ASS, REC. BY: Taupton REF: CT	
ASSI	GNMENT
From: Date:	Veh No: <u>SHIP 3/25D</u> · Yr Regn: 2018, Sep
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry /.Taxiv Prime Mover /
OD / TO WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Myunder lonig c.c 1580
at Workshop m/s	Colour Blue A/C: Insured / Std / NI / NA
of	Sp.Reading 215089 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: KM HC85/CVK410745
Claims No.	Gen. Cond: Geed / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inotder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / SRim / STD A/Rim or
	Tyre Size: F: (4) (6)
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYOTYOKO or Westly he.
Bal. or Market Value:	Front Rear 6
IDAC Accident Rport: Consistent? : Yes or No	R/Balmm / R/Balmm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. L/Bal. mm
Est. Repairs:days Res.: Yes or No	D.O.A. D.O.I. (3/1/2)
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA REV REP. 24 HRS	Des. of Damages: Frt / Rear / ONS / N/S / U/C / Rooftop or
Date:Person Contacted: Vehicle: IN / OU	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Dale/Time, File Pass to? : Preli. Report	Days Of Repair:
; Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	. Transportation:
2) Add F	Fee: Site Insp (\$)_s+Rssi
	: Interview (\$) Photos
Repair ormat :	:Tech. Invs (\$) others
Lunsp Sam / LE.E. (%)	: Weetend (%
	· TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 18.01.2021 Time: 14:39:09

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** 305448771 SHA3125D

MILEAGE

0000000000

MAKE MODEL

HYUNDAI : IONIQ(G2)

DATE OF REGN DATE/TIME IN

: 13.09.2018 : 18.01.2021 11:35

ACCIDENT DATE

: 16.01.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-0592-G FRT DOOR RH

1 1,797.20 20.00 1.437.76

0002 28-01-0103-0005-A Frt Door ComfortDelGro RH 1 75.00 2.00- 75.00 MM

SUB-TOTAL : 1,512.76

JOB NATURE

0000 PB

PANEL BEATING

400.00

0001 SP

SPRAYPAINT CHARGE

300.00

0002 20-05

Frt Door Adv.Sticker RH

100.00

SUB-TOTAL: 800.00

MVA NAME & SIGNATURE

TOTAL : 2,312.76

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

DATE:

DATE:

LKK Auto Consultants hence notify the Repairer of the following:

- · To resulve before/after spray painting
- To display damaged part(s) during resurvey
- * Parts price in the subject to confirmation
- . Third party survey is on a "Without Prejudice" basis
- he degal mod fication(s) is allowed
- * For greenentary item(s) must be resurveyed and is a might to final approval from Insurance Company

As a by Repairer

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd 205 Braddell Road Singapore 579701 Mainline + 65 6283 6280 Facsimile + 65 6280 9755

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 Ub Road Singapore 20164914: 27

Page: 1

Team:

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305448771

TOMER

1S

COMFORT TRANSPORTATION PTE LTD

7010045

FOMER NO383 SIN MING DRIVE RESS

Singapore SINGAPORE 575717

65508755

(P)

(R)

OUNT CARD NO.

REGN NOSHA3125D	MILEAGE		
MAKE: HYUNDAI	FUEL 1/2 F		
MODEL IONIQ(G2) 18	.01.2021 11:35		
YR OF MANY: 09.2018	TARGET DATE		
CHASSIS KMHE851CVKU107455	COMPLETION DATE/TIME:		

JOB DESCRIPTION

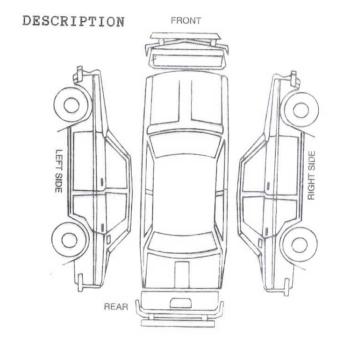
Accident Date: 16.01.2021

NATURE: 3P 16.01.2021

urned to Service Reception upon collection

S/NO

LABOR CODE



KED &	PASSED OUT BY:	and the second s				
	SERVICE ADVISOR	3		,	CUSTOMER'S SIGNATURE	
edgem	ent Slip		Exit Pass			
lo.:	SHA3125D	LIMTS	Vehicle No.: SF	HA312 5D		
Service	e Advisor	Signature/Date	Name of Service Advi	isor	Date	

To be kept by Security Guard

SC112111000F / COMFORTDELGRO ENGINEERING PTE LTD [508969] ENTRY DATE & TIME: 18/01/2021 13:51 (SGT) SUBMITTED BY: Janet Lim Siang Gek VERSION: 1 (18/01/2021 13:51 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

18/01/2021 13:51 (SGT) 16/01/2021 16:20 (SGT) Choa Chu Kang, Singapore HENG SOON FARM @ CHOA CHU KANG TRACK 14 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHA3125D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No

Yes COMFORT TRANSPORTATION PTE LTD 1XXXXXXXX1R FLEETSAFETY@CDGETAXI.COM.SG (Phone) +65-65508768 (Office) +65-65508768

VEHICLE PARTICULARS

Alternative Phone No

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 loniq

Private hire

No - Claiming third party

Taxi

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

Axa

ThirdPartyFireTheft

VFX/P2419138

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TOH KAH TEONG SXXXX457B 25/10/1964 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

30/06/1986

34 YEARS AND 7 MONTHS

Male

(Phone) +65-94562929

FLEETSAFETY@CDGETAXI.COM.SG

BLK 636C SENJA ROAD

#08-339 673636 No

Other No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Side Swipe Clear Dry

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?

No

2 No

Yes

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

REFER 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

Name of Driver Contact Number

Address

Address complement

Postcode

Insurance Company Name

GBD2491H

Commercial vehicle

China Taiping Insurance

Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) SLIGHT LEFT FRONT 1

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. 2.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material 3 facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the 4 insurance companies.
- Any false reporting may be referred to the Police for investigation 5.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance 6 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 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.
- 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 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 PIE LTD CC. REG. NO. 199303821R

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

Reporting Centre Personnel's Signature Name.

NRIC/Fin No .:

Date & Time:

18-012021

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

		1 3031	at av	out 16:2	Ohrs,	I Ve	hAu	vas
driving strain	ght at	above	said	location	with	low	Speed.	
Suddenly Ve	eh B mi	ove off	from_	8100 ann	and	Swer	ied le	Pt
hit onto n	ny taxi	right	portion.	Both on	f us	Then	alighted	10
take photo	· No f	ocix in	my -	laxi and	no	injung	report	4ed
at the p	oint of	accid	lent.					

DECLARATION

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

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

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

18-01-2021 Reporting Centre Personnel's Signature Name: Loke Williams NRIC/Fin No.:

Policyholder's Signature Date & Time: