ASS. REC. BY: Tauplin REF: NS/ /NC 2100	0269/T1vd3
ASSI	GNMENT
From: Date:	Veh No: SHD69898 Yr Regn. 2026, Sep.
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tax / Prime Mover /
OD ITPI WS I TP RES I OD RES I EVA I INV I MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Hyunden boring c.c 1580 Colour Blue A/C: Insured/Std/NI/NA
at Workshop m/s	
of	Sp.Reading T/Radio: insured / Std / NI / NA
Insured: FBR 2175Y	Eng/No:
Policy No. 5116948367	C/No: KMHE 85/CV14/88030
Claims No.	Gen. Cond: Good/ Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / SRIm / STD A/Rim or
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: 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 / OU Date / Time Action / Instruction Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Date/Time, File Pass to? : Preli. Report : Final Report Date/Time, File Return to? 2. 15/1/21-Typist Add F	Days Of Repair: 2 Resurvey No. of Trip: 1 Survey Fee: Transportation:

: Interview (\$

: Tech. Invs 🦃

Weelfend (\$

Reporterment: TP

Lunsp Sum / L.B.J. (* \$969.60

Photos

COMFORTDELGRO ENGINEERING PTE LTD

Date: 31.12.2020

Time: 08:18:25

Page: 1

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 MILEAGE** 305445434 SHD6989S

MAKE MODEL.

0000000000 : HYUNDAI

DATE OF REGN

: IONIQ(G3) : 30.09.2020

DATE/TIME IN

: 30.12.2020 12:20

ACCIDENT DATE

: 30.12.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2534-G FRT BUMPER

1 430.90 20.00 344.72

0002 04-01-0104-3818-G FRT BUMPER BRKT LH

28.00 20.00

0003 04-01-0104-0632-G FRT BUMPER MOULDING LH

93.60 20.00

0004 04-01-0104-4891-G DAY RUNNING LIGHT LH

642.50 20.00 514.00 1

SUB-TOTAL : 956.00

JOB NATURE

0000 PB

PANEL BEATING

350.00

0001 SP

SPRAYPAINT CHARGE

250.00

0002 17-01

CHECK ALL LIGHTING

40.00

SUB-TOTAL: 640.00

AUTHORISED: YES / NO

TOTAL : 1.596.00

MVA NAME & SIGNATURE

SURVEYOR NAME & SIGNATURE

DATE:

DATE: 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:

COMFORTDELGRO 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
Date/Time 20 3 Toad 2 2 ing 20 2064908: 17
Page: 1

Mainline + bb boos Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609266

Ceam:

ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4051289

JC NO.: 305445434

OMER

18

RESS

COMFORT TRANSPORTATION PTE LTD

7010045

OMER NO 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

(R) (P)

DUNT CARD NO.

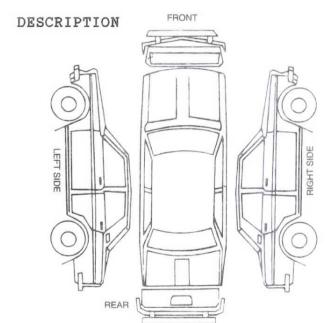
REGN NO SHD6989S	MILEAGE
MAKE: HYUNDAI	FUEL
MODEL IONIQ(G3) 30	. 12.2020 12:20
YR OF MANU. 09. 2020	TARGET DATE
CHASSIS CODE 851CVLU188030	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 30.12.2020 VATURE: 3P 30.12.2020/C

3/NO

LABOR CODE



XED & PASSED OUT BY:			*
SERVICE ADVISOR	3		CUSTOMER'S SIGNATURE
ledgement Slip		Exit Pass	
No.: SHD6989S	LIMTS	Vehicle No.: SHD6989S	
f Service Advisor turned to Service Reception upon	Signature/Date	Name of Service Advisor To be kept by Security Guard	Date

SC1I20CU000D / COMFORTDELGRO ENGINEERING PTE LTD [508969]

ENTRY DATE & TIME: 30/12/2020 14:43 (SGT) SUBMITTED BY: Huang Xiao Yan

VERSION: 1 (30/12/2020 14:43 (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
- 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

30/12/2020 14:43 (SGT) 30/12/2020 11:25 (SGT) Tiong Bahru Rd, Singapore NEAR BLK 3 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD6989S

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

lonig

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-18088936MFSH

DRIVER

Name of Driver

NRIC No Date Of Birth TAN HUI PENG SXXXX533C 23/04/1958

Date Of Driving Pass 29/11/1982 Driving experience 38 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-96465155 Alt. Phone Number Email Address tanhuipeng5871@gmail.com Address **BLK 460 CLEMENTI AVENUE 3** Address complement #25-602 Postcode 120460 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? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 4 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name Gender Female

PASSENGER 2

Name Gender Female

PASSENGER 3

Name Gender Female

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 FBR2175Y Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Motorcycle Contact Number Address Address complement Postcode Insurance Company Name NTUC Nature Of Damage NO DAMAGE Details of property damaged in accident

No. Of Passenger (Including Driver)

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 <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
- 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.
- 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)
 - 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.

COMFORT TRANSPORTATION PTE LTD

CO. REG. NO. 199303821R

Dríver's Signature

(if driver is not the policyholder)

Date & Time: 30 11 2 - 2020

120000

2 . <

Reporting Centre Personnel's Signature

THE THE WAY TO THE THE THE THE THE

Name:

NRIC/Fin No.:

Larry Ng

Policyholder's Signature Date & Time:

1

SKETCH PLAN

A = SHD 69895 B-FBR 21754

BLIC 3

	BAHRU RI			lane
Seal name and the seal of the		B	\rightarrow	× × ×
		A	7	
Walk allow help of the proper file of the control o	Managari (1) - Managari and an angle and analogue and an analogue and analogue and analogue and analogue and a	programme and the second secon		and Confession and Co
			«	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

00	30.12.2020, at about 1125 hr, I was dring any Comfort	
tan 3	30.12.2020, at about 1125 hr, I was dring any Comfort; SHD 69895, on the right lane along Tiong Bahrn Rd vitemade pax.	}
	athe was clear and anoderate troffic. Somewhat infront of	Blt
the she	It came was closed to traffic for plant pruning. As I dring slowly in my lane, a motorcycle, B, which was on left lone, cut into my lane, and resulted in a side lision.	
7	have a video recording of the side impact collision.	
No	injury at the time of collision.	

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: 30 · (2 · 2->0 1305m

Reporting Centre Personnel's Signature Name:

C. 12

NRIC/Fin No.: Larry Ng