

ASS. REC. BY: thevau

REF: Ntuc

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. _____

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: 4 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) _____
Date/Time, File Return to?

2) _____

Report Format :

Lump Sum / I.B.I: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

Veh No: SHC8534M

Yr Regn: 5/11/15

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai

Colour: blue

Sp. Reading: 596988

Eng/No: _____

C/No: KMHCBU1um64080405

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 206/60R16

R: 206/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Westlane

Front

R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 7/6/12

Survey held at CDBE

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

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

Our JWS Ref No : 3055-18852
Date : 14.06.2022

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
30 Loyang Drive Singapore 508585
Fax: 6546 8758

FINALIZATION FORM

To : LXX

Attn : THEVAN

Vehicle Reg No : 9H08534V

Date of Accident : 07.06.2022

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC GBK4139B
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges (include advertisement stickers etc, if any)

Total for Part-By-Part Repair Cost

 - (c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20% \$3,900.00

Final Lumpsum Repair cost \$3,900.00
3. Estimated normal period for repairs: 4 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance. We confirm the estimates and finalized amount

Signature : LIM T S

Name : LIM T S

Tel : 62148398

Fax : 65468158

Signature : THEVAN

Name : THEVAN

Date : _____

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees		-		
4. LTA Secon. Fee	\$7.49 /\$2.00	Y		
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Effective Date: 1 Nov 2020

DATE: 08.06.2022

MODEL: Hyundai i40

INSURANCE: NTUC (45)

VEHICLE NO.: SHC8534M

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper	1		\$ 553.00
	Rear Bumper Under Cover	1		\$ 228.00
	Rear Bumper Side Bracket RH / LH	2	\$ 80.30	\$ 160.60
	Rear Bumper Clips	10	\$ 2.20	\$ 22.00
	Rear Wheel Cap RH	1		\$ 217.20
	Rear Fender RH	1		\$ 2,171.40
	Rear Fender Shield RH	1		\$ 169.30
	Rocker Panel Garnish RH	1		\$ 732.80
	Rear Door RH	1		\$ 2,416.80
	Rear Windscreen Moulding	1		\$ 51.80
	SUB TOTAL			\$ 6,722.90
	LESS 20%			\$ 1,344.58
	DISCOUNTED TOTAL			\$ 5,378.32
	Rear Door APPS Sticker RH	1		\$ 80.00
	Rear Windscreen Sealant	2	\$ 46.00	\$ 92.00
	SUB S/NETT			\$ 172.00
	LESS 10%			\$ 17.20
	TOTAL S/NETT			\$ 154.80
	Rear WestLake Tyre RH	1		\$ 216.00
	Labour Charge			
	Panel Beating			\$ 900.00
	Spray Painting Charge			\$ 1,200.00
	Tuff Kote			\$ 100.00
	R/I Rear Windscreen Glass			\$ 150.00
	R/I Upholstery Etc			\$ 150.00
	Wheel Alignment			\$ 120.00
	R/I Reverse Sensors			\$ 120.00
	Towing Fee → chit attached			NIL
	TOTAL LABOUR			\$ 2,740.00
	ESTIMATE TOTAL			\$ 8,489.12

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s)
- Part prices are subject to confirmation
- 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:

Thuan
87735769
8/6/22 1330
L/S 4dayswp



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>7/6/22</u> Time Received: <u>1920</u>		3. Vehicle Type <input type="checkbox"/> Private <input type="checkbox"/> Taxi (CTPL/CCPU) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Keks Name of Customer: <u>Lua Bee Chuan</u> Contact No.: <u>90290492</u> Vehicle No.: <u>SHC 8534 M</u> Make / Model / Colour: <u>I40</u> Email: _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____ _____	
7. Location: <u>233 Paya Lebar RD</u>				8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungai Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Kompoo (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____					

10. Odometer Reading: _____ Fuel Level: <u>F 1/4 1/2 3/4 E</u>		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
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Job Attended

12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> OTHERS Name of Driver: <u>Liau Hap Foh</u> Vehicle No.: <u>YN 3976 U</u> Time Dispatch: <u>1850</u> Time of Arrival: <u>1930</u> Time Completed: <u>2000</u>		 Signature of Customer: <u>[Signature]</u>
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Cash Invoice Details (if applicable)

13. Cash Invoice No.: _____

Customer Acknowledgement

- I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, car park coupons, cash cards, spectacles, pen, etc.
- I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

7/6/22 2000 [Signature]
 Date Time Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard Date & Time of Arrival Signature of Attending Staff/Guard

Date/Time: 08.06.2022 11:04

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4254321

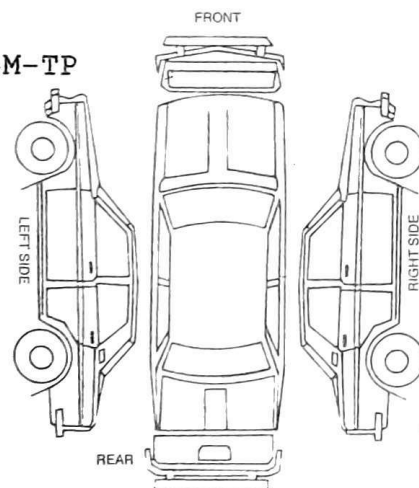
JC NO.305518852

OWNER IS COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)	REGN NO:	SHC8534M	MILEAGE
	MAKE:	HYUNDAI	FUEL
	MODEL	I-40	DATE/TIME IN
	YR OF MANU	05.11.2015	TARGET DATE
	CHASSIS CODE	KMHLB41UMGU080405	COMPLETION DATE/TIME:

Accident Date: 07.06.2022
NATURE: 3P 07.06.2022

JOB DESCRIPTION

/NO LABOR CODE
00010 PB

DESCRIPTION
LUMPSUM REPAIR-SHC8534M-TP


KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Io.: SHC8534M LIMTS

Vehicle No.: SHC8534M

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned 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 08/06/2022 10:18 (SGT)
Date of Accident 07/06/2022 18:50 (SGT)
Exact Location of Accident Paya Lebar Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC8534M

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) +65-90290492

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

1685

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

LUA BEE CHUAN

NRIC No

SXXXX760E

Date Of Birth	29/04/1956
Occupation	Outdoor
Date Of Driving Pass	07/03/1977
Driving experience	45 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) -65-90290492
Alt. Phone Number	-
Email Address	fleetsafety@odgtaxi.com.sg
Address	201 TANJONG RHU ROAD #12-07
Address complement	-
Postcode	436917
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	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

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 07/06/2022 AT ABOUT 18:20HRS, I WAS DRIVING VEHICLE A, SHC8534M TRAVELLING ALONG PAYA LEBAR ROAD AT THE 3RD LANE FROM THE RIGHT. SUDDENLY I FELT AN IMPACT COMING FROM MY REAR AND I REALISED VEHICLE B HAS REAR ENDED MY VEHICLE. WHEN I ALIGHTED FROM MY VEHICLE TO CHECK AND I REALISED THIS WAS A CHAIN COLLISION ACCIDENT.

COMMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK4139B
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HENG SENG THEE
Contact Number	(Phone) +65-94519415
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMQ3113U
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
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

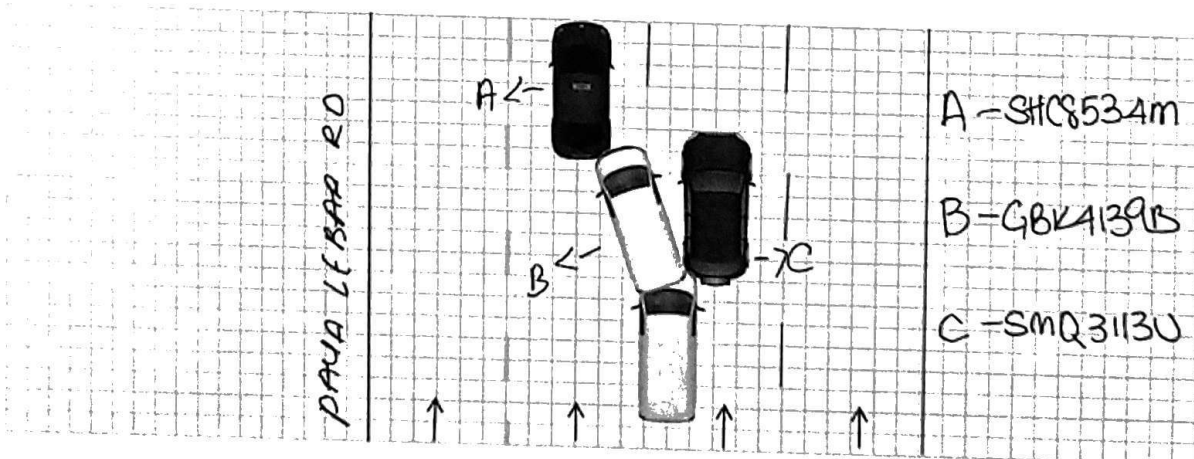
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

Sketch Plan

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

Witnessed by Reporting Centre Personnel MD NAZIN



Describe Circumstances of the Accident

ON 07/06/2022 AT ABOUT 18:20HRS. I WAS DRIVING VEHICLE A, SHC8534M TRAVELLING ALONG PAYA LEBAR ROAD AT THE 3RD LANE FROM THE RIGHT. SUDDENLY I FELT AN IMPACT COMING FROM MY REAR AND I REALISED VEHICLE B HAS REAR ENDED MY VEHICLE. WHEN I ALIGHTED FROM MY VEHICLE TO CHECK AND I REALISED THIS WAS A CHAIN COLLISION ACCIDENT.

Declaration

I/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 MD NADZIN