WC. ASSIGNMENT SHC & 332P Yr Regn: 302/, Sen From: Veh No: Estimated Cost: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / OD ITP/WS/TP RES/OD RES/EVA/INV/MV Truck / Trailer or To Inspect Vehicle No: Make: lunia. at Workshop m/s Colour A/C: Insured / Std / NI / NA Sp.Reading T/Radlo: Insured / Std / NI / NA Insured: Eng/No: Policy No. C/No: Claims No. Gen. Cond: Good / Fair / Poor / Burnt Sum insured: Excess: Steering: Inorder / Jammed / Leaked / Burnt or (Client's Record) Brake: Inorder/Jammed/Leaked/Burnt or Make of Veh; Modl: NILTSIRIM / STD AVRIM or Tyre Size: (Policy Condition) Remark: The veh had commenced its BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. westlake TOYO / YOKO or Bal. or Market Value: Front Rear Consistent?: Yes or No R/Bal. R/Bal. IDAC Accident Rport: L/Bal. UBal. Consistent?: Yes or No mm GIA / PR Seen: Res.: Yes or No D.O.A. D.O.I. days Est. Repairs: 3 Val.: Yes or No % Survey held at Lum Sum: Des. of Damages : Frt / Rear / O/S CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Action / Instruction Date / Time Date/Time, File Pass to? : Prell. Report Days Of Repair: : Final Report Resurvey No. of Trip: Survey Fee: Date/Time, File Return to? Transportation: Add Fee: : Site Insp (\$ _S + RS._ : Interview (\$ Photos : Tech. Invs (\$ Reprofermat: Others Lump Sum / LE. h () Weelfend (\$ TOTAL

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No.: SHC8332D

Make

: HYUNDAI

Model

: IONIQ(G3)



Date: 16/08/2021 Insurance: NTUC

MVA: MS. LOKE YY

Qty	Parts Description / La	bour	Туре	Unit Price	Amount
	FRT BUMPER COVER				\$430.90
10	FRT BUMPER CLIPS				19 \$22.00
	FRT BUMPER SIDE BRACKET LH				\$28.00
	FRT BUMPER BRACKET TOP LH				\$35.00
	1 FRT BUMPER CENTRE MOULDING UPPI	R			\$368.50
13	1 FRT BUMPER MOULDING LH				\$93.60
2.	1 FRT BUMPER LOWER GRILLE				? \$186.90
	1 RADIATOR GRILLE				\$1,409.10
	1 FRT FENDER LH				\$588.80
	1 FRT FENDER EMBLEM-BLUE DRIVE LH				nel \$26.60
	1 HEADLAMP SUPPORT PANEL ASSY				\$949.30
	1 DAY LIGHT LH				\$642.50
	1 HEADLAMP LH			l.	all \$1,993.65
	1 FRT BUMPER REINFORCEMENT				\$1,075.10
	1 FRT BUMPER REINFORCEMENT ABSOR	BER LH			\$186.50
	1 FRT BUMPER SPONGE				\$186.90
		SUB TOTAL			\$8,223.35
		LESS 20%			\$948.13
		DISCOUNTED TOTAL			\$7,275.22
	Labour Charge				+25
	PANEL BEATING			,	\$1,050.00
	SPRAY PAINTING CHARGE			1	\$600.00
	TUFF KOTE				\$60.00
	CHECK WIRING				30 \$60.00
		TOTAL LABOUR			\$1,770.00
		ESTIMATE TOTAL			\$9,045.22
		· ·			

This is an initial estimate based on a visual inspection of the above vehicle. The lines repair quantum will be prepared by the insurance combany and in a following: after the vehicle is surveyed by a motor Surveyor appointed by the insurance companying 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:

SJ04218E000F / JP Knights Pte Ltd ENTRY DATE & TIME: 14/08/2021 16:24 (SGT) SUBMITTED BY: Khin VERSION: 1 (14/08/2021 16:24 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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.

4. The issue and acceptance of this Point by instance companies is not an admission of points yet the part of the police for investigation.

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

14/08/2021 16:24 (SGT) 13/08/2021 22:20 (SGT) 11 Lor Lew Lian, Singapore 536493 AT BASEMENT CARPARK OF FOREST WOODS RESIDENCES Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC8332D

1XXXXX821R

fleetsafety@cdgtaxi.com.sg

(Phone) +65-97483148

(Office) +65-65508768

Yes

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

Hyundai

Ae ioniq

Private hire

No - Claiming third party

COMFORT TRANSPORTATION PTE LTD

Taxi Auto

1580

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver NRIC No

Accident report SJ04218E000F

AXA Insurance Pte Ltd ThirdPartyFireTheft

Yes

VFX/P2419138

NG LENG KENG (HUANG LONGQING)

SXXXX656H

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27/05/1974 Date Of Birth Occupation Outdoor 18/01/1996 Date Of Driving Pass 25 YEARS AND 7 MONTHS Driving experience Gender (Phone) +65-97483148 Mobile Number Alt. Phone Number fleetsafety@cdgtaxi.com.sg **Email Address** APT BLK 31 TELOK BLANGAH RISE Address #09-342 Address complement SINGAPORE 090031 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 Type of Accident Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 UNKNOWN Name Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No

Was the accident reported to the police?
Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON N 13/08/2021 AT ABOUT 22:20HRS, I WAS DRIVING VEHICLE A(SHC8332D) AT BASEMENT CARPARK OF FOREST WOODS RESIDENCES TO DROP MY PASSANGER. WHILE TRAVELLING STRAIGHT, VEHICLE B (SKG8884X) WHICH WAS FROM MY LEFT SIDE NEVER STOP AND COLLIDED ONTO VEHICLE A LEFT SIDE. I SUSTAIN BODILY PAIN DUE TO THE IMPACT.

No

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 NOT SUITABLE

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model SKG8884X Toyota

Accident report SJ04218E000F

Page 2 of 17

Vehicle Variant Vehicle Colour Private hire Vehicle Category Name of Driver Contact Number (Phone) +65-98554979 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Were seat belts worn?

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle?

Was this injured conveyed to hospital by ambulance?

NG LENG KENG (HUANG LONGQING)

SHC8332D

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.
- 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.
- 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.
- 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 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 Sketch Plan

Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not the policyholder) Date Personnel Driver's Signature (If driver is not

6/9

Describe Circumstances of the Accident

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Declaration

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

Policyholder's Signature / Date &

Driver's Signature (if driver is not the

) / Date Wit

Accident report SJ04218E000F