	Taufth ASS	GNMENT
From:Estimated Cost	Date:	Veh No: SHIZ 3 588 X Yr Regn: 2019 September 1 September 1 September 2019 September
OD INTP IWS I	TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Veh		Make: Hyunder long c.c / 5 &
at Workshop m	/s	Colour //e//se A/C: Insured / Std / NI / NA
of		Sp.Reading 748723. T/Radio: Insured / Std / NI / NA
Insured:		Eng/No:
Policy No.		C/No: KM H C85/CVC4/78+76
Claims No.		Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Reco	ord)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:		Modi: Nil /S/Rim / STD A/Rim or
repai Bal. or Market ' IDAC Accident GIA / PR See Est. Repairs: Lum Sum:	Rport: Consistent? : Yes or No	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear R/Bal. B mm R/Bal. B mr L/Bal. B mr D.O.A. D.O.I. Survey held at 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 / Institution (i	

		•		1
	-			
Date/Time, File Pass to?	: Preli. Report	Day	s Of Repair:	
Date/Time, File Return to?	: Final Report	Res	survey No. of Trip:	Survey Fee:
2)		Add Fee:	: Site Insp (\$	Transportation:
•1			: Interview (\$) Photos
lep er format :			: Tech. Invs (\$) Others
Lump Sum / L.B.A: (†)		:Weellend (\$	3
~				TOTAL
		2.90		

REPAIR ESTIMATE*

VEHICLE NO

SHC3588X

DATE 11/08/20 12:00 AM

MAKE

MODEL	: HYUNDAI IONIQ G3		CHIANG/AIG		
Qty	Parts Description/ Labour	Туре	Unit Price	Amount]
	1 FRONT BUMPER COVER			\$418.30	RX
	1 FRONT BUMPER BRACKET RH			\$35.00	×
	1 FRONT BUMPER REINFORCEMENT			\$1,075.10	?
	1 FRONT BUMPER CENTRE MOULDING			\$368.50	ent
1	1 FRONT RADIATOR GRILLE			\$1,409.10	ent
	1 FRONT BUMPER LOWER STIFFNER			\$285.10	×
	1 HEAD LAMP SUPPORT PANEL			\$949.30	×,
1	1 HEAD LAMP RH			\$1,993.65	art
	1 FRONT DAY LIGHT RH			\$642.50	?
	1 BUMPER GRILLE RH			\$186.90	ont
	SUB TOTAL			\$7,363.45	1
	LESS 20%			\$1,472.69	
	DISCOUNTED TOTAL			\$5,890.76	1
					1
	1 FRONT NUMBER PLATE W/HOLDER			\$55.00	Ora
				\$55.00	
					1
	Labour Charge				
	Panel Beating		32	\$640.00	
	Spray Painting Charge		30		
	WIRING			\$60.00	
	Tuff Kote			× \$60.00	
	TOTAL LABOUR			\$1,260.00	1
					1
	ESTIMATE TOTAL			\$7,205.76	
	Tanflin 97495749				
	62 days				
	with collicions show				
	67 days		LKK Auto Consultants he		
	2001/3				
	Planton news mate		To display damaged party.	y painting	
	pp Risarry new points Reomy after repeat- fanther Chhaustern				
	Reoner after report-		Third party survey is on a "Wit No illegal modification(s) is all		
		.	Supplementary:	pwed	
	fanflite blowspun		pp.ordi iioli	Insurance Company	
	, ,	A	knowledged by Repairer		
			gnature: ite:		
	This is an initial estimate based on a visual inspection of the	above ve	hicle. The final repair q	uantum will	
	be prepared after the vehicle is surveyed by a motor Survey				
			ES TO DE SPENSORIO DE PROPERTO DE PORTO	Article Recognition of St.	

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

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

Mainline + 65 6383 6280 Pacsimile + 65 6280 9755

Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286

Date/Time 20 16 0 12 ing 20 20 641 0: 48 Page: 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.: 305439291

STOMER

.. (R) (P) CITYCAB PTE LTD

/MS 7010070 STOMER NO 383 SIN MING DRIVE DRESS

Singapore SINGAPORE 575717

65551188

COUNT CARD NO.

REGN NO. SHB3588X	MILEAGE
MAKE: HYUNDAI	FUEL 1/2F
MODEL IONIQ(G3) 16	.12.2020 08:15
YR OF MANU. 09. 2019	TARGET DATE
CHASSIS CODE 100 CHASSI	COMPLETION DATE/TIME:

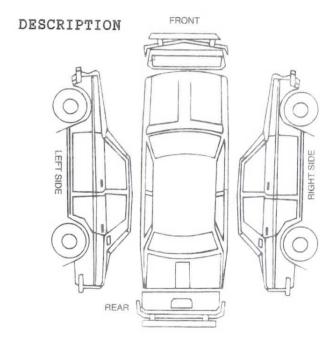
JOB DESCRIPTION

Accident Date: 15.12.2020

NATURE: 3P 15.12.2020

S/NO

LABOR CODE



CKED & PASSED OUT BY:				
SERVICE ADVISOR			CUSTOMER'S SIGNATURE	
vledgement Slip		Exit Pass		
: No.: SHB3588X	CHIANG	Vehicle No.: SHB3588X		
of Service Advisor	Signature/Date	Name of Service Advisor	Date	
stained to Service Reception upon co	liection	To be kept by Security Guard		

SC1120CG0004 / COMFORTDELGRO ENGINEERING PTE LTD [508969]

ENTRY DATE & TIME: 16/12/2020 10:35 (SGT)

SUBMITTED BY: Huang Xiao Yan VERSION: 1 (16/12/2020 10:35 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. 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

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 Submission Date of Accident **Exact Location of Accident** Additional Location Information

Country/State of Loss

16/12/2020 10:35 (SGT) 15/12/2020 16:20 (SGT) Cuscaden Rd, Singapore ALONG CUSCADEN ROAD TWDS ORCHARD AND ST REGIS RESIDENCE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHB3588X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

Company Reg No Email Address Mobile Phone No Alternative Phone No. Yes

CITYCAB PTE LTD 1XXXXXX839G

fleetsafety@cdgtaxi.com.sg (Phone) +65-65508768 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

Variant

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?

Vehicle Category

Hyundai lonia

Private hire

No - Claiming third party

Taxi

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number First Capital

ThirdPartyFireTheft

D-18088937MFSH

DRIVER

Name of Driver NRIC No Date Of Birth

TAY YONG CHAI SXXXX325E 07/01/1972



Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

Outdoor 19/10/1995

25 YEARS AND 2 MONTHS

Male

(Phone) +65-96189358

ADRIANTAY2009@HOTMAIL.COM

BLK 700A ANG MO KIO AVENUE 6 #18-304

561700 No Other

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head on collision

Raining Wet

No

No

Yes

3

No

2

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other material or property damaged?

Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

PASSENGER 2

Gender

Name

Female

Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

No No

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO ATTACHED Type of accident: HEAD TO SIDE

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes

Yes Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

SME3156J Mitsubishi



Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Vehicle Category
Name of Driver
Contact Number

Contact Number
Address
Address complement

Postcode - Insurance Company Name AIG

Nature Of Damage MODERATE
Details of property damaged in accident RIGHT REAR

Private car

HONG KING SCIN

No. Of Passenger (Including Driver)

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 Authorised Driver.
- Information provided must be as <u>truthful</u> <u>and accurate as possible</u>. Any wilful misrepresentation or witholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 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)
 - (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 my be sited outisde 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:
 - 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.

FUNCAS PIETIL FUNC 199502839G

Policyholder's Signature Date & Time:

Sy

Driver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Reporting Centre Personnel's Signature Name:

NRIC/Fin No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/12/2020 at about 16:20 hrs, I veh A was proveded
Strught at above said location. Our of sudden, Veh B drove our
from minor wont infront my taxi. I attempt to applied brake to
avoid collision upon saving this. However, Veh B right near portion
still collided onto the from right portion of my lexi.
Both of us then alighted to take scene photo and exchange particular
02 female passenger in my text and no injury at the point of
accident.

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature (if driver is not the policyholder)
Date & Time: 16.12 2020

Reporting Centre Personnel's Signature Name:

NRIC/Fin No.:





