ASS. REG. BY: Tayph - REF: CS ((524070048) TAPS ASSIGNMENT Veh No: SH(313 L Yr Regn: 2020, 08 From: Date: Type: M.Oar / M.Cycle / Bus / Van / Lorry / (ax) Prime Mover / **Eslimated Cost:** OD TTP WS I TP RES I OD RES I EVA LINY LMY Truck / Traller or To Inspect Vehicle No: at Workshop m/s A/C: Insured / Std / NI / NA Colour . T/Radlo: Insured / Std / NI / NA Sb.Reading Insured: Eng/No: KMH(&SICVLUI84) Policy No. C/No: Claims No. Gen. Cond; 400d / Fair / Poor / Burnt Sum Insured: Sleering: Inqfd r / Jammed / Leaked / Burnt or (Client's Record) Brake: Inforder / Jammed / Leaked / Burnt or Make of Veh: Modi: Nil S/Rim / STD A/Rim or Tyre Size: (Policy Condition) Remark The veh had commenced its O/S BS / DUN / EXNOVA / GY /FS / LIZA / (MC) OHTSU / PIR / SUMI / repair at the time of inspection. TOYO / YOKO or Bal or Market Value: Front Rear IDAC Accident Roort Consistent? : Yes or No R/Bal, R/Bal. mm Consistent?: Yes or No GIA / PR Seen: L/Bal. UBal. mm mm Est Repairs: days Res.: Yes or No D.O.A. D.O.I. Lum Sum: 3 Val.: Yes or No Survey held at CA / REV / REP. / 24 HRS Des. of Damages : Frt / Rear V Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Oals/Time, File Pass to? : Prell. Report Days Of Repair: : Final Report Resurvey No. of Trip: Dale/Time, File Return In? Survey Fee: Transportation: Add Fee: :Site Insp (\$ _8 + RS__SI :Interview (\$ Pop Formal:

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHC313L

Make

: HYUNDAI

Model

: IONIQ(G3)

Date: 01/07/2024

Insurance: ECICS

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Туре	Unit Price	Amount
1	REAR BUMPER COVER			\$459.40 R
10	REAR BUMPER CLIPS			\$22.00
1	REAR BUMPER CENTRE MOULDING ASSY			\$451.25
1	REAR BUMPER REINFORCEMENT			\$394.80
1	ANTENNA SMARTKEY			\$40.50 X
	REAR BUMPER FOG LAMP			\$201.50 X
	SUB TOTAL			\$1,569.45
	LESS 20%			\$313.89
	DISCOUNTED TOTAL			\$1,255.56
	REAR NUMBER PLATE WITH TRIM COVER			\$55.00
	REAR BUMPER RUBBER MAT			\$50.00
	REAR BUMPER REVERSE SENSOR			\$180.00
	*		NETT	\$285.00
	Labour Charge		3.9	N 340 0 00000
	PANEL BEATING	ŀ	2	m + +
	SPRAY PAINTING CHARGE			\$500.00
	REMOVE/REFIX REVERSE SENSOR			
	TOTAL LABOUR	R		\$780.00
	ESTIMATE TOTAL			\$2,320.56

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.

Turphi 97495749

isp 2/7/24 e 12 pm

- 2days

L/5 resmy after report

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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:



ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

- 205 Braddell Road Singapore 579701

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

Date/Time: 450 2nd Singapore 508269

**Date Singapore 508269

**Date Singapore 508266

**Date Singapore 5082666

**Date Singapore 508266

**Date Singap

Page: 1

JOB CARD Sales Order: 5945310 'eam: ARC Repair TP(CFSO)1 JC NO305596325 STOMER REGN NO.: SHC 313L MILEAGE CITYCAB PTE LTD /MS 7010070

STOMER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717 (O)

65551188 (R)

(P)

Accident Date: 28.06.2024 VATURE: 3P 28.06.2024 '

COUNT CARD NO.

3/NO

LABOR CODE

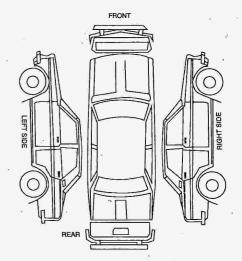
FUEL HYUNDAI

MODEL IONIQ(G3) 07.2024 15:10 YR OF MANU 8. 2020 TARGET DATE

CHASSIS CODE KMHC851CVLU184492 COMPLETION DATE/TIME:

JOB DESCRIPTION

DESCRIPTION



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	,				٠			•	
ECKED & PASSED OUT BY:								٠	
SERVICE ADVISOR			, -		CUSTO	MER'S SIGN	IATURE		
wledgement Slip	. , *	Exit Pass		×				9	
SHC 313L YY		Vehicle No.;	SHC 313	L .	*				

of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

returned to Service Reception upon collection

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 First Submission 29/06/2024 17:48 (SGT) Reported by Actual Driver 28/06/2024 19:45 (SGT) PIE, Singapore

Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss Singapore IDETAILS OF OWN VEHICLE Vehicle Registration Number SHC313L INSURED/POLICYHOLDER Is company? Name Of Registered Owner CITYCAB PTE LTD Company Reg No 1XXXXX839G Email Address fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-97699116 Alternative Phone No (Office) +65-65508768 VEHICLE PARTICULARS Manufacturer Hyundai Ae ioniq Variant Exact purpose for which vehicle was being used at time of Private hire the common of a sold of the company Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Taxi Auto CC 1580 INSURANCE COMPANY Name of Insurance Company MS First Capital Insurance Ltd Policy Number / Cover Note Number D-24101860MFCT DRIVER Name of Driver TOK WEE HOONG NRIC NO STATE OF THE PROPERTY OF THE PROPERTY

SXXXX666B

19/06/1970

Outdoor

Occupation

Date Of Birth

Driving Pass Date	18/11/2020
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97699116
Alt. Phone Number	*
Email Address	fleetsafety@cdgtaxi.com.sg
Address	712 WOODLANDS DRIVE 70 #11-99
Address complement	-
Postcode	730712
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
	-
OT ITS INFORMATION	
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 in the Accident	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	-
soliciting/offering accident claims assistance?	No
Translator's name	ž.
Translator's ID	-
Translator's phone number	¥
Translator's email	*
Original language used in the statement	*
PASSENGER 1	
Name	UNKNOWN
	Female
Gender	Terriale
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
ii yee, againet wood.	
CIRCUMSTANCES OF ACCIDENT	
50	

ON THE 28/06/24 AT ABOUT 19:45HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NO (SHC313L) PIE-TUAS ON THE 28/06/24 AT ABOUT 19:40/IRS TWAS DRIVING WITH VEHICLE A BEARING REGISTRATION NO (SHC313L) PIE-TUAS ENROUTES FROM NEW UPPER CHANGI RD TOWARDS JURONG WEST TO DROP OFF PASSENGER. WHILE DRIVING ALONG PIE-TUAS, VEHICLE B (SJZ3827G) HAD COLLIDED ONTO VEHICLE A HEAD TO REAR. VEHICLE A HAD DAMAGE ON REAR PORTION. MY PASSENGER SUSTAIN INJURIES BUT IM UNSURE WITH THE 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

Yes

FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY



Vehicle Registration Number	SJZ3827G
Vehicle Manufacturer	Tovota
Vehicle Model	Vios
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NAZIRUL RAZAN BIN RAZALI
Contact Number	(Phone) +65-97524251
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 Gender	PASSENGER Female
Phone No	:=:
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	INJURIES
Injured person in which vehicle?	SHC313L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please correctly report the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorized 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.
- (ii) 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 gutside of Singapore, for one or more of the above Purposes.

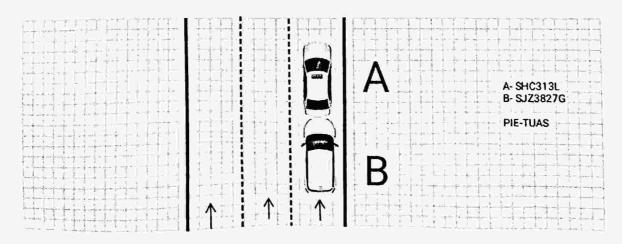
ins

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 290624-1630HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



scribe Circumstances of the Accident	
ON THE 28/06/24 AT ABOUT 19:45HRS I WAS DRIVING WITH VEHIC ENROUTES FROM NEW UPPER CHANGI RD TOWARDS JURONG WE TUAS, VEHICLE B (SJZ3827G) HAD COLLIDED ONTO VEHICLE A HE	AD TO REAR, VEHICLE A HAD DAMAGE ON REAR PORTION.
PASSENGER SUSTAIN INJURIES BUT IM UNSURE WITH THE INJURIE	3.
ectaration	
We declare the foregoing particulars are true in every respect	
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K//W	4,4
/\	
olicyholoer's Signature / Date & Driver's Signatury (V priver & not	the policyholder) / Date Witnessed by Reporting Centre