ASSIGNMENT Prom: Date: Sefinated Cost: OD / TP / WS / TP RES / OD RES / EVA / INV / INV To inspect Vehicle No: at Workshop m/s of Insured: Policy No Clams No. MT/1094433-002 Sum Insured: (Cilen's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value. (Cilen's Repairs: 3 days Res.: Yes or No Est. Repairs: 3 days Res.: Yes or No Lum Sum: 5 3 Vehicle: IN / OUT Date: Person Contracted: Casa / TRE / I Z4 HRS Des. (Person Contracted: Casa / Title Action / Instruction Casa /	ASSIGNMENT Prom:
From: Date: Selimated Cost. CD / TP / WS / TP RES / OD RES / EVA / INV / MV To inspect Vehicle No: at Workshop m/s of Insured: Policy No. Claims No. MT / 1094433-002 Sum insured: Excess: (Citer's Record) Make of Veh: (Policy Condition) Remark: The whad commenced its repair at the time of inspection. Bal. or Market Value: (DA / PR Seen: COA / REV / REP. / 24 HRS Date: Person Contacted: Veh No. SH (1972 C YRREN 2019) Dec. Type: M.Carl M.Cycle / Bus / Van / Lorry / Gal/ Prime Mover / Truck / Trailier or Make: Hywridan Courig Cc 1/58 U Anc. Insured is sp. Reading Z-125 Trace Actor / Insured / Std / NI/ NA Eng/No: CNo: (MM C \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Estimated Cost
	GIA / PR Seen: Consistent?: Yes or No Est Repairs: 3 days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Doal. D.O.A. Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roomop of The U/C / Chassis frame / Body Structure affected due to collision Date / Time Action / Instruction 22/06/20@11.49am Taufikh finalised With Mr Lim final fig \$2797.22, 3 days.

Days Of Repair:

Add Fee:

Resurvey No. of Trip:

: Site Insp (\$

Interview (\$

Tech, Invs (\$

Weetend (\$

2

Survey Fee:

Transportation:

Photos

Others

707AL

_S + RS.__SI

: Preli. Report

: Final Report

2797.22

Date/Time, File Pass to?

123/06 Typist

Date/Time, File Return to?

Peper Former:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE NTUC- CPP)

Time: 16:19:53
Page: 1 | 3

Date: 12.06.2020

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 REGN NO 305404522 SHC1972C

MILEAGE MAKE : 0000000000 : HYUNDAI

MAKE MODEL DATE OF REGN : HYUNDAI : IONIQ(G3)

DATE/TIME IN

: 19.12.2019 : 12.06.2020 12:50

ACCIDENT DATE

: 12.06.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G REAR BUMPER 1 459.40 20.00 367.52 dl 0002 04-01-0104-2533-G REAR BUMPER CENTER-Black 1 451.25 20.00 361.00 0003 04-01-0104-2370-G REAR BUMPER FOG LAMP 1 201.50 20.00 161.20 7

0004 04-01-0104-2288-G REAR BUMPER REINFORCEMENT 1 294.80 20.00 235.84 h {

0005 04-01-0104-2545-G REAR BUMPER LWR MOULDING 1 155.00 20.00 124.00 /e

0006 04-01-0104-3819-G REAR BUMPER STAY LH 1 138.10 20.00 110.48 7

0007 04-01-0104-3919-G REAR BUMPER STAY RH 1 138.10 20.00 110.48

0008 04-01-0104-0852-G REAR BUMPER REFLECTOR RH 1 31.90 20.00 25.52 ×

0009 04-01-0104-0851-G REAR BUMPER REFLECTOR LH 1 31.90 20.00 25.52 ×

0010 04-01-0101-0111-G REAR BUMPER CLIPS 10 L 22.00 20.00 17.60 NL/

0011 04-01-0104-2270-G TAILGATE EMBLEM-HYBRID 1 24.30 20.00 19.44 No.

0012 04-01-0104-2271-G TAILGATE EMBLEM-IONIQ 1 31.30 20.00 25.04 VEX

0013 28-01-0103-0005-A TAILGATE COMFORTDELGRO 1 30.00 10.00 27.00AL/

COMFORTDELGRO ENGINEERING PTE LTD

LKK-Taufikh,

Date: 12.06.2020

Time: 16:19:53

Page: 2

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO **REGN NO**

305404522 : SHC1972C

MILEAGE MAKE

0000000000

MODEL

HYUNDAI IONIQ(G3)

DATE OF REGN DATE/TIME IN 19.12.2019 12.06.2020 12:50

ACCIDENT DATE

12.06.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0014 28-01-0103-0006-A TAILGATE 65521111

1 30.00 10.00 27.00 101

0015 28-01-9999-2025-A TAILGATE APPS

1 40.00 10.00 36.00 M

0016 04-01-0104-2544-G REAR BUMPER TOW COVER

5.40 20.00 4.32 dl

0017 04-01-0104-1150-A REAR BUMPER MAT

1 50.00

0018 09-01-9999-0068-A REVERSE SENSOR

1 180.00 10.00 162.00 NW

SUB-TOTAL: 1,889.96

JOB NATURE

0000 PB

PANEL BEATING-TAILGATE ETC

700.00 640.

0001 SP

SPRAYPAINT CHARGE

500.00 400

0002 L

R/I REVERSE SENSOR

120.00

SUB-TOTAL : 1,320.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 12.06.2020

Time: 16:19:53 Page: 3/)

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

305404522 SHC1972C

REGN NO MILEAGE

0000000000

MAKE

: HYUNDAI : IONIQ(G3)

MODEL

: 19.12.2019

DATE OF REGN DATE/TIME IN : 12.06.2020 12:50

ACCIDENT DATE

: 12.06.2020

JOB PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

MVA NAME & SIGNATURE

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

DATE:

DATE:

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:

Jun 97495749

:OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

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

Workshoes 59 Loyang Drive Singapore 508969 381 Sin Ming Drive Bingapore 575717 45 Perilam Perilam 19996

Page: 1

Date/Time: 12.06.2020 15:58

OMER COMFORT TRANSPORTATION PTE LTD 7010045 OMERNO 383 SIN MING DRIVE Singapore SINGAPORE 575717

ARC Repair TP(CLSO)1

65508755 (R)

DUNT CARD NO.

'eam:

JOB CARD Sales Order: JC NO.: 305404522

MILEAGE

REGN NO SHC1972C FUEL MAKE: HYUNDAI E.....1/2... MODEL IONIQ(G3) 12.06.2020 12:50 TARGET DATE

YR OF MANU. 12.2019

CHASSIS CODE KMHC851CVLU190286

COMPLETION DATE/TIME

JOB DESCRIPTION

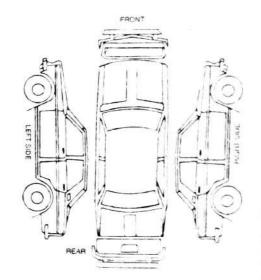
sccident Date: 12.06.2020

IATURE: 3P 12.06.2020

1/NO

LABOR CODE

DESCRIPTION



	8	

KED & PASSED OUT BY:		
SERVICE ADVISOR		
	CUSTOMER'S SIGNATURE	

ledgement Slip

service Advisor

SHC1972C

LIMTS

Exit Pass

Vehicle No.:

SHC1972C

Signature/Date

Name of Service Advisor

Date

arried to Service Reception upon collection

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 <u>truthful</u> and <u>accurate</u> 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

ACCIDENT STATEMENT

Date Of Report

12/06/2020 14:16

Date Of Accident

12/06/2020 10:40

Exact Location Of Accident

SEMBAWANG RD AFTER SPRINGSIDE DR

Country/State of Loss

SINGAPORE

MIT DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC1972C

Insured/Policyholder

Name Of Registered Owner

COMFORT TRANSPORTATION PTE LTD

Co Reg No

1XXXXX821R

Email Address

FLEETSAFETY@CDGTAXI.COM.SG

Mobile Phone No

Alternative Phone No.

OFFICE-65508768

Vehicle Particulars

Manufacturer

HYUNDAI

Model

IONIQ

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No. Please state action to be taken

THIRD PARTY

Vehicle Category

TAXI

Insurance Company

Name of Insurance Company

INDIA INTERNATIONAL INSURANCE PTE LTD

Type Of Coverage

THIRD PARTY FIRE AND/OR THEFT

Fleet Policy

Policy YES

Policy Number

MCOM0015

Cover Note Number

Driver

Name of Driver

FOO KHEE MENG

NRIC No

SXXXX283B

Date Of Birth

08/12/1955

Occupation

OUTDOOR

Date Of Driving Pass

22/09/1979

Driving Experience

40 YEARS AND 8 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-96916363

Fax Number

Contact Number

EMail Address

FOOKHEEMENG@GMAIL.COM

Address

BLK 351D CANBERRA ROAD #08-279

Postcode

754351

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - TAXI DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes Please state which Police Station

Police Station Name

SEMBAWANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5549999 - FAX NO: 68522499

Was notice of intended Prosecution given?

If Yes against whom?

Circumstances of Accident

PLS REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

Was there any audio recorded?

NO

II DETAILS OF OTHER VEHICLE PROPERTY 118

Vehicle Registration Number

SMC7429G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM HUAT SENG

NRIC/Passport Number

Contact Number

83384792

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Page 2 of 23

* Nature Of Damage

FRT

No Of Passenger (Including Driver)

Sketch Plan Pg. 1

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies
- Any false reporting may be referred to the Police for Investigation.
- 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 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.
- 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 setout 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 invesigations 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 engulries 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 outlisde of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared/disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders

COMPORT F. ANSPORTATION, IF COD CG FLG HIS 199303-276

Policyholder's Signature Date & Time:

(If driver is not the policyholder)

Date & Time

Olivia Wend

Reporting Centre Personne Notation

NRIC/FIN No :

Sketch	Plan Pg. 2
SKETCH PLAN	
	<u> </u>
THE SHE TARRED	
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- B= Smc 74396	
(KIA)	
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	
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		AS MA				-CEMBRUIDA
-		JAKI3			~_ 	RO
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DECLARATION

/We declare the foregoing particulars are true in every respect.

COMPORT HEANSPORTALL IN (1) Gill of G. Loy, 19930, 95.

'olicyholder's Signature rate & Time

Driver's Signature

(if driver is not the policyholder)

Date & Time

Olivia Wendy U

Reporting Centre Personnel's Signature Name 12 JUN 2020

WE'AT Sketch Fargraffing in

Sketch Plan Pg. 3

Describe Circumstances of th	e Accident.	
On the 12/06/2020 @ about	10:40hrs, I was driving along Sembawang Rd	direction with no
passenger on board my taxi.		
hazard light and slow down t	ingside Dr there's a passenger flag my taxi so to stop. Then there's an impact from behind r ide SMC7429G front portion had collided on	ny taxi. I step out to
portion.	ide siner rese nompo	
No injury at the point of accid	dent.	
		-
Declaration		
I/We declare the foregoing particul	lars are true in every respect.	,
ME AT THE STORY TOTAL IN THE SECOND S	the second secon	0111.8 1475
Policyhoider's Sgnature/Date &	Driver's Signature(if driver is not the policyholder)/Date	Witnessed by Reporting
Time	& Time	Centre Personnel

12 JUN 2020

Sketch Plan Pg. 4

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that <u>FOO KHEE MENG</u>, S1176283B, TEL: 96916363 residing at Blk 351D CANBERRA RD #08-279 has reported to the Police a non-injury traffic accident which occurred along <u>SEMBAWANG RD AFTER</u> SPRINGSIDE DR.

which took place on 12/6/2020 at 1040hrs involving the following vehicles;

- 2 This accident was reported to the Police within 24 hours of its occurrence,
 Then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.
 - SHC1972C (COMPLAINANT)
 - SMC7429G (LIM HUAT SENG, S9809610H, TEL: 83384792)

Rank/Name of Issuing Officer: SC/SGT (2) MD HAZIO

Date: 12/06/2020

Time: 1210hrs

S/D Ref: 12

Police Post/Unit: Sembawang Neighbourhood Police Centre

Original - to be issued to informant Duplicate - to be submitted to Traffic Police

CONFIDENTIAL

SEMBAY/ANG NPC 4 Sembawang Crescent Singapora 757833 Tel: 1800-5549999 Fax: 68522499 Signature Singapore Police Force