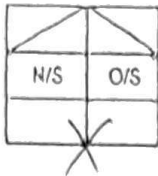


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 UD / IP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s: _____
 of: _____
 Insured: _____
 Policy No: _____
 Chassis No: **MT/1160297-002**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____
 (Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT



Veh No: Hyundai SHA 7237m Regn: 7111/19
 Type: M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Ioniq cc 1580
 Colour: blue AC: Insured / Std / NI / NA
 Sp. Reading: 232965 T/Radio: Insured / Std / NI / NA
 Eng No: _____
 CNo: KMHK85/CUL4187990
 Gen Cond: Good Fair / Poor / Burnt
 Steering: Inboard / Jammed / Leaked / Burnt or
 Brake: Inboard / Jammed / Leaked / Burnt or
 Modi: NII / 6IRim / STD AJRim or
 Tyre Size: F: 195/65R15
 R: 195/65R15
 BS / DUH / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Weslake
 Front: _____ Rear: _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 31/1/22 D.O.I. 4/2/22 1730
 Survey held at CDGE
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Roof/Top or
 The UIC / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|--|
| | Thevan finalised LS \$1650, 2 days. (Red \$1353.38, 45%) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time File Pass to? ☐ : Prell. Report
 01/03 Typist ☐ : Final Report
 Date/Time File Return to? _____
 Days Of Repair: 2
 Resurvey No. of Trlp: 2
 Addl Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Wash & Shine (\$ _____)
 Survey Fee: _____
 Transportation: _____
 Fuel: _____
 Others: _____
 Total: _____
 Request Forwards: **TP**
 Date: **1650**

Date/Time: 03.02.2022 15:24

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4170214

JC NO 305503540

ISTOMER

VMS COMFORT TRANSPORTATION PTE LTD

ISTOMER NO. 7010045

DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

L. (R) 65508755 (O)

(P)

SCOUNT CARD NO.

REGN NO.:

SHA7237M

MAKE :

HYUNDAI

MODEL

IONIQ(G3)

YR OF MANU.

07.11.2019

CHASSIS CODE

KMHC851CVLU187990

MILEAGE

FUEL

E.....1/2.....F

DATE/TIME IN

31.01.2022 22:55

TARGET DATE

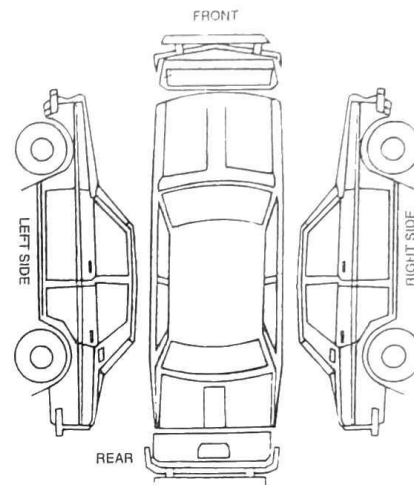
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 31.01.2022

NATURE: 3P 31.01.2022

S/NO LABOR CODE DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

e No.: SHA7237M CHIANG

Vehicle No.: SHA7237M

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

CO RTDELGRO ENGINEERING PTE LTD

REP ESTIMATE*

VEHICLE NO SHA7237M

04/01/22

MAKE REG .07.11.2019

CHIANG/NTUC

MODEL IONIQ G3

| Qty | Parts Description/ Labour | Type | Amount |
|--|--------------------------------------|------|------------|
| 1 | REAR BUMPER | | \$459.40 |
| 2 | REAR BUMPER SIDE BRACKET LH / RH | | \$55.80 |
| 1 | REAR BUMPER REINFORCEMENT | | \$394.80 |
| 2 | REAR BUMPER REINFORCEMENT STAY LH/RH | | \$138.10 |
| 1 | REAR BUMPER CENTRE MOULDING | | \$451.25 |
| 1 | REAR BUMPER TOW COVER | | \$94.60 |
| 1 | REAR BUMPER FOG LAMP | | \$201.50 |
| 2 | REAR NUMBER PLATE LAMP | | \$85.30 |
| 2 | REAR BUMPER REFLECTOR LH / RH | | \$41.45 |
| 10 | REAR BUMPER CLIPS | | \$2.20 |
| SUB TOTAL | | | \$2,264.85 |
| 20.00% | | | \$452.97 |
| DISCOUNTED TOTAL | | | \$1,811.88 |
| 1 | REAR REVERSE SENSOR | | \$180.00 |
| 1 | REAR BUMPER NUMBER PLAT W/HOLDER | | \$55.00 |
| 10.00% | | | \$211.50 |
| Labour Charge | | | |
| Panel Beating | | | \$500.00 |
| Spray Painting Charge | | | \$300.00 |
| Check Lighting and Wiring | | | \$60.00 |
| Tuff Kote | | | \$60.00 |
| Remove/refix Reverse sensor | | | \$60.00 |
| TOTAL LABOUR | | | \$980.00 |
| ESTIMATE TOTAL | | | \$3,003.38 |
| 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. | | | |

thavan

82235769

4/2/22 1730

L/S after repair photo
Zelaya 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

Signature:

Date:

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 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. 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 | 01/02/2022 16:47 (SGT) |
| Date of Accident | 31/01/2022 17:30 (SGT) |
| Exact Location of Accident | 106 Yishun Ring Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA7237M

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LTD |
| Company Reg No | 1XXXXX821R |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Mobile Phone No | (Phone) +65-91465593 |
| Alternative Phone No | (Office) +65-65508768 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Hyundai |
| Model | Ae ioniq |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Taxi |
| Transmission | Auto |
| CC | 1580 |

INSURANCE COMPANY

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA Insurance Pte Ltd |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | Yes |
| Policy Number | VFX/P2419138 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | LIM SEOW KEE |
| NRIC No | SXXXX124A |

| | |
|--|---------------------------------|
| Date Of Birth | 16/05/1962 |
| Occupation | Outdoor |
| Date Of Driving Pass | 04/06/1980 |
| Driving experience | 41 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91465593 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 103 YISHUN RING ROAD #04-95 |
| Address complement | - |
| Postcode | 760103 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | RELIEF DRIVER |
| 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 | Collision - Head to Rear |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

ON 31/01/22 AT ABOUT 1730HRS I WAS DRIVING VEHICLE A SHA7237M AT BLK 106 YISHUN RING ROAD CARPARK.I STOPPED MY VEHICLE TO REVERSE TO PARK.ONCE MY VEHICLE STOPPED,SUDDENLY VEHICLE B SJG6722E REAR ENDED MY VEHICLE.EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

ATTACHMENT(S)

| | |
|---|----------------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | FILE IS NOT SUITABLE |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SJG6722E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | Private car |
| Vehicle Category | - |
| Name of Driver | - |

Contact Number

(Phone) +65-94870238

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (including Driver)

"
"
"
"
"
"
"

SKETCH PLAN

IMPORTANT NOTICE

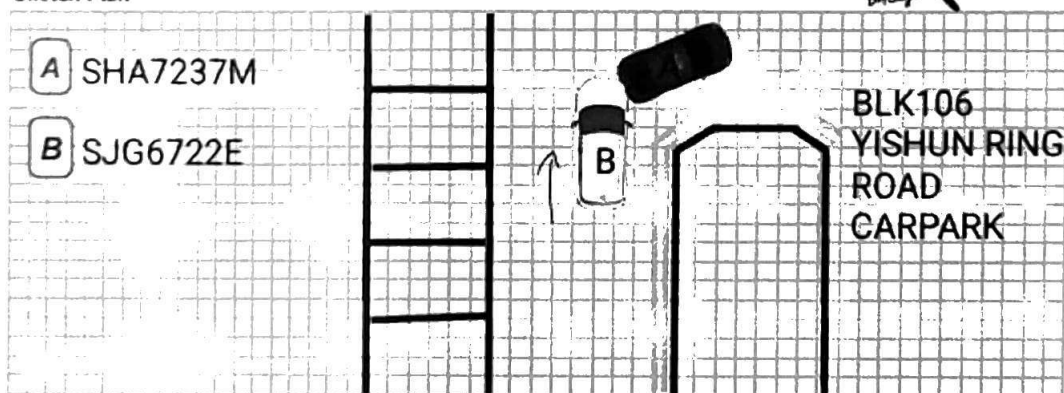
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 the property of 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 workshop 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 firms/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 firms/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 firms/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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 31/01/22 AT ABOUT 1730HRS I WAS DRIVING VEHICLE A SHA7237M AT BLK 106 YISHUN RING ROAD CARPARK.I STOPPED MY VEHICLE TO REVERSE TO PARK.ONCE MY VEHICLE STOPPED,SUDDENLY VEHICLE B SJG6722E REAR ENDED MY VEHICLE.EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

Declaration

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



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

31/01/22 / 22:00hrs



Witnessed by Reporting Centre Personnel