

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 22.12.2020

Time: 18:17:26

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305440452
REGN NO : SHB3065M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 10.07.2019
DATE/TIME IN : 22.12.2020 14:20
ACCIDENT DATE : 22.12.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | | |
|------------------------|---------------------------|------|--------|-------|--------|----|
| 0001 04-01-0104-2534-G | IONIQV2&3 COVER-FR BUMPER | 1 L | 430.90 | 20.00 | 344.72 | Ry |
| 0002 04-01-0101-0111-A | HYUNDAI BUMPER COVER CLIP | 10 L | 22.00 | 20.00 | 17.60 | ny |
| 0003 04-01-0104-0574-G | IONIQVC PANEL-FENDER LH# | 1 L | 588.80 | 20.00 | 471.04 | bt |
| 0004 04-01-0104-3813-G | IONIQVC EMBLEM-BLUE DRIVE | 1 L | 26.60 | 20.00 | 21.28 | ny |

SUB-TOTAL : 854.64

JOB NATURE

| | | | |
|-------------|-----------------------------|--------|-----|
| 0000 L | PANEL BEATING | 500.00 | 320 |
| 0001 23-502 | SPRAYPAINT ON AFFECTED AREA | 450.00 | 400 |

SUB-TOTAL : 950.00

TOTAL : 1,804.64

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED: YES / NO

Tanpin 97495749 2days
23/12/2020 2pm
WP P/p Repair before paint
Tanpin e/khanto.com

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:

Date/Time: 22.12.2020 17:36

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.: 305440452

OWNER

AS CITYCAB PTE LTD

OWNER NO. 7010070

RESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65551188

(R) (O)

(P)

OUNT CARD NO.

REGN NO.

SHB3065M

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

IONIQ(G2)

22.12.2020 14:20

YR OF MANU.

10.07.2019

TARGET DATE

CHASSIS CODE

KMHC851CVKU164754

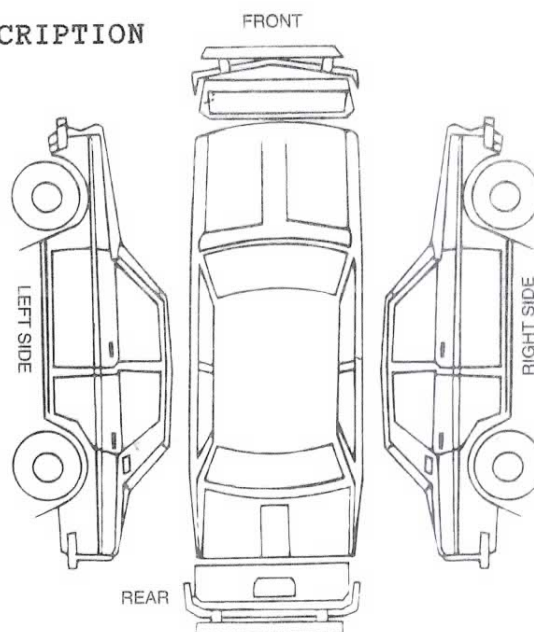
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 22.12.2020

NATURE: 3P 22.12.2020

3/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

No.: SHB3065M

LKE

Taufik

Exit Pass

Vehicle No.:

SHB3065M

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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 | 22/12/2020 16:15 (SGT) |
| Date of Accident | 22/12/2020 12:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | BT TIMAH RD X SERANGOON RD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHB3065M |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------------|
| Is company? | Yes |
| Name Of Registered Owner | CITYCAB PTE LTD |
| Company Reg No | 1XXXXX839G |
| 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-18088937MFSH |
| Cover Note Number | - |

DRIVER

| | |
|----------------|------------------------------------|
| Name of Driver | MOHAMED RAFFIUDEEN S/O MOHAMED ALI |
| NRIC No | SXXXX171G |

| | |
|--|------------------------------|
| Date Of Driving Pass | 20/10/1994 |
| Driving experience | 26 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96363429 |
| Alt. Phone Number | - |
| Email Address | JUHAINA08@GMAIL.COM |
| Address | BLK 134 BEDOK RESERVOIR ROAD |
| Address complement | #09-1225 |
| Postcode | 470134 |
| 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 | 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) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| 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? | 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 | GBG1287Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |

Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SLIGHT
RIGHT REAR
-

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|------------------------------------|
| Name of injured person | MOHAMED RAFFIUDEEN S/O MOHAMED ALI |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | 49 |
| Injuries Sustained | RIGHT ARM AND NECK PAIN |
| Injured person in which vehicle? | SHB3065M |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

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. 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.
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.

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.:

22.12.2020
(SWH)

Larry Ng

B-GBA 12874

BT TIMAH RD

Συναξι ΡD

SERANGANI RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Start attached to

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

GLYCAB PTFE LTD
FOLIO NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)

Date & Time: 22.12.2020
1500h

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

Describe Circumstances of the Accident.

On 22.12.2020, at about 1230hrs, I was driving my Citycab, SHB3065M, on lane 4 along

Bt Timah Rd with no pax. Weather was clear and moderate traffic.

Lane 4 is a left turn lane and go straight lane. While making a left turn, a fast moving van,

B, which was on lane 5, a left turn only lane, went straight and its right rear side hit my taxi

left front side.

B did not stop and continued driving into Sungei Rd. I chased and sounded the horn and

chased B. Finally, B stopped quite some distance into Clive St.

I have a video recording of the accident.


After the accident, I feel pain in my right arm and neck.

Declaration

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

CITYCAB PTE LTD
REG. NO. 159502P30G

Policyholder's Signature/Date &
Time


Driver's Signature(If driver is not the policyholder)/Date
& Time 22.12.2020

(SWW)

Larry Ng

Witnessed by Reporting
Centre Personnel

