A 4 4 4 1 ER DE 18 PE 1 A 1 1 A 1 1 A 1 A 1 A 1 A 1 A 1 A 1	C21012456/Vqc
Estimated Cost: QD / TP / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: Uf Workshop m/s of Insured: Policy No. Claims No. MT/1153608-002 Sum Insured: Excess: (Client's Record) Make of Veh:	Veh No: SHAUSIG YEROGN: 23/4/19 Type: M.Carl M.Cycle Bus Van Lorry (ax) Prime Mover Truck Trailer or Make: Hyundai Daig c.c 580 Colour Yellow AC: Insured Std HI HA Sp. Reading 34405 7. T/Radio: Insured Std HI HA Eng/No: C/No: MH/C85 CUMULY 0732 Gen. Cond: GOU Folir Poor Burnt Steering: Gordar Jammed Leaked Burnt or Brake: Incordar Jammed Leaked Burnt or Modi: NII S/RIm STD A/Rim or Tyre Size: F: 195/65/C15
Remark: The veh had commenced Its repair at the time of inspection. Bal. or Markel Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No	BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/ TOYO/YOKO or Westland Fron R/Bal. S mm R/Bal. S mm L/Bal. S mm
Est. Repairs. Lum Sum: Adays Res.: Yos or No 3 Val.: Yos or No Vehicle: IN / OUT	D.O.A. S[[2]2] Survey held al Des. of Damages: Frt Redr. O/S N/S U/C Rooftop or The U/C Chassis frame Body Structure affected due to collision.
Date Person Contacted Date / Time Action / Instruction Rehart: 22 874 D9/12/21 Thevan finalised with Mr Lim LS \$14	
	cays Of Ropalr: 2 Survey Fee:

Add Faa:

Perent Follows:

Lieup SHATTES: 1- 1400

TP.

: Site Insp (\$: Interview (\$

: Tech. Inva 🚯

Whelend in

Transportation:

Flinlis

Oliver

हरन ग्र

_\$ + F\$.__\$I

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Effective Date: 1 Nov 2020

KK-Thevan

DATE

6-Dec-21

INSURANCE: NTUC - LIS

MODEL:

Hyundai loniq

MVA: LIM TS

VEHICLE NO.: SHA 451G - CityCab

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper	1		\$459.40 <i>\</i>
	Rear Bumper Centre Moulding	1		\$451.25
	Rear Bumper Side Retainer RH	1		\$55.80 /
	Rear Bumper Cover Clips	10	\$2.20	\$22.00 /
	Rear Bumper Reflector RH	1		\$41.45
	SUB TOTAL			\$1,029.90
	LESS 20%			\$205.98
	DISCOUNTED TOTAL			\$823.92
	Rear Bumper Mat	1		\$50.00
	NETT TOTAL			\$50.00
	SPARE PARTS TOTAL			\$873.92
	Labour Charge Panel Beating			\$400.00
	Spray Painting Charge – Rear Fender RH			\$600.00
	R/I Reverse Sensors			\$120.00
	TOTAL LABOUR			\$1,120.00
	107/22/3001			•
	ESTIMATE TOTAL			\$1,993.92

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.

> Therau @ LAh auto. lon \$12357(9 6/12/21 /700 LIS after repair photos
> 2 clay 5 or p

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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company 839G Owner ID:

Vehicle Details

SHA451G Vehicle No.: No Vehicle to be Exported: 07 Dec 2021

Intended Deregistration Date: HYUNDAI Vehicle Make: AE IONIQ HEV 1.6 DCT Vehicle Model:

Yellow Primary Colour: 2018 Manufacturing Year:

G4LEJU188852 Engine No.: KMHC851CVKU140732 Chassis No.:

103.6 kW (138 bhp) Maximum Power Output: \$24,815.00 Open Market Value: 23 Apr 2019 Original Registration Date: 23 Apr 2019 First Registration Date:

0 Transfer Count:

\$11,741.00 Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility: 22 Apr 2027 PARF Eligibility Expiry Date:

\$8,805.00 PARF Rebate Amount: Intended COE Rebate Details

22 Apr 2027 COE Expiry Date:

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

COE Period(Years): \$20,940.00 PQP Paid: \$14,069.00 COE Rebate Amount:

\$22,874.00 **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 07 Dec 2021

OK



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: 06.12.2021 15:06

Page: 1

TP(CFSO)1

JOB CARD Sales Order: 4148263

JC NO305497043

am: CITYCAB PTE/LTD 18 70100/0 OMER NO. / ULUU C RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (O)

	REGN NO.: SHA 451G	MILEAGE
	MAKE : HYUNDAI	FUEL
		EF
	MODEL	DATE/TIME IN 12,2021 11:25
		12.2021 11:25
	YR OF MANU. 23.04.2019	TARGET DATE
	25.01.201)	
	CHASSIS CODE KMHC851 CVKI J1 40732	COMPLETION DATE/TIME:
- 1	NMMCOSTCVKULACI/3/	1

DUNT CARD NO.

JOB DESCRIPTION

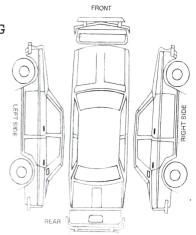
cident Date: 06.12.2021

TURE: 3P 05.12.2021

NO 0010 LABOR CODE

PB

DESCRIPTION PANEL BEATING-SHA 451G



ED & PASSED OUT BY:

SHA 451G

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

LIMTS

Vehicle No.:

Exit Pass

SHA 451G

iervice Advisor

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

ned to Service Reception upon collection

SJ0421C6000L/JP Knights Pie Ltd ENTRY DATE & TIME: 09/12/7021 12:94 (9GT) SUBMITTED BY KIN VERSION 1 (06/12/2021 12-54 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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.
- Any false reporting may be referred to the Police for Investigation.
- 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

06/12/2021 12:54 (SGT) 05/12/2021 13:20 (SGT) Orchard Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHA451G

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) +65-97805187

(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

TAN DID YONG SXXXX798B

Accident report SJ0421C6000I

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

30/10/1968 Outdoor 27/02/1989

32 YEARS AND 10 MONTHS

Male

(Phone) +65-97805187

fleetsafety@cdgtaxi.com.sg

74 WHAMPOA DRIVE #15-334

Collision - Opening Door of Vehicle

320074

No

RELIEF DRIVER

No

.

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

Clear

Dry

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?

3 Yes

No

No

Yes

1

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Whampoa Neighbourhood Police Post

(Phone) +65-18002507999

(Fax) +65-63554314

Blk 29 Jalan Bahagia #01-368 Singapore 320029

No

_

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT No.T/20211205/2051

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

AJ890H

Vehicle Manufacturer

Yamaha

Vehicle Model

-

Vehicle Variant Vehicle Colour

-

Accident report SJ0421C6000I

Vehicle Category Name of Driver

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)

Motorcycle

MUHAMED FAZLI BIN MOHAMED

SXXXX1478

(Phone) +65-81269310

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver 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)

PASSENGER 1

Name

Gender

SHC2726R

Toyota Prius

Taxi

TOH ALKEONG SXXXX601F

(Phone) +65-90892228

MOHAMMED JASHIM

Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Gender

Phone No Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle? Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

MUHAMED FAZLI BIN MOHAMED

Male

(Phone) +65-81269310

ABRASION, LEFT LEG

AJ890H No

No

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 willul 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 evallable 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 ("QIA") 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) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as 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 wiell 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

8 Time 6 1 2 - 12124 Witnessed

Witnessed by Reporting Centre

Sketch Plan

74×1740 A-SHA 4519
304. 2474 B-AJ890H.
C-14C2726R
C-3HC2726R

escribe Circumstances of th		
PLEASE REFER T	O POLICE REPORT T /20211205,	/2051
Declaration		(
We declare the foregoing particular	ars are true in every respect	
Tro occurs and range may particula		0 .44
	DW 1	Munder
olicyholder's Signature / Date &	Oriver's Signature (If driver is not the policyholder) / Date	
Ime	Driver's Signature (If driver is not the policyholder) / Date & Time	Personnel // / / / / / / / / / / / / / / / / /





Police Station Of Origin:

Whampoa NPP

29 Jalan Bahagia #01-368 SINGAPORE

320029

Tel No: 1800-2507999

REPORT OF A TRAFFIC ACCIDENT

T/20211205/2051					

1 of 3 Report No. T/20211205/2051

05/12/2021 15:27		Vide Report No.:	Station Diary No.: 21	
Informant	s Particul	ars		
Name of Informant: Address: TAN DID YONG APT BLK 74 WHAMPOA DRIVE #15-334 SINGAPOR				VE #15-334 SINGAPORE 320074
ID Type / II NRIC NO /		BB	Contact No.: Home/Office:	Mobile: 97805187
Nationality: SINGAPOR		N	Email:	
Sex: Male	Age: 53	Date of Birth: 30/10/1968	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4	Date of Expiry:

General Informat	ion of the Accident		ALTERNATION OF THE	
Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 05/12/2021 01:20	Type of Location: Taxi stand area
Location:			1320	
ORCHARD ROAD)			
Weather:	30)	Road Surface:		Road Speed Limit:
Clear		Dry		20 Km/h
Traffic Flow:	,	Traffic Control:		Traffic Volume:
One Way		Pedestrian Crossin	19	Heavy
Type of Collision: Between Moving V	/ehicles - Head To Si	de		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AJ890R AJ890H	Motorcycle				Slightly Damaged	0
SHA451G	Car				Slightly Damaged	0
SHC2726R	Car		4.5		Slightly Damaged	1

Betaller of Person Involved	A Committee of the Comm
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20211205/2051

Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029

Tel No: 1800-2507999

CONTINUATION OF REPORT

Name	TAN DID YONG			ID No		S6840798B
Related Vehicle	NIL			Conta	ict No.	97805187
Hospital/Clinic	NIL			Class		Class: 3,4
				Drivin Licen	ce &	Date of Expiry: NIL
Date Treatment	NIL		Date Disc		/ Date	
No. of Days grant	ed Medical Leave	NIL	Degree of			

Brief Details.

I am the Taxi driver for CityCab, bearing vehicle registration number SHA451G. I have been a Taxi driver for about 21 years.

On 05/12/2021 at about 0120hrs, my vehicle was stationary towards the left side of the Taxi Stand of 304 Orchard Road, Lucky Plaza, queuing to pick up passengers. Subsequently, a Blue ComfortDelgro Taxi bearing the vehicle registration number SHC2726R, Toh Ai Keong, S6927601G, HP: 90892228 had stopped at the rear of my right with about one car gap distance away, alighting his passenger, Uddin Mohammed Jashim, G7947871M, HP: 84271420.

The said passenger then opened the left rear passenger door as he wanted to alight from the Taxi. However, he did notice any oncoming vehicle approaching. As such, a motorcyclist bearing the vehicle registration number AJ890H, Muhamed Fazli Bin Mohamed, S8317147B, HP: 81269310 had collided onto the door of the Blue ComfortDelgro Taxi. The motorcyclist subsequently lost control of his vehicle and collided onto my vehicle causing some dents, cracks and scratches on my right rear bumper area.

I then alighted from my vehicle and noticed the motorcyclist had fallen down from his vehicle. I noticed there were some abrasions on his left leg area, however, he mentioned that he does not require any medical assistance. I wish to state that aside from the motorcyclist, no one else was injured and no government property was damaged.

I then exchanged particulars from all parties involved. It wish to state that I have in-car camera installed in my vehicle and it was on recording mode.

I am lodging this report as advised by my Taxi company for insurance claim.





Police Station Of Origin: Whampos NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029 Tel No: 1800-2507999

1/20211200/2051

Saf S

Report No. T/20211/305/2051

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report E / Sgt 2 YEH CHEN HUI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2021 15:27
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case;
woodstiller.	Section of the sectio