SS. REC. BY: Tayluh REF: CC4/K	71421066391: [Tip93.
S. REC. BY: Tau W	ASSIGNMENT
om: Date:	Veh No: SHB 306 SM. Yr Regn: 2991 July. Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl) Prime Mover /
stimated Cost:	Truck / Trailer or
TP / WS / TP RES / OD RES / EVA / INV / MV	1580.
Inspect Vehicle No:	A/C: Insured / Std / NI / NA
Workshopm/s	2 l 2 C 0 T T/Podio: Insured / Std / NI / NA
	Sp.reading
sured:	Eng/No: KM 4C & 5/CV K4/64754
olicy No.	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: NII / 9/Rim / STD A/Rim or Tyre Size: F: /95/65/2/5
(Policy Condition)	THE STATE OF THE S
Remark: The veh had commenced its	
repair at the time of inspection.	TOYO / YOKO or Rear
Sal. or Warket Value:	Front G R/Bal G mm
IDAC Accident Rport: Consistent? : Yes or No	Noal, IIIII
GIA / PR Seen: Consistent? ; Yes or No	001 (/6/2/
Est. Repairs:days Res.: Yes or N	
Lum Sum: % 3 Val.: Yes or N	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA I DEV I DED I 24 HRS	Rear N/S
Ven	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	,
	· · · · · · · · · · · · · · · · · · ·
+	
	Days Of Repair:
Date/Time, File Pass to? : Preli. Report	Resurvey No. of Trip: Survey Fee:
1) : Final Report	Resurvey No. 31 TTp Transportation:
Date/Time, File Return to?	Add Fee: Site Insp (\$)_s+RSSI
2)	: Interview (\$) Photos
Tr	: Tech. Invs (\$) Others
Repetition :	Weelend (\$
Lunsp Sour (I.B.): (F	707/4

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No.: SHB3065M

Make

: HYUNDAI

Model : IONIQ(G2)

Date: 03/06/21

Insurance: AIG

MVA: MS. LOKE YY

Qty	Parts Description / L	.abour	Туре	Unit Price	Amount
-	REAR BUMPER COVER				fr \$459.40
10	REAR BUMPER CLIPS				\$22.00
	REAR FENDER LH				RY \$1,768.30
•	1 REAR BUMPER SIDE BRACKET LH				\$55.80
		SUB TOTAL			\$2,305.50
		LESS 20%			\$461.10
		DISCOUNTED TOTAL			\$1,844.40
	1 REAR FENDER PETROL STICKER				\$15.00
	1 REAR BUMPER RUBBER MAT				\$50.00
					\$65.00
	Labour Charge				525 _{\$800.00}
	PANEL BEATING SPRAY PAINTING CHARGE				\$600.00
	TUFF KOTE				35 \$60.00
		TOTAL LABOUR			\$1,460.00
		ESTIMATE TOTAL			\$3,369.40

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.

Tanpai 174957449 NP 12/1/11 e 4pm P/P Nesmy byod print

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:



eturned to Service Reception upon collection

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755 Workshops 205 Braddell Road Singapore 579701 59 Loyang Drive Singapore 508698 383 Sin Ming Drive Singapore 575717

Date/Time: 03.06.2021 09:55 Page: 1

	*		
Team: ARC Repair TP(CFSO)1	JOB CARD	Sales Order: 4085941	JC NO.:305471872
STOMER		REGN NO.: SHB3065M	MILEAGE
MS CITYCAB PTE LTD		MAKE :	FUEL
STOMER NO. 7010070		HYUNDAI	EF
ORESS 383 SIN MING DRIVE Singapore SINGAPORE 575717		MODEL IONIQ(G2) 03	DATE/TIME IN 3.06.2021 09:20
(R) 65551188 (O)		YR OF MANU. 10.07.2019	TARGET DATE
COUNT CARD NO.		CHASSIS CODE KMHC851CVKU164754	COMPLETION DATE/TIME:
Accident Date: 01.06.2021	JOB DESCRIPTION		
NATURE: 3P 01.06.2021			
S/NO LABOR CODE	DESCR	IPTION LEFT SIDE REAR	FRONT SIDE
CKED & PASSED OUT BY:			
SERVICE ADVISOR	ob	CUSTOMER'S SI	GNATURE
wledgement Slip	Exit Pass		
: No.: SHB3065M YY AIG	Vehicle No.:	HB3065M	
of Service Advisor Signature/Date	Name of Service Ad	lvisor Date	

To be kept by Security Guard

SJ042161000L / JP Knights Pte Ltd ENTRY DATE & TIME: 01/06/2021 17:24 (SGT) SUBMITTED BY: Ashikin VERSION: 1 (01/06/2021 17:24 (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

2. This i of things be completed by the Following and the National 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

01/06/2021 17:24 (SGT) 01/06/2021 10:00 (SGT) Crane Rd, Singapore Before Onan Road junction Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHB3065M

INSURED/POLICYHOLDER

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

Alternative Phone No

Yes

CITYCAB PTE LTD 1XXXXX839G fleetsafety@cdgtaxi.com.sg (Phone) +65-96363429 (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 Ae ioniq

Private hire

No - Claiming third party

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/P2419140

DRIVER

Name of Driver NRIC No

MOHAMED RAFFIUDEEN S/O MOHAMED ALI

SXXXX171G

24/05/1971 Date Of Birth Outdoor Occupation 20/10/1994 Date Of Driving Pass 26 YEARS AND 8 MONTHS Driving experience Male Gender (Phone) +65-96363429 Mobile Number Alt. Phone Number fleetsafety@cdgtaxi.com.sg **Email Address** BLK 134 BEDOK RESERVOIR ROAD #09-1225 Address Address complement 470134 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 Side Swipe Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 ON 01/06/2021 AT ABOUT 1000HRS, I PARKED MY VEHICLE SHB3065M ALONG PARALLEL PARKINT LOT (4) AT CRANE HIT ONTO MY VEHICLE. EXCHANGED PARTICULARS. NOBODY WAS INJURED.

ROAD. WHILE MY VEHICLE WAS STATIONARY, VEHICLE B - GBF6848B WAS REVERSING INTO PARKING LOT NUMBER 3 AND

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

FILE IS NOT SUITABLE

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver

GBF6848B Nissan Cabstar

Commercial vehicle LOH ING CHEE @ ENG CHEE NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SXXXX669F

(Phone) +65-93899949

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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 withholding of material facts may allow insurance companies to <u>reguldate 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 GM 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)

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 lawyers/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;
- (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

0

(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.

			When	
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policy & Time 1 6 22	holder) / Date	Witnessed by Reporting Centre Personnel	
Sketch Plan	(1412	12100	wiely)	
			Ovan RIO	
	BA			
		A-	SHB 3065 M	
]]] 3.	b -	- GEF 6646B	
	crowern			

Describe Circumstances of the Accident	
Describe Circumstances of the Accident	
	at a lossed 1000Mc, I
an 1/6/201	1 at about 1000hr, I
	SHI SHIPS 3065 4 gipley
way partied my let	will along sHB 3065 u along
	4) at come road. while my
populled parling lot (47 27
	The house of the Bay B
while were the toney	reliable to - GBF 654 & B
	in the surface 3 and
in the bullion into	packard (b)
)	1 London La
bit outs my while.	ercharquet parhalas. Nobochy
	,
way injured.	

Declaration

tWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date & Time 1/6 202 (- 12 (0 H

Witnessed by Reporting Centre Personnel