DATE 11/08/20 12:00 AM

VEHICLE NO

SHD4163X

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	Type	Unit Price	Amount	,
			1	
				20
			5000	
The same of the sa			HOW CONTRACTOR SECOND	
			53 1 38	
833				X
SUB TOTAL				
LESS 20%				
DISCOUNTED TOTAL			\$3,207.24	
1 FRONT NUMBER PLATE W/HOLDER			K \$50.00	Ne
1				
Labour Charge				
			\$500.00	4
WIRING			\$60.00	3
Tuff Kote			\$60.00	×
TOTAL LABOUR			\$1,190.00	]
ESTIMATE TOTAL			\$4,397.24	
Taufth 17495)49  ip 17/6/20 CZpn  pp Resumy before point  2 days  taufine Ilbanto rom	To resurva	of the following:	1	
	Parts price Trird party No illegal a Cupplements subject to	a maged part(s) during resurve the are subject to confirmation survey is on a "Without Prejudi to 1 fication(s) is allowed to y item(s) must be resurveyed and approval from Insurance	de basis	
	Parts Description/ Labour  1 FRONT BUMPER COVER 1 FRONT BUMPER BRACKET RH 1 FRONT RADIATOR GRILLE MOULDING UPP 1 FRONT RADIATOR GRILLE 1 FRONT FENDER RH BLUE DRIVE 1 HEAD LAMP RH 1 BUMPER GRILLE RH  SUB TOTAL LESS 20% DISCOUNTED TOTAL  1 FRONT NUMBER PLATE W/HOLDER  Labour Charge Panel Beating Spray Painting Charge WIRING Tuff Kote  TOTAL LABOUR	Parts Description/ Labour  1 FRONT BUMPER COVER 1 FRONT BUMPER BRACKET RH 1 FRONT RADIATOR GRILLE MOULDING UPP 1 FRONT RADIATOR GRILLE 1 FRONT FENDER RH BLUE DRIVE 1 HEAD LAMP RH 1 BUMPER GRILLE RH  SUB TOTAL LESS 20% DISCOUNTED TOTAL  1 FRONT NUMBER PLATE W/HOLDER  Labour Charge Panel Beating Spray Painting Charge WIRING Tuff Kote  TOTAL LABOUR  ESTIMATE TOTAL  TAMM 17 415 34 9  LEKK Ayto To resurv.  To display Parts pre- To resurv.  To resurv.  To display Parts pre- To resurv.  To display Parts pre- To resurv.	Parts Description/ Labour  Parts Description/ Labour  Type  Unit Price  FRONT BUMPER COVER FRONT BUMPER BRACKET RH FRONT RADIATOR GRILLE MOULDING UPP FRONT REDIATOR GRILLE FRONT FENDER RH BLUE DRIVE  HEAD LAMP RH BUMPER GRILLE RH  SUB TOTAL LESS 20% DISCOUNTED TOTAL  1 FRONT NUMBER PLATE W/HOLDER  Labour Charge Panel Beating Spray Painting Charge WIRING  Tuff Kote  TOTAL LABOUR ESTIMATE TOTAL  Tay  If	Parts Description/ Labour  Parts Description/ Labour  FRONT BUMPER COVER FRONT BUMPER COVER FRONT RADIATOR GRILLE MOULDING UPP FRONT RADIATOR GRILLE FRONT FENDER RH BLUE DRIVE HEAD LAMP RH BUMPER GRILLE RH  SUB TOTAL LESS 20% DISCOUNTED TOTAL  FRONT NUMBER PLATE W/HOLDER  Labour Charge Panel Beating Spray Painting Charge WIRING Tuff Kote  TOTAL LABOUR ESTIMATE TOTAL  Taylor 17 (6) 70 CVM FRONT Section of the following: To cause, a software stay parting To find party and the following: To cause, a software stay parting To cause, a software stay

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company

# OMFORTDELGRO ENGINEERING

COMPORTDELCRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 11.08.2020 15:59

eam:

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO. 305416007

MILEAG€

FUEL

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE Singapore SINGAPORE 575717

65508755

IONIQ(G3)

MODEL

REGN NO. SHD4163X

11.08.2020 13:40

COMPLETION DATE/TIME

YR OF MANU. 12. 2019 TARGET DATE

CHASSIS CODE KMHC851CVLU190162

HYUNDAI

/NO

JUNT CARD NO.

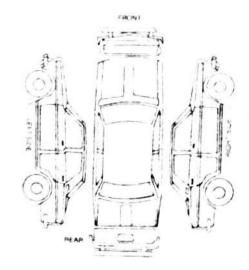
ccident Date: 11.08.2020

ATURE: 3P 11.08.2020

LABOR CODE

DESCRIPTION

JOB DESCRIPTION



KED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
edgement Slip	Exit Pass
SHD4163X CHIANG	Vehicle No:

Signature Date

Date

returned to Service Reception upon collection

To be kept by Security Guard

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Ç

- 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 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 Report

11/08/2020 15:18

Date Of Accident

11/08/2020 12:00

**Exact Location Of Accident** 

BLK 637 BUKIT BATOK CENTRAL OPEN SPACE CARPARK

Country/State of Loss

SINGAPORE

# DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD4163X

Insured/Policyholder

Name Of Registered Owner

COMFORT TRANSPORTATION PTE LTD

Co Reg No

1XXXXX821R

Email Address

FLEETSAFETY@CDGETAXI.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

YES

Policy Number

MCOM0015

Cover Note Number

#### Driver

Name of Driver

ABDUL AZIZ BIN TALIBAK

NRIC No

SXXXX041I 29/05/1970

Date Of Birth Occupation

OUTDOOR

Date Of Driving Pass

16/01/2001

**Driving Experience** 

19 YEARS AND 6 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-81776303

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

BLK 423 JURONG WEST AVENUE 1

#08-202

Postcode

640423

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

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)

2

Passenger 1

NAME:

: FEMALE

GENDER:

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER 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

DETAILS OF OTHER VEHICLE PROPERTY: (10)

Vehicle Registration Number

SMA5663U

Vehicle Make/Model/Colour

HYUNDAI

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

MOHAMAD GHAZALI BIN MOHAMAD ALI

NRIC/Passport Number

Contact Number

90115231

Address

Postcode

Insurance Company Name

Page 2 of 15

Nature Of Damage

RH REAR

No. Of Passenger (Including Driver)

Page 3 of 15

## Sketch Plan Pg. 1

## IMPORTANT NOTICE

- 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
- 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.
- 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.
- 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)
  - 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 my 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 ourt orders.

COMFORT THANSPORTATION PIE LTD CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name: Lole Wol Yieng

NRIC/Fin No .:

SKETCH PLAN
BIK 637
BUKIT BATOK THE STATE OF THE ST
A-SHD 4163X
B SMA 56630
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 11/8/2020 at about 12:00 hrs, I Ven A
was supped at above said location waiting for empty
101. Shortly veh B negotiate drive out from carpark
Dida a management of the property of the prope
spot side suipe my taxi. Veh B right near portion
aread and the Proof what and at her story
graved arm the front right parties of my starting
fax Both of us then alighted to take photo.
tour pour to the protection of
my wife inside my text. No injury at the point of
for for the
accident
DECLARATION  [//We declare the foregoing particulars are thug in every respect
COMFORT TRANSPORTATION PTE 1000
Policyholder's Signature Reporting Centre Personnel's Signature
Date & Time NRIC/FIN No.

NRIC/FIN No