Martin Thouas ASSIGNMENT Veli No. St/C 71411 Yr Rogn: 28/4 J Type: M.Car / M.Cycle / Bus / Van / Lorry / (axl) Prime Mover / From Cale Estimated Cost: Truck / Traller or OD/TP/WS/TP RES/OD RES/EVA/INV/MV Hyundoi 140 cc 1685 Vellow AC: Insurad/SId/HI/NA To Inspect Vehicle No: Make 567113. at Workshop m/s Colour T/Radio: Insured / Sid / NI / NA Sp.Reading SJG 8062M Eng/No: Insured: HMHLBUllumbuo87449 CNo: Policy No MT/1163575-001 Gen. Cond: O ody Fair / Poor / Burnt Claims No Steering: Inordor / Jammod / Leaked / Burnt or Sum Insured: Brake: Inarder I Jammed I Leaked I Burnt or (Client's Record) Modi: NII / STAte / STD A/RIM or Make of Vch F: 206/60R16 Tyre Size: 706/60M/6 (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! / Remark: The veh had commenced Its O/S repair at the time of inspection. Westlahe TOYOIYOKO or Front Bal or Market Value: R/Bal. Consistent? : Yes or No IDAC Accident Rood L/Bal. GIA / PR Seen: D.O.A. 3/2/77 Est. Repairs. CDGE Survey held al Lum Sum Des. of Damages : Rear | O/S | N/S | U/C | Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted Action / Instruction Date / Time lump sum \$3000 3 days red:1798.36; 37% Days Of Repair: : Prell. Report The Fla Pass 107 Survey Fee: Resurvey No. of Trip: : Final Roport Transportation: Add Fee: : Site Insp (\$ Interview (\$

: Tech, Inva 😘

WAR GIRL IN

709 41.

Gest Formus :

15 8 146 11. B.J. 12



## ComfortDelGro Engineering Pte Ltd

204 Baddoll Road Singapore 571/701 Maniline + 65 0383 0280 Facsimile + 65 6280 9755

Mittelline + 05 (50/3 02/90) Pacsantile + Q Workshops 201-10 Fedell Road Singapore 57/97/01 50 Louise Drive Singapore 508965 18 Cast Ming Drive Singapore 57/57/17

Page: 1

Date/Time: 04.02.2022 10:47 JC NO305503549

Team: ARC Repair TP(CFSO)1 CUSTOMER CITYCAB PTE LTD MR/MS 7010070 CUSTOMER NO. ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (P)

JOB CARD Sales Order: 4170264 MILEAGE REGN NO.: SHC7144L FUEL MAKE E.....1/2..... HYUNDAI DATE/TIME IN 04.02.2022 09:00 MODEL I - 40TARGET DATE YR OF MANU. 28.04.2016 COMPLETION DATE/TIME CHASSIS CODE KMHLB41UMGU087449

DISCOUNT CARD NO

JOB DESCRIPTION

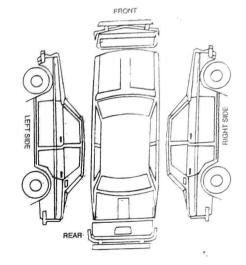
Accident Date: 03.02.2022

NATURE: 3P 03.02.22

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
:knowledgement Slip	Exit Pass
ame: C No.: Inicle No.: SHC7144L CHIANG	Vehicle No.: SHC7144L
signature/Date be returned to Service Reception upon collection	Name of Service Advisor Date  To be kept by Security Guard

B PTE LTD

REPA

STIMATE\*

**VEHICLE NO** 

SHC7144L

03/02/22

MAKE	REG. 28.04.2016			CHIANG /NTUC		7
MODEL	1-40			Unit Price	Amount	Mic
Qty	Parts Description/ Labour		Туре		\$24.60	ho
40	1 FRONT BUMPER BRACKET LH				\$22.40	10t
	1 FRONT BUMPER TOP BRACKET LH				\$1,052.20	Ver
	1 FRONT BUMPER				\$93.45	No
	1 FRONT BUMPER GRILLE / LH				\$663.00	Pors
	1 FRONT FENDER LH				\$174.90	JOE:
	1 FRONT FENDER SHIELD LH				\$907.40	1
	1 HEAD LAMP SUPPORT PANEL				\$907.40 \$1,388.00	1/50
	1 HEAD LAMP ASSY LH			\$2.20	\$22.00,	pic
	10 BUMPER CLIPS			72.20	\$4,347.95	]
	10BOWN EN CENT	SUB TOTAL			\$869.59	
		LESS 20%			\$3,478.36	1
						1
						1
			1	j		1
				ŀ		1
	Labour Charge				\$600.00	560
	Panel Beating				\$600.00	
	Spray Painting Charge				\$60.00	
	Tuff Kote				\$60.00	20
	Check Lighting			ŀ	\$1,320.00	
	ТОТ	AL LABOUR		}	71,320.00	
				ŀ	\$4,798.36	
	ESTIN	NATE TOTAL		+	34,730.30	

Thuran 82235769 U/2/22 1 700 L/S after repair photo 30/995 wp

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

SJ0422240003 / JP Knights Pte Ltd ENTRY DATE & TIME 04/02/2022 10 43 (SGT) SUBMITTED BY KAVI VERSION 1 (04/02/2072 10 43 (SGT))

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report correctly 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
- 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 This report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association of Singapore (GIA) for an archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
   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

04/02/2022 10:43 (SGT) 03/02/2022 13:20 (SGT) Ang Mo Kio Ave 6, Singapore

Singapore

	DETAILS OF	FOWN VEHICLE	
Vehicle Registration Number		SHC7144L	
INSURED/POLICYHOLDER			
Is company? Name Of Registered Owner		Yes CITYCAB PTE LTD 1XXXXX839G	
Company Reg No Email Address	0 40 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	fleetsafety@cdgtaxi.com.sg	
Mobile Phone No	The second second second second	(Phone) +65-96371194	
Alternative Phone No	carra carrage ()	(Office) +65-65508768	
VEHICLE PARTICULARS			
Manufacturer		Hyundai	
Model	TO SEE THE SOUR DESCRIPTION	140	
Variant	The state and decrease of	-	
Exact purpose for which vehicle was be accident	The state of the second second	Private hire	
Are you claiming under your own insura		No - Claiming third party	
your vehicle? Vehicle Category		Taxi	
Transmission		Auto	
CC		1685	
INSURANCE COMPANY			
Name of Insurance Company	S of Presentation contracts	AXA Insurance Pte Ltd	
Type of Coverage	I NO COURSE MODEL CONTRACTOR	ThirdPartyFireTheft	
Fleet Policy	E 4 DESCRIPTION CONTRACTOR	Yes	
Policy Number		VFX/P2419140	
Cover Note Number	CACLE OF MANUFACTURE EXT. NO.	-	
DRIVER	* "	K 10 SH 20 Z 10 J	
Name of Driver		JASMIN BIN AMIN SXXXX897C	

19/02/1954 Date Of Birth Occupation Outdoor 25/03/1996 Date Of Driving Pass 25 YEARS AND 11 MONTHS Driving experience Male Gender (Phone) +65-96371194 Mobile Number Alt. Phone Number fleetsafety@cdgtaxi com.sg 403 YISHUN AVENUE 6 #05-1224 **Email Address** Address Address complement 760403 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Hirer No 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 Side Swipe Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Yes Was the accident reported to the police? Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No (Fax) +65-65474900 Alt. Police Station Phone No 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT AS PER POLICE REPORT No.T/20220203/7012 ATTACHMENT(S) Are accident photos available for attachment? Yes Yes Was there any video captured by Car Camera? FILE IS NOT SUITABLE Reasons for not uploading a video of the accident Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** SJG8062M Vehicle Registration Number

Toyota

Wish

Vehicle Manufacturer

Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category
Name of Driver
Private car
Contact Number
Address
Address
Address
Address
Address
Complement
Postcode
Insurance Company Name
Nature Of Pamage
Details of property damaged in accident
No. Of Passenger (Including Oriver)

### INJURED PERSONS DETAILS

INJURED I

Name of injured person

Gender Phone No

Address Address Complement

Past Cade

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

JASMIN BIN AMIN

Male

(Phone) +65-96371194

403 YISHUN AVENUE 6 #05-1224

760403

SHC7144L

Yes

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 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)

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) 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"), 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;

Ang Mo Kio Ave 6

- (iv) 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 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' 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 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 10:20 04.02.22

Witnessed by Reporting Centre Personnel M ○ NA22 ( ~

Accident report SJ0422240003

Describe Circumstances of the	Accident			
POLICE REPORT: T2	20220203/7012			
Declaration  NWe declare the foregoing particulars are true in every respect.				
Policyholder's Signature / Date & Time	Driver's Signature (Holiver's not the policyholder) / Date 8. Time (0:20 04-02-77	Witnessed by Reporting Centre Personnel MD NATE IN		