ASSIGNMENT

From:	Date:		Veh Nó:	SHB	31015	Yr Regn:	2015 1 Ju	7
Estimated Cost:				r / M.Cycle / B	Sus / Van / Lor	ry / axl / Pri	me Mover /	
OD / TP / WS / TP RES / OD	RES / EVA / INV / MV			k / Trailer or				
To Inspect Vehicle No:		11	Make:	Humpai	I40 1-7	CROI	c.c 1685	
at Workshop m/s	E-man manufacture - Advis	To the state were the second	Colour	yeur			ured / Std / NI / N	A
of			Sp.Reading	1059		T/Radio: Ins	sured / Std / NI / N	Α
Insured:			Eng/No:	. (5.3.1	<u> </u>			
Policy No.	н н		C/No:	KMHI	BYIUMGI	10766		
Claims No.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Good / Fair)			3.1	*1 1/1
Sum Insured:	Evanor		18/02	\sim	ed / Leaked / E	Rurnt or		
(Client's Record)	Excess:		5	\prec	ed / Leaked / E			
Make of Veh:		100	_	/S/Rim / ST		outile of		. —
wake of ven.						- 11		
(D. II. O. IIII.)	77		Tyre Size:	F:	205/1	JOKIG		
(Policy Condition)		1/2 0/2		R:				
Remark: The veh had comm repair at the time of	24001.500m (AB)	N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /					
	L.	()	TOYO / YO	KO or	WEST	LAKE		
Bal. or Market Value:	· · · · · · · · · · · · · · · · · · ·		Front			Rear	1	
IDAC Accident Rport:	Consistent?: Yes or N	0	R/Bal.	<u>_</u>	mm	R/Bal.	6 mn	n
GIA / PR Seen:	Consistent?: Yes or N	0	L/Bal.	6	mm	L/Bal.	6 mn	n
Est. Repairs:	days Res.: Yes or M	No	D.O.A. 15	dulze		D.O.I. 16	11/21	
Lum Sum:	% 3 Val.: Yes or N	lo	Survey held a	at	Conf	av salinas di 180		
CA / REV / REP. / 24	4 HRS	1	Des. of Dama	ages: Frt / R	ear / O/S / N		Roofton or	
	Vehic	cle: IN / OUT	16 × 18			COAL	toollop of	
	n Contacted:	-	The U/C	/ Chassis fra	me / Body S	tructure affec	cted due to collision	n.
Date / Time Action / Ins	struction							_
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		1 1 0 1 1 1 1 1		1				
		·	601) have a					
			50 TV 1			S - T (State of the State)		_
		el Berlin John J						
-4-1	171		he de la la					-
Date/Time, File Pass to?	: Prell. Report	Da	ays Of Rep	air:	1 105 555	1 The Control of the Control	· · · · · · · · · · · · · · · · · · ·	
1) Date/Time, File Return to?	: Final Report		survey No	*****		Survey Fee:		\neg
2)		8 8		U 100 34450 4445		Transportation:		1
= 4		Add Fee:	: Site Ir)	S + RS,SI		1
Report Format :		· · · · [iew (\$		Photos		1
Lump Sum / I.B.I: (\$)	ŀ		Invs (\$		Others		1

F (HSum

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 16.11.2021

Time: 11:15:24

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS: CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO **REGN NO** 305494604 SHB3101S

MILEAGE

: 0000000000

MAKE MODEL : HYUNDAI : I-40

DATE OF REGN

: 11.06.2015

DATE/TIME IN

: 16.11.2021 09:45

ACCIDENT DATE

: 15.11.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0101-0111-G BUMPER COVER CLIP REAR 1 2.20 25.00

0002 04-01-0103-1150-A PROTECTOR MAT No. 1 N 50.00 2.50- 50.00

0003 04-01-0103-0579-G COVER ASSY-RR BUMPER# 2 1 553.00 25.00 414.75

0004 04-01-0103-0585-A LAMP ASSY-RR COMB O/S RH# 1

697.80 25.00 523.35

0005 04-01-0103-0583-G LAMP ASSY-RR COMB I/S RH(X 1 622.20 25.00 466.65

SUB-TOTAL : 1,456.40

JOB NATURE

0000 PB

PANEL BEATING

0001 SP

SPRAYPAINT CHARGE

0002 17-01

CHECK ALL LIGHTING

0003 L

REMOVE/REFIX REVERSE SENSOR

0004 20-05

RENEW ADVERTISMENT STICKER-Bumper

SUB-TOTAL : 1,380.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 16.11.2021 Time: 11:15:24

Page: 2

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS: CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO

305494604

REGN NO MILEAGE

SHB3101S 0000000000

MAKE

HYUNDAI

MODEL

I-40

DATE OF REGN

11.06.2015

DATE/TIME IN

16.11.2021 09:4

ACCIDENT DATE

15.11.2021

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

: 2,836.40

Juman!

MVA NAME & SIGNATURE

DATE:

TOTAL

AUTHORISED: YES/NO

SURVEYOR NAME & SIGNATURE

DATE:

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:

Karul Hp Rovios 68 4 days

Ren after repair



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: 16.11.2021 11:08

Page: 1

ARC Repair TP(CFSO)1

JOB CARD Sales Order: 4141060

JC NO305494604

CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188

REGN NO .: MILEAGE SHB3101S MAKE: FUEL HYUNDAI E.....F MODEL DATE/TIME IN I-40 16.11.2021 09:45 YR OF MANU. TARGET DATE 11.06.2015 CHASSIS CODE COMPLETION DATE/TIME: KMHLB41UMGU074951

JOB DESCRIPTION

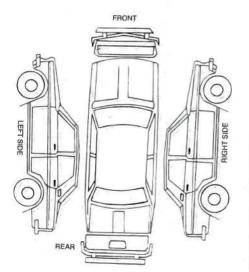
cident Date: 15.11.2021 TURE: 3P.15.11.2021

NO

DUNT CARD NO.

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:		
SERVICE ADVISOR	", · · · · · · · · · · · · · · · · · · ·	
	co	CUSTOMER'S SIGNATURE
edgement Slip	Exit Pass	
lo.: SHB3101S JU OBE	Vehicle No,:	
io.: SHB3101S JU QBE	SHB3101S	
Service Advisor Signature/D	ate Name of Service Advisor	
urned to Service Reception upon collection	To be desired Advisor	Date

To be kept by Security Guard



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

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance comp 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

16/11/2021 11:51 (SGT) 15/11/2021 19:15 (SGT) Bartley Rd, Singapore BARTLEY ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHB3101S

INSURED/POLICYHOLDER

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

softeners and exposent claims nationally CITYCAB PTE LTD 1XXXXX839G fleetsafety@cdgtaxi.com.sg (Phone) +65-65508768 (Office) +65-65508768

เกรา (สายเกต์ เกาะสาย**ส**อบ (สายเสียง)

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? ACTIVATED A STORE A CALLAGRAP A PROTECTION Vehicle Category Transmission CC

Hyundai

140

1685

Private hire

No - Claiming third party Taxi a ELLA THUR BAT MARK D. J. Auto

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

CHIU CHYE HOO SXXXX577Z



Accident report SJ0421BG0008

30/03/1959 Date Of Birth Outdoor Occupation 13/03/1978 43 YEARS AND 8 MONTHS **Date Of Driving Pass** Driving experience Male (Phone) +65-97343385 Gender Mobile Number Alt. Phone Number fleetsafety@cdgtaxi.com.sg **Email Address** 193 EDGEFIELD PLAINS #11-216 Address Address complement 820193 Postcode Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer 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 Side Swipe Weather Conditions Clear 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name **JOSEPH** Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 15/11/2021 AT ABOUT 19:15HR. I WAS DRIVING VEHICLE A, SHB3101S TRAVELLING ALONG BARTLEY ROAD AT THE MOST LEFT LANE. VEHICLE B WAS IN THE RIGHT LANE. SUDDENLY VEHICLE B CUT INTO MY LANE AND HIT ONTO MY REAR RIGHT SIDE OF THE VEHICLE.

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

FILE NOT SUITABLE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Yes

Vehicle Registration Number WC5159E
Vehicle Manufacturer Isuzu
Vehicle Model Cyh52s

Vehicle Variant			
Vehicle Colour		-	
Vehicle Category		Commercial v	ehicle
		SURESH	
		(Phone) +65-8	5908859
Address			
Address complement			
Postcode			
Insurance Company Name			
Details of property damaged			
No. Of Passenger (Including		1	

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.
- 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. 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)

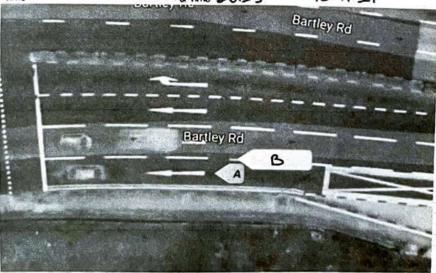
I understand, acknowledge, agree and consent that :

- (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
- (ii) investigating the accident and/or my claims; .
- (iii) carrying out and/or dealing w ith 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
- (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 Siggapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver s not the policyholder) / Date & Time 20:25

Witnessed by Reporting Centre Personnel MD NA2210



Describe Circumstances of the Accident

ON 15/11/2021 AT ABOUT 19:15HR. I WAS DRIVING VEHICLE A, SHB3101S TRAVELLING ALONG BARTLEY ROAD AT THE MOST LEFT LANE. VEHICLE B WAS IN TNE RIGHT LANE. SUDDENLY VEHICLE B CUT INTO MY LANE AND HIT ONTO MY REAR RIGHT SIDE OF THE VEHICLE.

Declaration

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

Policyholder's Signature / Date & Time

Briver's Signature (If drivers not the policyholder) / Date & Time 0: 25

Witnessed by Reporting Centre
Personnel MONH 20 2

89.

Syst

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	839G
Vehicle No.:	CURRENT
Vehicle to be Exported:	SHB3101S
	No
Intended Deregistration Date:	17 Nov 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	I40·1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Yellow
Manufacturing Year:	2015
Engine No.:	D4FDEU460638
Chassis No.:	KMHLB41UMGU074951
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$19,944.00
Original Registration Date:	11 Jun 2015
First Registration Date:	11 Jun 2015
Transfer Count:	
Actual ARF Paid:	\$12,444.00
PARF Eligibility:	Yes Yes and the second of the
PARF Eligibility Expiry Date:	10 Jun 2023
PARF Rebate Amount:	\$8,088.00
COE Expiry Date:	10 Jun 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	A - Car up to Tococc & 77RW (1500n)p
PQP Paid:	\$52.884.00
COE Rebate Amount:	\$10,348,00
	\$18,436.00
Total Rebate Amount:	318,430.UU

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 17 Nov 2021