ASS. REC. BY: Tay Th		
	GNMENT	
From: Date: Estimated Cost:	Veh No: SHB 662 95 Yr Regn: 2020 Jean, Type: M.Car / M.Cycle / Bus / Van / Lorry / Pagi / Prime Mover /	
	Truck / Trailer or	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	1/ / /	
To Inspect Vehicle No:		
at Workshop m/s	Colour Blue A/C: Insured / Std / NI / NA	
of	Sp.Reading	
Policy No.	Eng/No: KM 4 G8 5 1 CV E41905 45	
	Gen. Cond: Good/ Fair / Poor / Burnt	
Claims No. Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or	
	Brake: Inorder / Jammed / Leaked / Burnt or	
(Client's Record) Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or	
	Tyre Size: F: 195/65R18	
(Policy Condition)	R: 47.	
Remark: The veh had commenced its	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the time of inspection.	TOYO/YOKO or wnt/ale	
Bal. or Market Value:	Front Rear	
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. 6 mm	
GIA / PR Seen: Consistent?: Yes or No	L/Bal. L/Bal. C mm	
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 29/12/20	
Lum Sum: % 3 Val.: Yes or No	Survey held at Comfort loggy	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or	
Date: Person Contacted: Vehicle: IN / OUT	W/s Reev	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.	
7,000,1,000,000		
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
BORDON COMPANY	Resurvey No. of Trip: Survey Fee:	
Date/Time, File Return to?	Transportation:	
2) Add Fee	: Site Insp (\$)s+Rss	

: Interview (\$

:Tech. Invs (\$

Weellend (\$

Reporter:

Lump Sum H.B.J. (\$

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 29.12.2020

Time: 12:29:04

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 REGN NO 305441435 SHB6629S

MILEAGE

0000000000

MAKE

: HYUNDAI

MODEL

: IONIQ(G3)

DATE OF REGN

: 23.01.2020

DATE/TIME IN ACCIDENT DATE : 29.12.2020 09:40 : 29.12.2020

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

PART REOUISITION

1 L 459.40 20.00 367.52 RX

10 L 22.00 20.00 17.60 per

0003 04-01-0104-1150-A IONIQVC PROTECTOR MAT

1 N 50.00 2.00- 50.00

0004 04-01-0104-0576-G IONIQVC PANEL ASSY-QUARTE

1 L 1,768.30 20.00 1,414.64

0005 28-01-0302-2017-A FUEL TANK LID (PETROL ONL

1 N 15.00 2.00- 15.00 New

0006 04-01-0104-0596-G IONIQVC PANEL ASSY-REAR D

1 L 1,789.90 20.00 1,431.92 ht-

0007 28-01-9999-2023-A APP LOGO REAR DOOR L/R CT

1 N 80.00 2.00- 80.00 Wel-

0008 03-01-0104-2137-G IONIQV4 CAP ASSY-WHEEL HU

1 L 346.40 20.00 277.12 art

SUB-TOTAL : 3,653.80

200

JOB NATURE

0000 L	PANEL BEATING	960.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	650.00 600
0002 20-22	REMOVE/REFIX REVERSE SENSOR	80.00 50

COMFORTDELGRO ENGINEERING PTE LTD

Date: 29.12.2020 Time: 12:29:04

Page: 2

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO **REGN NO**

: 305441435 : SHB6629S

MILEAGE MAKE

: 0000000000 : HYUNDAI

MODEL

: IONIQ(G3)

DATE OF REGN DATE/TIME IN

: 23.01.2020 : 29.12.2020 09:4

ACCIDENT DATE

: 29.12.2020

IOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0003 20-02

TRANSFER OF DOOR REAR LH

120.00 60

0004 20-08

ADJUST REAR WHEEL ALIGNMENT

80.00

SUB-TOTAL: 1,890.00

TOTAL

: 5,543.80

AUTHORISED: YES / NO

MVA NAME & SIGNATURE

DATE:

SURVEYOR NAME & SIGNATURE

DATE:

Tought 47445749

WP 24/12/20 84pm

nom m before punt plp Nemmy before pun 4 dags taufin @ (hhants. www.

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
- Tried 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

Simulare:

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

f Service Advisor

turned to Service Reception upon collection

Signature/Date

ComfortDelGro Engineering Pte Ltd

Date

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

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

24 Senoko Loop Singapore 758156 7 Sunger Kadut Way Singapore 728791 501 Yishun Industrial Park A Singapore 768732

Date/Time 620 2090:432ing202064911:54

Page: 1

JC NO.: 305441435 JOB CARD Sales Order: Ceam: ARC Repair TP(CLSO)1 REGN NO. SHB6629S MILEAGE TOMER COMFORT TRANSPORTATION PTE LTD MAKE: HYUNDAI FUEL 1S 7010045 E.....1/2.... TOMER NO 383 SIN MING DRIVE MODEL IONIQ(G3) 29. 12.2020 09:40 RESS Singapore SINGAPORE 575717 65508755 YR OF MANU. 01. 2020 TARGET DATE (R) (O) (P) CHASSIS CODE 851CVLU190545 COMPLETION DATE/TIME: OUNT CARD NO. JOB DESCRIPTION Accident Date: 29.12.2020 NATURE: 3P 29.12.2020 FRONT 3/NO LABOR CODE DESCRIPTION EFF SIDE REAR KED & PASSED OUT BY: SERVICE ADVISOR CUSTOMER'S SIGNATURE Tau fite Exit Pass ledgement Slip Vehicle No.: SHB6629S SHB6629S No .:

> Name of Service Advisor 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 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

29/12/2020 10:52 (SGT) 29/12/2020 08:55 (SGT) Serangoon Ave 2, Singapore BLK 303 SERANGOON AVE 2 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHB6629S

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 First Capital ThirdPartyFireTheft Yes D-18088936MFSH

DRIVER

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

02/11/1987

33 YEARS AND 1 MONTH

Male

(Phone) +65-94890590

UNCLELHH@GMAIL.COM

319 09-52 JURONG EAST STREET 31

600319

No

Other

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

Side Swipe

Clear

Dry

No

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?

Yes 1

No

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

see attach

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

Name of Driver Contact Number

Address

Address complement

Postcode

Insurance Company Name

GBC8778Y

Commercial vehicle

POON LOI TAI

Accident report SC1I20CT0004

Page 2 of 15

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

SKETCH PLAN	7	
A = SHB663	299	t
		-
		A
B=GBC8778 CCCYOTO BYNA	y 3030 12	В
Coyoto)	Che Las	
	4	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
tavorde Bik.	303 Serangoon	Ave 2 direction
The first Carry	of GBC 8778	
to mad when	Ec 1 stop as	well bro proceed
free the said	Lorry Step agains and	n with hazard.
wanted for an		
want to bleck	e the way.	
he I was gom an my faxi helt of Carrol at the so	e straight the rear portion. I st	op to Check and
takie No injure	-1 10	of accident
DECLARATION		
I/We declare the foregoing particulars ar	re true in every respect.	
CO REG NO 199303821R	44	and
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.:

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 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)

l 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:
 - 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.

OMFORT TRANSPORTATION PTE LTD

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.: Olivie Worth











