

ASS. REC. BY:

Tanglin

REF:

INC.

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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 |
| X   | X   |

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Juman

Veh No: SHB 6629S Yr Regn: 2020, Jan.

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

Truck / Trailer or \_\_\_\_\_

Make: Hyundai i30 C.C. 1580.Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 149557 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KM HC851CV29190545Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or Westlake

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 7/12/20Survey held at Comfort Lodge

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

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

Date / Time Action / Instruction

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report1) \_\_\_\_\_  
Date/Time, File Return to?

2) \_\_\_\_\_

Report Form: \_\_\_\_\_

Lump Sum / L.B.I. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_) ) \$ + RS. \$ \_\_\_\_\_☐ : Interview (\$ \_\_\_\_\_) ) Photos☐ : Tech. Invs (\$ \_\_\_\_\_) ) Others☐ : Weekend (\$ \_\_\_\_\_) )

TOTAL

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\_\_\_\_\_ \$ + RS. \$ \_\_\_\_\_

Photos

Others

\_\_\_\_\_

TOTAL

NTUC-PIP

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 07.12.2020

Time: 10:15:49

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305437500  
REGN NO : SHB6629S  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G3)  
DATE OF REGN : 23.01.2020  
DATE/TIME IN : 07.12.2020 08:25  
ACCIDENT DATE : 06.12.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

|      |                   |                           |      |        |       |        |    |
|------|-------------------|---------------------------|------|--------|-------|--------|----|
| 0001 | 04-01-0104-2282-G | IONIQVC COVER-RR BUMPER#  | 1    | 459.40 | 20.00 | 367.52 | Rx |
| 0002 | 04-01-0104-2533-G | IONIQV2-4 MOULDING ASSY-R | 1    | 451.25 | 20.00 | 361.00 | de |
| 0003 | 04-01-0104-2544-G | IONIQVC CAP-RR HOOK       | 1    | 98.80  | 20.00 | 79.04  | de |
| 0004 | 04-01-0104-1150-A | IONIQVC PROTECTOR MAT     | 1 N  | 50.00  | 2.00- | 50.00  | ?  |
| 0005 | 09-01-9999-0068-A | HYUNDAI REVERSE SENSOR AS | 1 N  | 180.00 | 10.00 | 162.00 | nu |
| 0006 | 04-01-0101-0111-G | HYUNDAI BUMPER COVER CLIP | 10 L | 22.00  | 20.00 | 17.60  | nu |
| 0007 | FNPS              | NO PLATE(S)               | 1 N  | 25.00  | 10.00 | 22.50  | nu |

SUB-TOTAL : 1,059.66

JOB NATURE

|      |    |                             |        |     |
|------|----|-----------------------------|--------|-----|
| 0000 | PB | PANEL BEATING               | 400.00 | 320 |
| 0001 | SP | SPRAYPAINT CHARGE           | 300.00 | 200 |
| 0002 | L  | REMOVE/REFIX REVERSE SENSOR | 80.00  | 30  |

SUB-TOTAL : 780.00

Tanpin 97495744  
WP' 2/12/2020 /pm  
02 days  
P/p Resurvey new parts  
Tanpin c lkhankunon

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:

Member of COMFORTDELGRO

Date/Time: 07.12.2020 10:06

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305437500

MEMBER

COMFORT TRANSPORTATION PTE LTD

7010045

MEMBER NO.

ISS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

NT CARD NO.

REGN NO.

SHB6629S

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G3)

DATE/TIME IN 07.12.2020 08:25

YR OF MANU.

23.01.2020

TARGET DATE

CHASSIS CODE

KMHC851CVLU190545

COMPLETION DATE/TIME:

Accident Date: 06.12.2020

Time: 3P 06.12.202

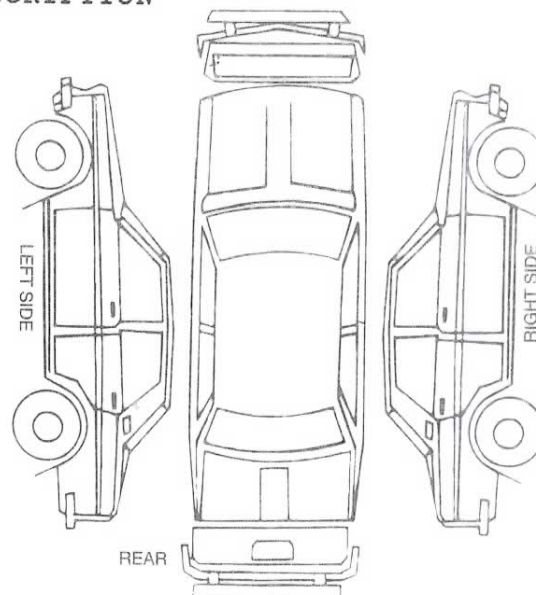
JOB DESCRIPTION

NO

LABOR CODE

DESCRIPTION

FRONT



JO & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ement Slip

Exit Pass

SHB6629S

JU NTUC LKK

Vehicle No.:

SHB6629S

vice Advisor

Signature/Date

Name of Service Advisor

Date

ad 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              | 07/12/2020 09:50 (SGT)                  |
| Date of Accident                | 06/12/2020 15:55 (SGT)                  |
| Exact Location of Accident      | CTE, Singapore                          |
| Additional Location Information | CTE TWDS CITY BEFORE BRADDELL ROAD EXIT |
| Country/State of Loss           | Singapore                               |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHB6629S                       |
| 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) +65-65508768           |
| Alternative Phone No        | (Office) +65-65508768          |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Hyundai                   |
| Model  | Ioniq                     |
| 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                      |

### INSURANCE COMPANY

|                           |                     |
|---------------------------|---------------------|
| Name of Insurance Company | First Capital       |
| Type of Coverage          | ThirdPartyFireTheft |
| Fleet Policy              | Yes                 |
| Policy Number             | D-18088936MFSH      |
| Cover Note Number         | -                   |

### DRIVER

|                |              |
|----------------|--------------|
| Name of Driver | LEE HIAP HOE |
| NRIC No        | SXXXX649H    |
| Date Of Birth  | 01/07/1967   |
| Occupation     | Outdoor      |

|  |                             |
|--|-----------------------------|
| Date Of Driving Pass   | 02/11/1987                  |
| Driving experience   | 33 YEARS AND 1 MONTH        |
| Gender   | Male                        |
| Mobile Number  | (Phone) +65-94890590        |
| Alt. Phone Number  | -                           |
| Email Address  | UNCLELHH@GMAIL.COM          |
| Address  | 319 09-52 JURONG EAST ST 31 |
| Address complement   | -                           |
| Postcode   | 600319                      |
| Is the driver the policyholder?                              | No                          |
| If No, Relationship of the Driver with the Insured           | Other                       |
| 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   | 2   |
| Was anybody injured in the Accident?  | Yes |
| Was any injured conveyed to hospital by ambulance?  | No  |
| Was any other material 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   | -    |
| Gender | Male |

#### PASSENGER 2

|        |        |
|--------|--------|
| Name   | -      |
| Gender | Female |

#### PASSENGER 3

|        |      |
|--------|------|
| Name   | -    |
| Gender | Male |

#### PASSENGER 4

|        |      |
|--------|------|
| Name   | -    |
| Gender | Male |

#### DETAILS OF POLICE ACTION

|   |                                  |
|---|----------------------------------|
| Was the accident reported to the police?  | Yes                              |
| Police Station Name                       | Traffic Police                   |
| Police Station Phone No                   | (Phone) +65-65470000             |
| Alt. Police Station Phone No              | (Fax) +65-65474900               |
| Police Station Address                    | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No                               |
| If yes, against whom?                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

SEE ATTACH

## ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera?   | Yes |
| Was there any audio recorded?                 | No  |

## DETAILS OF OTHER VEHICLE PROPERTY 1

|   |                      |
|---|----------------------|
| Vehicle Registration Number             | GBG9593K             |
| Vehicle Manufacturer                    | -                    |
| Vehicle Model                           | -                    |
| Vehicle Variant                         | -                    |
| Vehicle Colour                          | -                    |
| Vehicle Category                        | Commercial vehicle   |
| Name of Driver                          | DOUGLAS FERNANDES    |
| Contact Number                          | (Phone) +65-90698315 |
| Address                                 | -                    |
| Address complement                      | -                    |
| Postcode                                | -                    |
| Insurance Company Name                  | -                    |
| Nature Of Damage                        | MODERATE             |
| Details of property damaged in accident | FRT                  |
| No. Of Passenger (Including Driver)     | -                    |

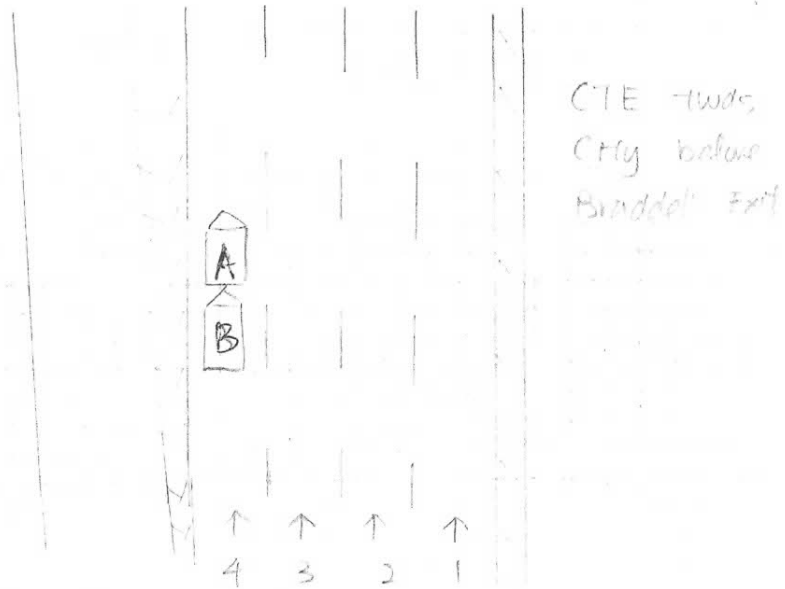
## INJURED PERSONS DETAILS

## INJURED 1

|   |                                  |
|---|----------------------------------|
| Name of injured person                              | LEE HIAP HOE                     |
| Address   | -                                |
| Address Complement                                  | -                                |
| Post Code   | -                                |
| Approximate Age Years Old                           | -                                |
| Injuries Sustained                                  | BACK, SHOULDER AND LEFT LEG PAIN |
| Injured person in which vehicle?                    | SHB6629S                         |
| Were seat belts worn?                               | Yes                              |
| Was this injured conveyed to hospital by ambulance? | No                               |



B: 6B G 9593K



As per attached police report

|   |          |      |
|---|----------|------|
| T | 20201206 | 7019 |
|---|----------|------|

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

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/Fin No.: \_\_\_\_\_ Loke Wei Yieng



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 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 to 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)
  - (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.
- (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.

COMFORT TRANSPORTATION PTE 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:  
NRIC/Fin No.:





Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20201206/7019

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |   |                    |                            |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>06/12/2020 20:31 |            | Vide Report No.:             |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |   |                    |                            |
| Name of Informant:<br>LEE HIAP HOE         |            |                              | Address:<br>319 JURONG EAST STREET 31 #09-52 SINGAPORE 600319 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S1809649H   |            |                              | Contact No.:<br>Home/Office: Mobile: 94890590                 |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>xdetox32@gmail.com                                  |                    |                            |
| Sex:<br>Male                               | Age:<br>53 | Date of Birth:<br>01/07/1967 | Type of Informant:<br>Driver                                  |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English  |                    | Institution / School Name: |
| Occupation:<br>Taxi Driver                 |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:      |                    |                            |

**General Information of the Accident**

|  |                  |                                    |  |                                     |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>06/12/2020 15:55 | Type of Location:<br>Straight Road  |
| Location:<br><br>CENTRAL EXPRESSWAY                          |                  |                                    |  |                                     |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               |  | Road Speed Limit:<br>80 Km/h        |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Heavy            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make    | Model | Color | Conditio          | No of |
|-------------|------|---------|-------|-------|-------------------|-------|
| GBG9593K    | Van  | NISSAN  | NV350 | Grey  | Seriously Damaged | 0     |
| SHB6629S    | Car  | HYUNDAI | IONIQ | Blue  | Seriously Damaged | 4     |



**SINGAPORE  
POLICE FORCE**



T/20201206/7019

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20201206/7019

**CONTINUATION OF REPORT**

| <b>Details of Person Involved</b> |                |                                   |                                 |
|-----------------------------------|----------------|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No       |                |                                   |                                 |
| No. of Pedestrians Injured: NIL   |                | Use of Pedestrian Crossing: NA    |                                 |
| <b>Driver</b>                     |                |                                   |                                 |
| Name                              | LEE HIAP HOE   | ID No.                            | S1809649H                       |
| Related Vehicle                   | SHB6629S (Car) | Contact No.                       | 94890590                        |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date                              | 06/12/2020     | Date                              | 06/12/2020                      |
| No. of Days granted Medical Leave | 03             | Degree of                         | Serious                         |

**Brief Details.**

ON THE ABOVE STATED DATE AND TIME I WAS TRAVELING ALONG CTE CITY BEFORE BRADDLE EXIT .

I WAS TRAVELING STRAIGHT WHEN SUDDENLY VEHICLE GBG9593K COLLIDED ON TO MY VEHICLE REAR PORTION .

AFTER THE ACCIDENT I EXCHANGED PARTICULAR WITH THE DRIVER AND THEN PROCCEEDED TO CONSULT A DOCTOR AT ANG MO KIO INTEMEDICAL 24HR CLINIC AND RECIVE 3 DAYS MC I AM MAKING THIS REPORT FOR MEDICAL AND INSURANCE PURPOSES.



**SINGAPORE  
POLICE FORCE**



T/20201206/7019

3 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20201206/7019

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
BOON YEN KIAN EVE  
Contact No.: 65476172

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
06/12/2020 20:31

Classification Of Case:

