ASS. REC. BY: Tay JUL REF: CC4/4/621008566/T1993 ASSIGNMENT SHC81526. Yr Regn: 2961 May. From: ____ Date: Veh No: Type: M.Car / M.Cycle / Bus / Van / Lorry / Tax / Prime Mover / Estimated Cost: Truck / Trailer or OD (TP / WS / TP RES / OD RES / EVA / INV / MV Make: To Inspect Vehicle No: A/C: Insured / Std / NI / NA Colour at Workshop m/s T/Radlo: Insured / Std / NI / NA Sò.Reading Eng/No: Insured: KM HLB414MG40897+1 C/No: Policy No. Gen. Cond: Good/ Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Excess: Sum Insured: Brake: Inorder/Jammed/Leaked/Burnt or (Client's Record) Modl: NII / SIRIM / STD AJRIM O Make of Veh; Tyre Size: (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / Remark: The veh had commenced its OIS WoSHahre TOYO / YOKO or repair at the time of inspection. Rear Front Bal, or Market Value: R/Bal. mm R/Bal. Consistent? : Yes or No IDAC Accident Rport: ∐Bal. mm Consistent?: Yes or No GIA / PR Seen: D.O.A. Res.: Yes or No Est. Repairs: Survey held at 3 Val.: Yes or No Lum Sum: Des. of Damages: Frt / Rear / O/S / N/S / U/S CA / REV / REP. / 24 HRS Vehicle: IN/OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Date: Action / Instruction Date / Time Days Of Repair: : Prell. Report Date/Time, File Pass to? Survey Fee: Resurvey No. of Trip: : Final Report Transportation: Date/Time, File Return to? S+RS. SI Add Fee: : Site Insp (\$ Photos : Interview (\$ Others : Tech. Invs (\$ Repair format : Weelend (\$ Lump Sum / LB A: CF TOTAL

COMFORTDELGRO ENGINERING PTE LTD **REPAIR ESTIMATE***

VEHICLE NO

SHC8152G

MAKE

1-40

DATE 13.08.2021 CHIANG/AIG

IODEL	1-40		Liuit Duine	Amount
Qty	Parts Description/ Labour	Туре	Unit Price	\$1,052.20
	1 FRONT BUMPER COVER			
	1 HEAD LAMP LH		×	\$1,388.00
1	0 BUMPER CLIP		al-	\$22.00
	1 FRONT BUMPER GRILLE LH		× 7	\$93.60
	1 FRONT BUMPER BRACKET TOP LH		1	\$22.80
	1 FRONT WHEEL COVER LH		, X	\$217.20
	1 FRONT FENDER LH		×	\$663.00
	SU	B TOTAL		\$3,458.80
		20.00%		\$69.76
				\$2,767.04
	1 FRONT FENDER ADVERTISEMENT		ny	\$100.00
	1 FRONT FENDER ADVERTISEMENT		, _ (\$100.00
	Labour Charge			
	Panel Beating		2	\$560.00
				\$600.00
	Spray painting			\$60.00
	Reset front wheel alignment			\$60.00
	Check Lighting TOTAL LAB	OUR		\$1,280.00
	ESTIMA	TE TOTAL		\$4,147.0
	This is an initial estimate based on a visual insp	ection of the above ve	enicle. The final repair	quantum will
	be prepared after the vehicle is surveyed by a	motor Surveyor appoi	ted by the insurance	company.
	be prepared after the vehicle is surveyed by a	motor surveyor appoin		1 ' '

Taylon 9749749 "UP' 16/8/21 8415/20 Lls resny afor epor 0 20/40

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 Corp. any

Acknowledged by Repairer

Signature:

Date:

Date/Time: 14.08.2021 12:27 Page:

Sales Order: 4108569

3054828

SHC8152G

HYUNDAI

I-40 14.08.2021 09

19.05.2016

KMHLB41UMGU089771

Team: ARC Repair TP(CLSO)

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

Accident Date: 13.08.2021 NATURE: 3P 13.08.2021

S/NO LABOR CODE DESCRIPTION

SHC8152G CHIANG

SHC8152G

SJ04218E0003 / JP Knights Pte Ltd ENTRY DATE & TIME: 14/08/2021 12:39 (SGT) SUBMITTED BY: Suria VERSION: 1 (14/08/2021 12:39 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process

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. 4. The issue and acceptance of this Form by insurance companies is not an aumission of policy habitity 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 policy liability.

o. This report will be forwarded by the insurers of the GIA records inarragement 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

14/08/2021 12:39 (SGT) 13/08/2021 16:50 (SGT) 14 Scotts Road, #06-00 Far East Plaza, Singapore 228213 TAXI STAND EXIT A Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC8152G

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) +65-81956435 (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 140

Private hire

No - Claiming third party Taxi

Auto 1685

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

CHUA TECK HUAT SXXXX443J



Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-Private car -(Phone) +65-91262396 ----- Describe Circumstances of the Accident

ON 13/08/21 AT AROUND 1650HRS, I WAS DRIVING MY VEHICLE A SHC8152G ALONG THE TAXI STAND ON FAR EAST PLAZA. | HAD JUST PICKED UP A CUSTOMER FROM THE TAXI STAND. I WAS DRIVING TOWARDS THE EXIT OF THE TAXI STAND WHEN VEHICLE B SKP8382E MADE A LEFT TURN AND HIT A KERB ON THE LEFT. SUDDENLY VEHICLE B ROLLED BACKWARDS AND HIT MY FRONT LEFT BUMPER. THERE WAS DAMAGES TO MY FRONT LEFT BUMPER. THERE WAS NO INJURIES

Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 13/11/21 1830

Witnessed by Reporting Centre Personnel KHAIKUL







