CODE

DESCRIPTION



Handed & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Handed to Service Reception upon collection

Exit Pass

Vehicle No.: SH 6144L LIMITS

Vehicle No.: SH 6144L

Service Advisor

Signature/Date

Name of Service Advisor

Date

Handed 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	20/04/2021 10:26 (SGT)
Date of Accident	17/04/2021 14:25 (SGT)
Exact Location of Accident	Ave 2 outside Khatib Mrt Stn, Khatib, Singapore
Additional Location Information	KHATIB MRT TOWARDS YISHUN RING ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6144L
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) +65-86867126
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
Transmission	Auto
CC	1598

## INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

## DRIVER

Name of Driver	CHEAN NGAK MENG
NRIC No	SXXXX132A

Date Of Birth	04/07/1956
Occupation	Outdoor
Date Of Driving Pass	08/08/1975
Driving experience	45 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86867126
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 221 TAMPINES STREET 24 #05-68
Address complement	-
Postcode	521221
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

#### 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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Female

#### PASSENGER 2

Name	UNKNOWN
Gender	Female

#### PASSENGER 3

Name	UNKNOWN
Gender	Male

#### PASSENGER 4

Name	UNKNOWN
Gender	Female

#### 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

I WAS TRAVELLING ALONG KHATIB TURNING TO YISHUN RING. AFTER FILTER TO 3RD LANE FROM 2ND LANE SUDDENLY VEHICLE B MOVING FROM STATIONAR AT THE PICK UP POINT IN FRONT OF KHATIB MRT AND COLLIDED WITH MY TAXI. TAXI DAMAGED FROM FRONT TO REAR LEFT SIDE. NO INJURIES.

#### ATTACHMENT(S)

Are accident photos available for attachment?  
Was there any video captured by Car Camera?  
Reasons for not uploading a video of the accident  
Was there any audio recorded?

Yes  
Yes  
SD CARD WITH WORKSHOP  
No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW7900S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



**SKETCH PLAN****IMPORTANT NOTICE**

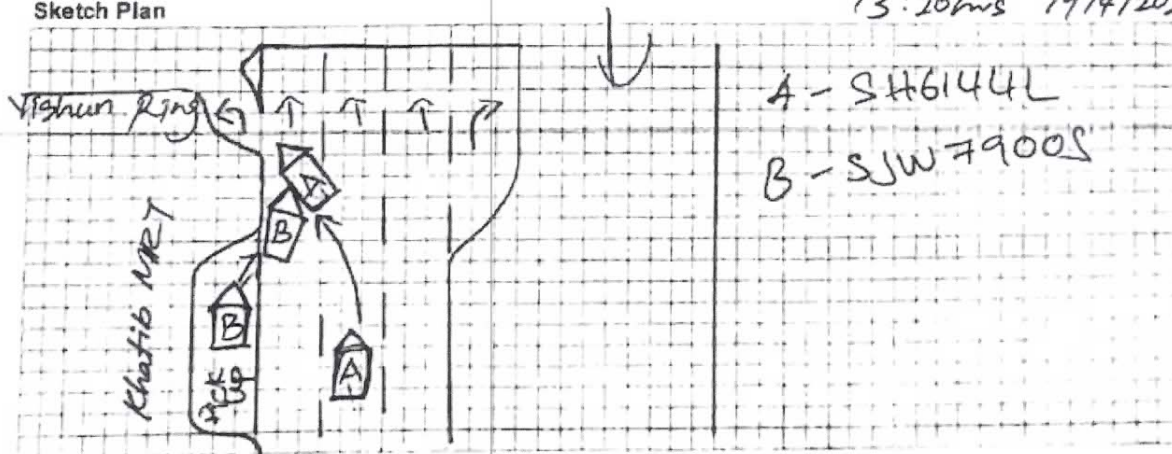
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
 Od Hashim  
 13:20hrs 19/4/2021

Sketch Plan





## Describe Circumstances of the Accident

I was travelling along Khafib turning to Yishun Ring. After filter to 3rd lane from 2nd lane suddenly vehicle B moving from stationary at the pick up point in front Khafib MRT and collided with my taxi. Taxi damaged from front to rear left side. No injuries.

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

19/4/21 13:20hrs