ASSIGNMENT

From:	1 OLUMBIAT
Estimated Cost:	Veh No: SHC 8017P. Yr Regn: 2015, Ma
OD ITPI WE ITP PER LOS	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl) Prime Mover /
OD ITPI WS I TP RES I OD RES I EVA / INV I MV To Inspect Vehicle No:	Truck / Traller or
at Workshop.m/s	Make: Mercedes Benz EZZO cc 2143.
of	Colour . Wite A/G: Insured / Std / NI / NA
Insured:	Sp. Reading 919289 T/Radio; Insured / Std / NI / NA
A manual description of the control	Eng/No:
Policy No	C/NO: WDD Z (ZUD) 2751 69359.
Sum favor d	Gen. Cond: Good/Fair/Poor/Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake; Indider / Jammed / Leaked / Bumt or
	Modi: Nit / Staim / STD A/Rim or
(Policy Condition)	Tyre Size: F: 225/75/K/6-
Remark: The veh had commenced its N/S O/S	R:
repair at the fime of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal or Market Value:	TOYOTYOKO OF Giti
IDAC Accident Roort Consistent? ; Yes or No	Front Rear R/Bal.
GIA / PR Seer: Consistent? : Yes or No	1/8al
Est Repairs: days Res.: Yes or No	D.O.A. UBal mm
Lum Sum: % 3 Val.: Yes or No	Survey held at Compost (22) 27/23.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/G / Rooftop or
Date:Person Contacted:Vehicle; IN / OUT	FVA NC
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
, more eagli	TO SOMEOUT
7	
Dala/Time, Fie Pass to? : Prell. Report D:	The state of the s
	lys Of Repair:
Date/Time, File Return to?	Survey No. of Trip: Survey Fee:
Add Fee;	TERROLLE
, and the second se	. Site insp (\$
Rep Format:	:Interview (\$
Lump Sun / I.B.A. Cr	i ech. Invs (\$
	: Weell-eluci (&
	TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

MAKE

VEHICLE NO SHC8017P

DATE: **MERCEDES**

MVA DOA:

JUMANI **CHINA** 13.07.23

13.07.23

MODEL	E6		DOA:	13.07.23	CHINA	
Qty	Parts Descriptio	on/ Labour	Туре	Unit Price	Amount	
1 1 1	FRT BUMPER ASSY FRT FENDER LH FRT FENDER SHIELD LH			M		
1	FRT BUMPER BRACKET LH	SUB TOTAL LESS 20% DISCOUNTED TOTAL			\$3,238.58 \$647.71 \$2,590.87	
	Labour Charge PANEL BEATING SPRAY PAINT CHECK WIRING TUFF KOTE	LKK Auto Consultants the Repairer of the fo • To resurvey before/after • To display damaged part • Parts prices are subject to • Third party survey is on a • No illegal modification(s) • Supplementary item(s) mais subject to final approva Acknowledged by Repaire Signature: Date:	lowing: pray painting s) during resurv confirmation "Without Prejud is allowed ust be resurveye	ey ice" basis ed <u>and</u> Company #Oc	\$1,000.00	NET NET NET
	This is an initial estimate based or	TOTAL LABOUR ESTIMATE TOTAL			\$2,000.00	
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.						
	De prepared after the vehicle is su	arveyed by a motor Surveyo	r appointed	by the insurance comp	any.	

Taufilm 97495749 WP 13/7/2305pm L/5 Resign affer prepar tayfilm e / Mantown. 2 days



Service Advisor

rned to Service Reception upon collection

Signature/Date

ComfortDeiGro 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 508989
383 Sin Ming Drive Singapore 575717
Date/Time: 45 Pagdan flead Singapore 609286; 54
Pagda

	Date, 11m	6. 13.07.2023 14:54	Page : 1
eam: ARC Repair TP(CLSO)1	JOB CARD Sa	ales Order: 5903859	JC NO305560494
COMFORT TRANSPORTATION PTE		REGN NO.: SHC8017P	MILEAGE
AS COMPORT TRANSPORTATION PTE : FOMER NO. 7010045 RESS 383 SIN MING DRIVE SINGAPORE SINGAPORE 575747	LTD	MERCEDES BENZ	FUEL E1/2
65508755		E220CDI(E5) 13.	DATE/TIME IN
(P) (O)	~	YR OF MANU. 13.05.2015	TARGET DATE
OUNT CARD NO.		CHASSIS CODE WDD2120012B169359	COMPLETION DATE/TIME:
ccident Date: 13.07.2023	JOB DESCRIPTION	•	
'NO LABOR CODE	DESCRIP	TION	RONT
		REAR LEFT SIDE	HIGHT SIDE
KED & PASSED OUT BY:			
SERVICE ADVISOR			
	98	CUSTOMER'S SIGNA	ATURE
dgement Slip	Exit Pass		
SHC8017P JU CHINA	Vehicle No.:	SHC8017P	

. Name of Service Advisor

To be kept by Security Guard

Date

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

- 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.

ACCIDEN	T:STATEMENT:
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	13/07/2023 15:05 (SGT) Actual Driver 13/07/2023 11:50 (SGT) 8 Sentosa Gateway, Singapore 098269 - Singapore
DETAILS O	FOWN VERICES
Vehicle Registration Number	SHC8017P
INSURED/POLICYHOLDER	graffer de light to green to get time in the more personal engage geografia en e En 1941 de laboration de la companya en en estado en
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes COMFORT TRANSPORTATION PTE LTD 1XXXXX821R fleetsafety@cdgtaxi.com.sg (Phone) +65-96842659 (Office) +65-65508768
VEHICLE PARTICULARS	and the second of the second o
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident	Mercedes E220 - Private hire
Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	No - Claiming third party Taxi Auto 2143
INSURANCE COMPANY	, , ,
Name of Insurance Company Policy Number / Cover Note Number	HSBC Life (Singapore) Pte. Ltd VFX/P2419138
DRIVER	The state of the s
Name of Driver NRIC No	CHOO SWEE HWA SXXXX456F

20/02/1958 Outdoor

Date Of Driving Pass	31/10/1996
Driving experience	26 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96842659
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 415A NORTHSHORE DRIVE # 19 - 541
Address complement	-
Postcode	821415
Is the driver the policyholder?	
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Hirer
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	The Desire and the second seco
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	THE TOTAL PROPERTY AND ADMINISTRATION OF THE PROPERTY OF THE P
	AN ANNA MANAGEMENT OF THE STATE
Was any foreign vehicle involved in the accident?	N.
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property demonstrate	•
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance? Translator's name	No
Translatore ID	· 8:
Translator's ID	*
Translator's phone number	(a)
Translator's email	•
Original language used in the statement	-
DETAILS OF POLICE ACTION	The same of the manual party of the same of the same
The second of th	الله المستعددة المستعدد ال
Was the accident reported to the police?	
Was notice of intended Prosecution given?	No
If yes, against whom?	No
a you oguinat whom?	
* 1 1	
CIRCUMSTANCES OF ACCIDENT	
ON 13.07.2023 AT ABOUT 1150HRS LDBOVE VEHICLE A SUC	8017P TO SENTOSA HARD ROCK HOTEL FOR AN ON CALL JOB.
AT THE HOTEL DRIVE WAY, VEHICLE B SLL1179G WHICH WAS SWERVED OUT RIGHT WHEN VEHICLE A DROVE PAST. VEHICLE B RIGHT FRONT SIDE SWIPE VEHICLE A LEFT FRON NO ONE WAS INJURED, SCENE PHOTOS TAKEN, PARTICULARS EXCHANGED,	IS MOVING SLOWLY ON THE LEFT AND STOP, SUDDENLY
Common and the common	
ATTACHMENT(S)	and the second s
Arn posido-t - Lorenza	
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
EDETAILS OF OTHER	_
Vehicle Desire	
Vehicle Registration Number Vehicle Manufacturer	SLL1179G
Vehicle Manufacturer	Honda

/ehicle Model	CIVIC
/ehicle Variant	:-
Vehicle Colour	=
Vehicle Category	Private car
Name of Driver	KELMOND LEOW JIANJIE
NRIC No	SXXXX127G
Contact Number	(Phone) +65-91450154
Address	:-
Address complement	~
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	=

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 <u>truthful and accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 aforesaid.
- 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 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 outside of Singapore, for one or more of the above Purposes,



Policyholder's Signature / Date & Time

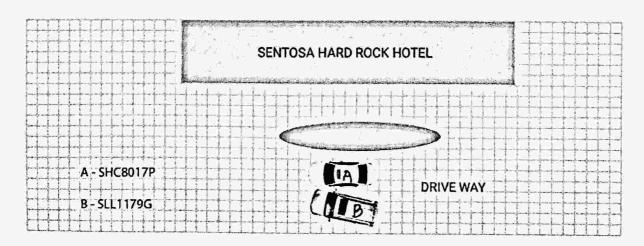
Driver's Signature (If driver is not the policyholder) / Date & Time 13.07.2023. 1340HRS

REPORTING OFFICER

KYMI

Witnessed by Reporting Centre Personnel

Sketch Plan



ON 13.07.2023 AT ABOUT 1150HRS I DROVE VEHICLE A SHC8017P TO SENTOSA HARD ROCK HOTEL FOR AN ON CALL JOB. AT THE HOTEL DRIVE WAY, VEHICLE B SLL1179G WHICH WAS MOVING SLOWLY ON THE LEFT AND STOP, SUDDENLY SWERVED OUT RIGHT WHEN VEHICLE A DROVE PAST. VEHICLE BRIGHT FRONT SIDE SWIPE VEHICLE A LEFT FRONT. NO ONE WAS INJURED. SCENE PHOTOS TAKEN. PARTICULARS EXCHANGED.

Declaration

If We decide the foregoing particulars are true in every respect

Policyholoer's Signature | Date &

Driver's Signature (# oxiver is not the poscynoidar) / Oute & Time 23.07 2023. 1345HRS FLASH ACCIDENT STATES REPORTING OFFICER KYMI

Witnessed by Reporting Centre Personnel