Interview

Tech. Invs (\$

Weekend (\$

Photos

Others

TOTAL

2)

Report Format:

Lump Sum / I.B.I: (\$ 1263.36



ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 5280 Facsimile + 65 6280 9755

Workshops

REGN NO .:

205 Braddell Road Singapore 579701 59 Loyang Drive Singapore,508969 383 Sin Ming Drive Singapore 575717

Date/Time: 26.04.2021 12:40

Page: 1

Team:

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.:305465454

MILEAGE

FUEL

STOMER

(P)

COMFORT TRANSPORTATION PTE LTD

/MS STOMER NO.

7010045

DRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755 .. (R)

(O)

MODEL IONIQ(G2)

HYUNDAI

E.....F DATE/TIME IN

MAKE

SHC2454A

24.04.2021 10:35

YR OF MANU.

10.07.2019

TARGET DATE

CHASSIS CODE KMHC851CVKU164587 COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

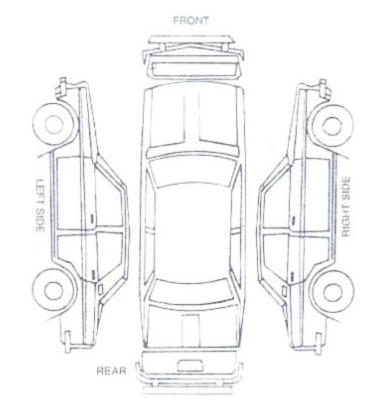
Accident Date: 24.04.2021 NATURE: 3P 24.04.2021

returned to Service Reception upon collection

S/NO

LABOR CODE

DESCRIPTION



ECKED &	PASSED OUT BY:			
	SERVICE ADVISO	DR .		CUSTOMER'S SIGNATURE
wledgem	nent Slip		Exit Pass	
e No.:	SHC2454A	CHIANG	Vehicle No.: SHC2454A	
of Service	ee Advisor	Signature/Date	Name of Service Advisor	Date

To be kept by Security Guard

SJ04214Q0007 / JP Knights Pte Ltd ENTRY DATE & TIME: 26/04/2021 11:24 (SGT) SUBMITTED BY: Ashikin VERSI-N: 1 (26/04/2021 11:24 (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

26/04/2021 11:24 (SGT) 24/04/2021 09:05 (SGT) Lim Chu Kang Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC2454A

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) +65-94507378 (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

Transmission

CC

Hyundai loniq

Private hire

No-Reporting only claiming TP

Taxi Auto 1580

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

AXA Insurance Pte Ltd ThirdPartyFireTheft

Yes

VFX/P2419138

DRIVER

Name of Driver NRIC No

ONG SWEE HOE SXXXX358I



Date Of Birth

Occupation 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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Side Swipe

19/08/1964

16/01/1985

36 YEARS AND 3 MONTHS

fleetsafety@cdgtaxi.com.sg

BLK 246 SERANGOON AVENUE 3 #03-212

(Phone) +65-94507378

Outdoor

Male

550246

No

No

Hirer

Raining

Wet

No

No

Yes

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?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

No

No

No

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG LIM CHU KANG RD TOWARDS JALAN BAHAR. VEHICLE B DRIVE FROM OPPOSITE TO NEAR TO MY TAXI AND BOTH WING MIRRORS OF VEHICLE COLLIDED. NO INJURY, VIDEO FOOTAGE CAPTURED.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

Yes

SD CARD WITH WORKSHOP

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

SJL1564B

Private car

(Phone) +65-97533753

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

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. The Formmust 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
- 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)

Lunderstand, 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 law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
- (i) processing handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
- (i) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (# driver # not the policyholder) / Date & Time

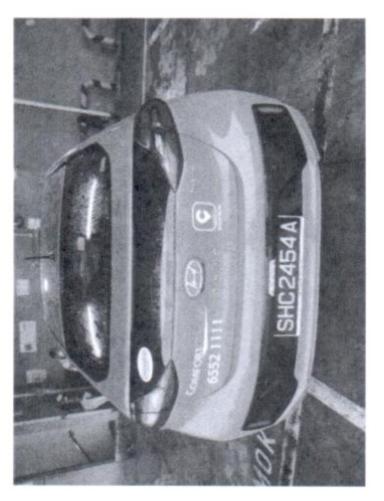
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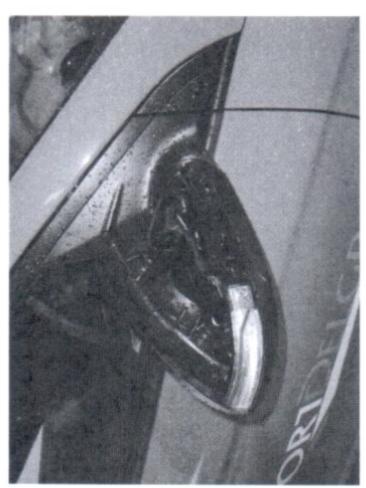
Sketch Plan

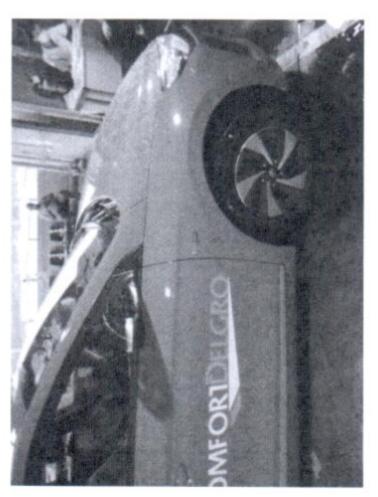
A-SHC 2454A B-SJL 1564 B

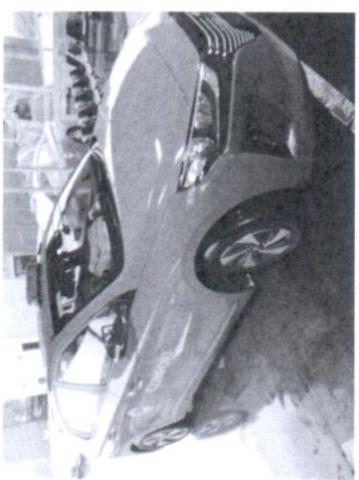
CS phareast with chiefe a re-

Describe Circumstances of t		
1 st was	driving along In Chi	· Lang Rd
towards Ja	lan Bahar Vehicle	B delive
from opposi	te ton near to me	6 6 6
both John	The state of the s	face, and
NO Springer	te to rear to my - wing mirror of u I Violeu Pootage capt	unche collided
11909	I VIOLED FOOTAGE CAPT	ured.
	- by	
	N O	
	N	
	•	
-		
Declaration		
We declare the foregoing particula	rs are true in every respect	
		,
	6.1.	/
	DY.	
		, , ,
blicyholder's Signature / Date &	Driver's Signature (# driver is not the policyholder) / Date	Witnessed by Reporting Centy6
ime	& Time	Personnel Dd Hague
		11 hale 24/16/21











REPAIR ESTIMATE*

VEHICLE NO

SHC2454A

DATE 24/04/21

MAKE

MODEL

: HYUNDAI IONIQ G2

CHIANG/NTUC

DDEL	: HYUNDAI IONIQ GZ		CHIANG/NTOC					
Qty	Parts Description/ Labour	Туре	Unit Price	Amount				
42-1	1 FRONT RH WING MIRROR			\$1,391.70				
	SUB TO	TAL		\$1,391.70				
	LESS 2	20%		\$278.34				
	DISCOUNTED TO	TAL		\$1,113.36				
				#REF!				
	Labour Charge			¢150.00				
	Panel Beating			\$150.00				
	Spray Painting Charge TOTAL LABO	OUR		\$100.00 \$250.00				
	ESTIMATE TO	TAL		\$1,363.36				
	NAZ LKX 26/4/2021 1445 PP							
	BY PAINT PHOTOS 1 DAY							
	1 DAY							
	This is an initial actionate based on a viewel increase in	of the character	obiolo The final result					
	This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.							

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 PTE LTD

Date: 27.04.2021 Time: 09:10:34

REPAIR ESTIMATE

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

: 305465454 : SHC2454A

MILEAGE

MAKE

: 0000000000 : HYUNDAI

MODEL : IONIQ(G2)
DATE OF REGN : 10.07.2019

DATE/TIME IN : 24.04.2021 10:35

ACCIDENT DATE : 24.04.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2538-G MIRROR ASSY-O/S RR VIEW R 1 1,391.70 20.00 1,113.36

SUB-TOTAL : 1,113.36

JOB NATURE

0000 PB

PANEL BEATING

50.00

DATE:

0001 SP SPRAYPAINT CHARGE

100.00

SUB-TOTAL: 150.00

TOTAL : 1,263.36

MVA NAME & SIGNATURE

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

DATE: