state on Theyan I will Note NS	6/INC21010866/Vuc
7.	SIGNMENT
From Crate. Estimated Cost	Veli No. SHA8 3654 Vr Rogn: 22/10/19 Type: M.Car / M. Cycle / Bus / Van / Lorry / Cax) / Primo Mover /
COLLE MELLE RESTOD RESTENATION WAY	Truck / Trailer or
To Inspect Vehicle No: SHA 8365U	the common production of the second production
ut Workshop m/s	The second of th
(1)	Colour YCIIOW A/C: Insured / Std / NI / NA Sp. Reading 797, 932 T/Radio Insured / Std / NI / NA
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Policy No	Eng/No:
Claims No.	C/NO: HMHC85/CVL4/80578
Committee and a second committee of the second second second section 2011 person on the Committee of the second	Gen. Cond: @od / Fair / Poor / Burnt
(Cilent's Record)	Steering: Inordor / Jammod / Leaked / Burnt or
Make of Veh:	Brake: Inforder / Jammed / Leaked / Burnt or
Control Contro	Modi: NII (SIRID)   SYD AIRIN or
(Daline Condition)	Instrente
(Policy Condition)  Remark: The veh had commenced Its  N/S O/S	
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BSIDUNIEXNOVAIGYIFSILIZAIMICIOHTSUIPIRISUMII   TOYOIYOKO or WESHAHZ
Bal. or Market Value:	
IDAC Accident Rport: Consistent? : Yes or No	0/0-1 5
GIA / PR Seen: Consistent?: Yes or No	11001
Est. Repairs. 3 days Ros.: Yos or No	0.0.A. 14/0/71 0.0.1. 18/5/10/2//6/3
Lum Sunt % 3 Val.: Yos or No	Survey held at Comfort
white the second	Des. of Damagos : Frt / Root)   O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT	ous. or burnings s. Fit. Fittour Fitto Fitto Fittouring or
Dale:Person Contacted	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
10/24r: 78236	
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and the state of t	
Cate/Time, File Pass 67 : Proll. Report	Days Of Ropalr:
y : Final Roport	Rosurvoy No. of Trlp: Survey Fee:
Date/Time File Partum to?	Transportation:
Add Fee	the state of the s
	: Interview (\$ ) Friors
Seport Formus :	Tech, Inva (8
Livery Sing (1989) (2	MASS GARGERS
	1 22 11

# COMFORT TRANSPORTATION PIE LTD

REPAIR ESTIMATE

Vehicle No. : SHA8365U

Make

:HYUNDAI

Date: 14/10/2021

Insurance: NTUC

:IONIQ(G3)		MVA: MS, LOKE YY				
Qty	Parts Description / Labo	our	Туре	Unit Price	Amount \$459.40	
10 F	REAR BUMPER COVER REAR BUMPER CLIPS REAR BUMPER CENTRE MOULDING ASSY REAR BUMPER REINFORCEMENT REAR BUMPER REINFORCEMENT BRACK			\$138.10	\$22.00 \$451.25 \$394.80 \$276.20 \$155.00	ne Sc
1 F 1 F 1 L 1 A 1 E 1 E 1 I	REAR BUMPER LOWER CTR MOULDING REAR BUMPER TOWING COVER REAR BUMPER FOG LAMP LICENCE LAMP ANTHENNA SMARTKEY BOOTLID BOOTLID HYUNDAI PLATE EMBLEM HYBRID EMBLEM – IONIQ REAR PANEL				\$98.80 \$201.50 \$85.30 \$40.50 \$2,480.40 \$24.30 \$24.30 \$31.30 \$532.00 \$346.80	SS X X X X X X X X X X X X X X X X X X
1 F	REAR PANEL GARNISH	SUB TOTAL LESS 20% ISCOUNTED TOTAL			\$5,623.85 \$1,124.77 <b>\$4,499.08</b>	
1 F 1 B 1 B	REAR BUMPER RUBBER MAT REAR NUMBER PLATE WITH TRIM COVER BOOTLID COMFORT TEL NO STICKER BOOTLID COMFORT LOGO STICKER BOOTLID COMFORT APP STICKER	<b>t</b>	-10.00%		\$50.00) \$55.00) \$35.00 \$30.00	mi /n.e /n.e
1 F	REAR BUMPER REVERSE SENSOR Labour Charge	LKK Auto Consulta the Repairer of the To resurvey before/aft To display damaged p Parts prices are subje Third party survey is o	following: er spray paintir art(s) during re ct to confirmati	g survey on	\$180.00 \$380.00	
S	PANEL BEATING SPRAY PAINTING CHARGE CHK ALL LIGHTING REMOVE/REFIX REVERSE SENSOR THUGUEL THAMBOOLE	No illegal modification Supplementary item(s is subject to final appr  Acknowledged by Repa	(s) is allowed ) must be resuloval from Insur	veyed <u>and</u>	\$1,100.00 \$750.00 \$50.00 \$80.00	20
	82275769 (4/10/21 1615	TOTAL LABOUR			\$1,980.00 \$6,859.08	

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.

## Eack to OneMeasuring

## Exquire PARFICIDE Relate for Registered Vehicle

Name Law 25	•	-
WEITER	390	THE PARTY

Company DWIE CTOR 8396 Owner D

vence leads

9-43363U HERCE NO. WETCE TO BE BOOTED

2100:2021 mented Despitation Date HYUNDU ACTICE WAE

AEIONIQHEVEL 16 DCT WITCH WITTE

**Velow** 2 man Color 2019 Wardacuring YES

G4LE00376318 ETELTE WIL. KMHC851CVLU180578 CTARGE WIT 103.6 kW (138 bhp) Warmum Power Output \$25,848,00 Open Warter Value

22 Oct 2019 Origina Registration Date 22 Oct 2019 First Registration Date

Harsier Counc

513.188.00 ACTUAL ARE PAID

Intended PARF Rebate Details West. PARF Eleminar

21 Oct 2027 PART Eligibility Expiry Date: \$9,891.00 PARF RELATE AMOUNT

Intended COE Rebate Details

21 Oct 2027 COE Expiry Date

A - Car up to 1600cc & 97kW (130bhp) COE Category

COE Period Years \$24,460.00 POP Paid \$18,345.00

COE Rebate Amount: \$28,236.00 Total Rebate Amount:

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 21 Oct 2021

OK



## ComfortDelGro Engineering Pte Ltd

246 ft-adden Albed Simpapers 57979 f Missione + 03 (1383 6280 if nectable + 63 6280 bi 55

Workshops

Date/Time: 14.10.2021 16:21

Workshops 2nd Brindder Froad Stindapore 5,79101 50 Loyang Drive Sanapore 508908 483 Sid Ming Drive Sangapore 5/5717

Page: 1

JOB CARD Sales Order: 4129909 JC NO305490588 ARC Repair TP(CFSO)1 am: REGN NO. MILEAGE OMER SHA8365U CITYCAB PTE LTD FUEL MAKE HYUNDAI 7010070 E.....1/2. OMER NO. DATE/TIME IN 383 SIN MING DRIVE MODEL IONIQ(G3) 14.10.2021 14:35 Singapore SINGAPORE 575717 65551188 TARGET DATE YR OF MANU. 22.10.2019 (P) COMPLETION DATE/TIME: CHASSIS CODE KMHC851CVLU180578 DUNT CARD NO. JOB DESCRIPTION cident Date: 14.10.2021

TURE: 3P 14.10.2021

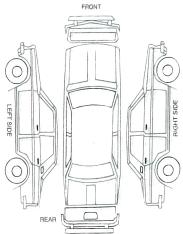
'NO

of Service Advisor

eturned to Service Reception upon collection

LABOR CODE

DESCRIPTION



Date

	REAR
CKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
/ledgement Slip	Exit Pass
: No.: <b>SHA8365U YY</b>	Vehicle No.: SHA8365U

Name of Service Advisor

To be kept by Security Guard

Signature/Date

SJÚ421AE000G / JP Knights Pte Ltd ENTRY DATE & TIME: 14/10/2021 18:33 (SGT) SUBMITTED BY: Suria VERSION: 1 (14/10/2021 18:33 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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

14/10/2021 18:33 (SGT) 14/10/2021 14:00 (SGT)

CTE, Singapore

Singapore

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

Vehicle Registration Number

SHA8365U

#### 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) +65-93734505 (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

TAY KIM TECK SXXXX869C



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

24/10/1957 Outdoor 31/01/1979

42 YEARS AND 9 MONTHS

Male

(Phone) +65-93734505

fleetsafety@cdgtaxi.com.sg

BLK 921 HOUGANG STREET 91 #10-23

530921

No

Hirer

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collision - Head to Rear

Clear Dry

No

Yes

No

Yes

2

Nο

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 vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

**PASSENGER** 

Male

**DETAILS OF POLICE ACTION** 

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

No No

CIRCUMSTANCES OF ACCIDENT

ON 14/10/2021 AT ABOUT 14:00HRS, I WAS DRIVING VEHICLE A (SHA8365U) ALONG CTE TOWARDS PIE. WHILE STATIONARY DUE TO TRAFFIC, VEHICLE B (GBG1708A) COLLIDED ONTO VEHICLE A REAR BUMPER. I SUSTAINED NECK PAIN DUE TO THE IMPACT.

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

**GBG1708A** 

Accident report SJ0421AE000G

Page 2 of 23

## INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person TAY KIM TECK Gender Male Phone No (Phone) +65-93734505 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained PAIN ON NECK Injured person in which vehicle? SHA8365U Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report <u>portracity</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder anglor the Authorised Driver
- Information provided must be as trustriou and accurate as possible. Any with misrepresentation or withholding of material tacks may after insurance companies to repudiate policy liability
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy fability on the part of the insurance
- 5. Any later reporting may be referred to the Police for Investigation.
- 6. The report will be forw arded 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 todgement 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 aforesaild.
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, acknowledge, agree and coreen that

(a) My insurer, my ar ontaining and the General insurance Association of Dingapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information of 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) to be being disclosed by the personal information of the personal information of the personal information in all insurer(s) and the personal information in the personal information in all insurer(s) and the personal information in the personal information who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be who have insured vehicl government agency/authority (such as the police), for the purpose(s) of

(f) processing, handling and/or dealing with my calms including the settlement of the calms and any necessary investigations retailing to the dalms.

- (I) investigating the accident and/or my claims;
- (II) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (N) administering my claims (including the mailing of correspondence, statements, involces, 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

(c) my Personal information may/can be discussed 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.

Driver's Signature (if driver is not the policyholder) / Date Policyhoider's Signature / Date & 8 TIME 14 /10/21- 1545H Sketch Plan A-SHA 83654 Vahide A B- 959 1708A Vehide B

(SHAB36SU) ALD	T ABOUT 14:00HRS, I WAS DRIVING CTE TOWARDS PIE. WHILE S E B ( GBG1708A) COLLIDED ONT UNED NECK PAIN DUE TO THE IN	O VEHICLE À REAR
BUMPER 1 SUSTA	Section 1	
Declaration	and the line scans despect	
(rive declare the foregoing particul)	they	muran ,
Policyhoider's Signature / Date & Time	Driver's Signature (Spriver ignot the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel WorkWAY