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Type: M.Osr I M.Cycle (Bus i Van (Lorry Tell) Prime Mover) Truck / Trailer or Meke:	'J	ASSIGNMENT
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COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 22.12.2020 Time: 15:38:38

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

: 305440399

REGN NO MILEAGE : SHC3003L : 0000000000

MAKE

: HYUNDAI : IONIQ(G3)

MODEL DATE OF REGN

: 30.10.2019

DATE/TIME IN

: 22.12.2020 13:15

ACCIDENT DATE

: 22.12.2020

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

430.90 20.00 344.72 ty

0002 04-01-0104-4994-G IONIQV4 LAMP ASSY-DAY RUN

642.50 20.00 514.00 × aut

0003 04-01-0104-2743-G IONIOVC BRACKET ASSY-FEND

35.00 20.00

28.00 gara -

0004 04-01-0104-2687-G IONIQV4 MOULDING-FRONT BU

368.50 20.00 294.80 ₭

21.28 ne

0005 04-01-0104-3913-G IONIQVC EMBLEM-BLUE DRIVE

26.60 20.00

SUB-TOTAL : 1,202.80

JOB NATURE

0000 PB

PANEL BEATING

400.00 320

0001 SP

SPRAYPAINT CHARGE

500.00 HUD

0002 17-01

CHECK ALL LIGHTING

50.00 30

SUB-TOTAL: 950.00

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Taufin 17465749

Op Olys

Plp Russing affer report

taufin c/hhanto com

21/12/2004pm

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:

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

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

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

24 Senoko Loop Singapore 758156 7 Sungei Kadut Way Singapore 728791 501 Yishun Industrial Park A Singapore 768

Date/Time 20 2204132ing202064915:24

Page: 1

ARC Repair TP(CLSO)1 JOB CARD Ceam: Sales Order: JC NO.: 305440399 REGN NO. SHC3003L OMER MILEAGE COMFORT TRANSPORTATION PTE LTD MAKE: HYUNDAI 18 FUEL 7010045 OMER NO 383 SIN MING DRIVE E.....F MODEL IONIQ(G3) RESS 22.12.2020^N13:15 Singapore SINGAPORE 575717 65508755 (R) YR OF MANU. 10. 2019 TARGET DATE (P) CHASSIS CODE KMHC851CVLU187611 COMPLETION DATE/TIME: OUNT CARD NO.

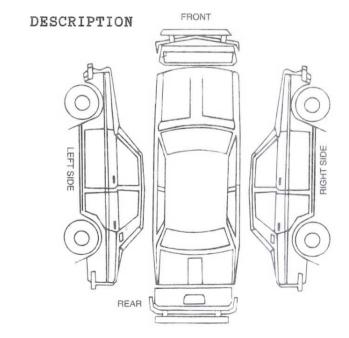
JOB DESCRIPTION

Accident Date: 22.12.2020

NATURE: 3P 22.12.2020

3/NO

LABOR CODE



KED & F	PASSED OUT BY:				
	SERVICE ADVISOR	₹		CUSTOMER'S SIGNATURE	
ledgeme	ent Slip		Exit Pass		
No.:	SHC3003L	JU NTUC LKK	Vehicle No.:	3003L	
f Service Advisor Signature/Date turned to Service Reception upon collection		Name of Service Advisor To be kept by Security Guard	Date		

SC1I20CM000N / COMFORTDELGRO ENGINEERING PTE LTD [508969] ENTRY DATE & TIME: 22/12/2020 14:56 (SGT) SUBMITTED BY: Huang Xiao Yan VERSION: 1 (22/12/2020 14:56 (SGT))

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 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

22/12/2020 14:56 (SGT) 22/12/2020 12:10 (SGT) Yuan Ching Rd & Japanese Garden Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC3003L

INSURED/POLICYHOLDER

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) +65-65508768 (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

Ioniq

Private hire

No - Claiming third party

Taxi

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

ThirdPartyFireTheft

India International

Yes

MCOM0015

DRIVER

Name of Driver

NRIC No

CHIA MENG HUA SXXXX179C

Date Of Driving Pass 22/02/1988 Driving experience 32 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-90039996 Alt. Phone Number **Email Address** fleetsafety@cdgtaxi.com.sg Address BLK 409 SAUJANA ROAD Address complement #06-120 Postcode 670409 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
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?

Yes
Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No

PASSENGER 1

Name - Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO ATTACHED

ATTACHMENT(S)

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

Yes Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

FBP3753H

CATALON COLOR COLOR

Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

NTUC SLIGHT DAMAGE EXHAUST

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.
- Information provided must be as <u>truthful</u> and <u>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 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:
 - 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 TRANSPORTATION PTE LTD CO. REG. NO. 199303821R

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

Date & Time:

22.12.2020

Reporting Centre Personnel's Signature

Name:

NRIC/Fin No.: Larry No.

ETCH PLAN			JAPAN ES O GARDEN
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B-FBP	3753H	5 7	
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COMFORT TRANSPORTATION PTE LTD CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:
22.12.2070
13.30%

Reporting Centre Personnel's Signature Name:
NRIC/Fin No.:

1 arry Ng

Describe circ	cumstances of the Accident.
On 22.12.202	20, at about 1210hrs, I stopped my Comfort taxi, SHC3003L, on the right lane
along Yuan C	hing Rd and the junction with Japanese Garden Rd due to red lights.
There was a	red car in front of me. When the lights turned green, the front car moved out
and stopped	before the yellow box, waiting to turn right. After the traffic was clear, the
front car turr	ned right.
then procee	ded to move straight going towards AYE direction. Just as I reached the yellow box
motorcycle s	uddenly overtook me from my left and stopped in front of me. I immediately
braked but a	s it was too sudden could not stop in time and hit B.
have a video	recording of the motorcycle cutting into my lane from my left.
No injury at t	he time of accident. 1 male pax in my taxi and not injured.
7-9-9-9-9	

Declaration

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

COMFORT TRANSPORTATION PTE LTD CO. REG. NO. 199303821R

Policyholder's Signature/Date & Time

Driver's Signature(If driver is not the policyholder)/Date

& Time 22.12.2020

Larry No.

Witnessed by Reporting Centre Personnel

1330m



