ASS. REC. BY: Tay JUL   REF: IN C	SIGNMENT
· · · · · · · · · · · · · · · · · · ·	
Satimated Cost:	_ Veh No: <u>\$408825T</u> Yr Regn: 2018, Aug
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
To Inspect Vehicle No: SHD 8825T	Truck / Trailer or
at Workshop m/s COMFORT DELGRO	Make: Hyundan bong . c.c 1580.
d COMPORT DELGRO	Colour A/C: Insured / Std / NI / NA
nsured: XE 543P	Sp.Reading T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No. MT/1140616-001	C/No: WM HC85/CV/Ky 1066 30.
Sum Insured: Excess:	Gen. Cond: Good / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or
take of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: (95/65/05
(Policy Condition)	R: 1 ~
emark: The veh had commenced its N/S 0/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or wistlake.
al. or Market Value:	Front Rear
DAC Accident Rport: Consistent? : Yes or No .	R/Bal, & mm R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. C mm L/Bal. 6 mm
st. Repairs: 3 days Res.: Yes or No	D.O.A. D.O.I. 12/8/21 e33
um Sum; 20 % 3 Val.: Yes or No	Survey held at Comfort Congrey
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear, / O/S / N/S / U/C / Rooftop or
Person Contacted: Vehicle: IN / OU	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction Subject was	el.
0 - 5 15 - 15 - 10 00000 0	
Confirmed final fig L/S \$2300, 3 re (RED \$1896.88; 45%)	pair days.
(RED \$1890.88, 45%)	
ale/Time, File Pass to? : Prell. Report	Days Of Repair:3
1/9 TYPIST : Final Report	Resurvey No. of Trip: 2 Survey Fee:
	Transportation:
Add Fe	)0+1\00
eparati: TP .	: Interview (\$ ) Photos
ump from (He.H. († \$2300	L'ITERITAL .
Ψ2000	Weelland (\$
	TOTAL

## **COMFORT TRANSPORTATION PTE LTD**

#### REPAIR ESTIMATE

Vehicle No.: SHD8825T

Make

: HYUNDAI

Model

: IONIQ(G3)

Date: 12/08/21

Insurance: NTUC

MVA: MS. LOKE YY



Qty	Parts Description / Lab	our	Туре	Unit Price	Amount
	1 REAR FENDER RH				\$1,768.30
	1 REAR WHEEL HUB CAP RH				\$346.40
	1 RR BUMPER COVER				KY \$459.40
	1 REAR BUMPER CLIPS				\$22.00
		SUB TOTAL			\$2,596.10
		LESS 20%			\$519.22
	D	ISCOUNTED TOTAL			\$2,076.88
	1 REAR FENDER ADVERTISEMENT LOGO F	RH			\$100.00 <b>\$100.00</b>
	Labour Charge				ψ100.30
	PANEL BEATING			5	\$1,050.00
	SPRAY PAINTING CHARGE			5	\$700.00
	WIRING CHARGE			)	X \$60.00
	TUFF KOTE				× \$60.00
	REMOVE & REFIX CUSHION & UPHOLSTE	RY REAR			GO \$150.00
		TOTAL LABOUR			\$2,020.00
		ESTIMATE TOTAL			\$4,196.88

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.

Tauphin 97475749 up, 12/8/p1 8330pm els horn Morepar fuppine Imandoun 2-3 Mays.

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

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

205 Braddell Road Singapore 579701 59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

Date/Time: 12.08.2021 12:37

Page : 1

JOB CARD Sales Order: 4107644 JC NO.: 305482462 ARC Repair TP(CFSO)1 Team: MII FAGE REGN NO .: TOMER SHD8825T CITYCAB PTE LTD FUEL MAKE: MS HYUNDAI 7010070 E.....F TOMER NO. 383 SIN MING DRIVE DATE/TIME IN 11.08.2021 14:45 MODEL RESS Singapore SINGAPORE 575717 IONIQ(G2) YR OF MANU. 17.08.2018 65551188 TARGET DATE (R) (P) CHASSIS CODE KMHC851CVKU106630 COMPLETION DATE/TIME: COUNT CARD NO.

JOB DESCRIPTION

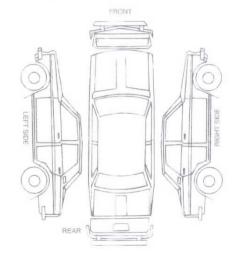
Accident Date: 11.08.2021 NATURE: 3p 11.08.2021

MAIORE. SP II.00.2

S/NO

LABOR CODE

DESCRIPTION



SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

SHD8825T

YY

16

Vehicle No.:

Exit Pass

SHD8825T

of Service Advisor

Signature/Date

Name of Service Advisor

To be kept by Security Guard

returned to Service Reception upon collection

Date

SJ04218C0003 / JP Knights Pte Ltd ENTRY DATE & TIME: 12/08/2021 11:46 (SGT) SUBMITTED BY: Khin VERSION 1 (12/08/2021 11:46 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- In Please report <u>correctly</u> the details of the accident to speed up the claims process 2. This Form must be <u>completed</u> by the Policyholder and/or the Authorised <u>Driver</u>
- 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

12/08/2021 11:46 (SGT) 11/08/2021 11:35 (SGT) Whitley Rd, Singapore **ENTERING INTO PIE/TUAS** Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No

SHD8825T

Yes CITYCAB PTE LTD 1XXXXX839G fleetsafety@cdgtaxi.com.sg (Phone) +65-90076521 (Office) +65-65508768

Hyundai Ae ioniq

Private hire

No - Reporting only Taxi

Auto 1580

> AXA Insurance Pte Ltd ThirdPartyFireTheft

VFX/P2419140

TAN BOON HEE , JASON SXXXX989G



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

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 vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

soliciting/offering accident claims assistance?

CIRCUMSTANCES OF ACCIDENT

13/06/1979 Outdoor 14/03/2000 21 YEARS AND 5 MONTHS

Male

(Phone) +65-90076521

fleetsafety@cdgtaxi.com.sg

APT BLK 108 COMMONWEALTH CRESCENT #01-246

140108 No Hirer

No

Collision - Head to Rear

Clear Dry

No

2 No

Yes

1

No

No

No

ON 11/08/2021 AT ABOUT 1135HRS I WAS DRIVING MY VEHICLE A SHD8825T ON WHITLEY ROAD ENTERING INTO PIE/TUAS.MY VEHICLE A WAS IN FRONT OF VEHICLE B XE543P AT THE SLIP ROAD. VEHICLE B THEN COLLIDED HIS FRONT LEFT ONTO MY VEHICLE A RIGHT REAR. NO ONE WAS INJURED .PARTICULARS EXCHANGED

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

XE543P

Commercial vehicle OH CHIN HOCK

Accident report SJ04218C0003

Page 2 of 18

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)

SXXXX153J (Phone) +65-93850882 BLK 1154 ANG MO KIO AVENUE 5 #11-3104

560154

...

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#### SKETCH PLAN

### 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
- 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.
- 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 w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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.
- (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' 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 & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 11-08-9-04 15304 Rs

Witnessed by Reporting Centre

Sketch Plan

A - SHD 8825T > B- XE 543 P

DIE/TUAS

Describe Circumstances of the Accident

ON 11/08/2021 AT ABOUT 1135HRS I WAS DRIVING MY VEHICLE A SHD8825T ON WHITLEY ROAD ENTERING INTO PIE/TUAS.MY VEHICLE A WAS IN FRONT OF VEHICLE B XE543P AT THE SLIP ROAD. VEHICLE B THEN COLLIDED HIS FRONT LEFT ONTO MY VEHICLE A RIGHT REAR. NO ONE WAS INJURED PARTICULARS EXCHANGED

#### Declaration

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

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time 11-08-2024 1545 KRS

Witnessed by Reporting Centre Personnel



