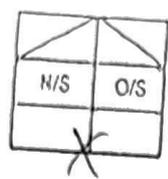


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 To Inspect Vehicle No: _____
 at Workshop n/s: _____
 Insured: **SGV 7910D**
 Policy No: _____
 Claims No: **MT/1161966-004**
 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: _____ % J Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT



Veh No: **SHC/008L** Yr Regn: **20/12/17**
 Type: Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
 Make: **Hyundai** CC: **1685**
 Colour: **blue** AG: Insured / Sid / NI / NA
 Sp Reading: **521397** T/Auto: Insured / Sid / NI / NA
 Eng/No: _____
 C/No: **KMH/BUTUMHU/00023**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In good / Jammed / Leaked / Burnt or
 Brake: In good / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: **206/60R16**
 R: **206/60R16**
 BS / DUH / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIRI / SUMI /
 TOYO / YOKO or **Westlake**

Front	Rear
R/Bal. 5 mm	R/Bal. 5 mm
L/Bal. 5 mm	L/Bal. 5 mm
D.O.A. 15/2/22	D.O.A. 17/2/22 630

 Survey held at **CDGE**
 Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
14/3/22	Thevan informed LS \$1100 (Red 874.05, 44%)

Date/Time. File Pass to? : Procl. Report
 : Final Report
 Date/Time. File Return to?

Days Of Repair: **2**
 Resurvey No. of Trlp: **1**

Adcl Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : VVest (\$)

Survey Fee:
 Transportation: _____
 S + RS: _____
 Finibus
 Others
 Total

16/3/22-typist
 Request Form #4: TP
 LS \$1100

Job: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: 4174993 JC NO:305505018

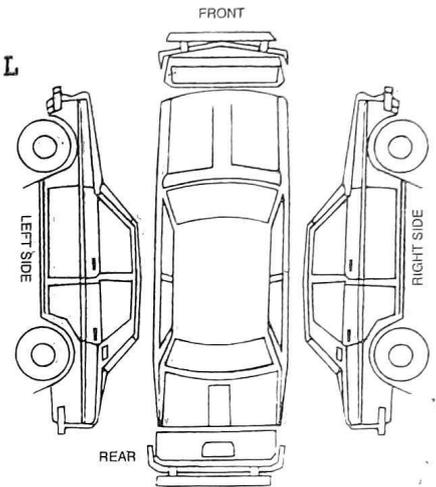
OMER S COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) JUNT CARD NO.	REGN NO: SHC1008L	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 16.02.2022 11:00
	YR OF MANU. 20.12.2017	TARGET DATE
	CHASSIS CODE KMHLB41UMHU100023	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 15.02.2022
NATURE: 3P 15.02.2022

NO 00010 LABOR CODE PB

DESCRIPTION
LUMPSUM REPAIR-SHC1008L



RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist/Check Slip

Exit Pass

Vehicle No.: SHC1008L LIMTS

Vehicle No.: SHC1008L

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

LKK-

DATE: 17-Feb-22

INSURANCE: NTUC (L/S)

MODEL: Hyundai i40

MVA: LIM T S

VEHICLE NO.: SHC1008L

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper	1		\$553.00 / Gt
	Rear Bumper Under Cover	1		\$228.00 / SCR
	Rear Bumper Sponge	1		\$119.50 /
	Rear Bumper Reinforcement	1		\$428.40 /
	Rear Bumper Clips	10	\$2.20	\$22.00 / MC
	Rear Bumper Reflector (RH/LHS) ^{fra} _{ve}	2	\$32.00 / m	\$64.00 / SRC
	SUB TOTAL			\$1,414.90
	LESS 20%			\$282.98
	DISCOUNTED TOTAL			\$1,131.92
	Reverse Sensors	1		\$135.70 / cut
	NETT SUB			\$135.70
	LESS 10%			\$13.57
	NETT TOTAL			\$122.13
	SPARE PARTS TOTAL			\$1,254.05
	<u>Labour Charge</u>			
	Panel Beating			\$300.00 280
	Spray Painting Charge			\$300.00 250
	R/I Reverse Sensors			\$120.00 30
	TOTAL LABOUR			\$720.00
	ESTIMATE TOTAL			\$1,974.05

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.

Thuan 82235769
 17/2/22 1630
 US after repair photo
 2 days 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 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. This report will be forwarded by the insurers of the GIA Damage 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	16/02/2022 14 22 (SGT)
Date of Accident	15/02/2022 18 50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC1008L

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) +65-90283303
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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	1685

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	OH BOON SENG
NRIC No	SXXXX059H

Date Of Birth	05/11/1987
Occupation	Outdoor
Date Of Driving Pass	30/01/1981
Driving experience	41 YRS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65 90283303
All Phone Number	-
Email Address	fleetsafety@cdqtaxi.com.sg
Address	304 TAMPINES STREET 33 #04-520
Address complement	-
Postcode	520354
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hiree
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

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 15/02/2022 AT ABOUT 18:50HRS, I WAS DRIVING VEHICLE A (SHC1008L) ALONG PIE TOWARDS BKE. WHILE TRAVELLING STRAIGHT, FRONT UNKNOWN VEHICLE APPLY JAMMBRAKE. I APPLY BRAKE AND STOP IN TIME. WHILE VEHICLE A WAS STATIONARY FOR FEW SECONDS, VEHICLE B (SGV7910D) COLLIDED ONTO VEHICLE A REAR BUMPER. EXCHANGED PARTICULARS. I AND MY MALE PASSANGER SUSTAINED NECK AND SHOULDER PAIN DUE TO THE IMPACT

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	SGV7910D
Vehicle Manufacturer	Honda

Vehicle Model	Civic
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	MUHAMMAD IQBAL BIN HAMDI
NRIC No	SXXXX198G
Contact Number	(Phone) +65-97970744
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	OH BOON SENG
Gender	Male
Phone No	(Phone) +65-90283303
Address	304 TAMPINES STREET 33 #04-520
Address Complement	-
Post Code	520354
Approximate Age Years Old	-
Injuries Sustained	NECK AND SHOULDER PAIN
Injured person in which vehicle?	SHC1008L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	PASSENGER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND SHOULDER PAIN
Injured person in which vehicle?	SHC1008L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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 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 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 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' lawyers/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' 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

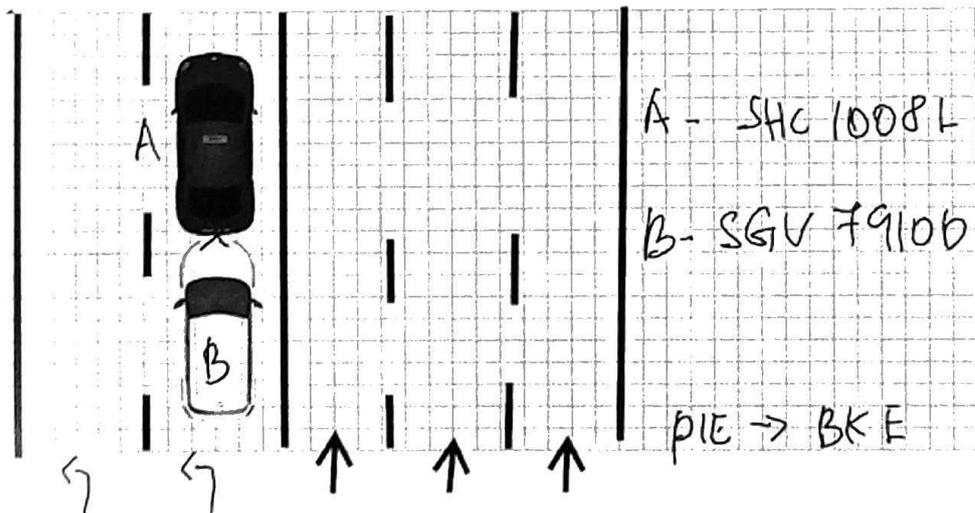


Driver's Signature (if driver is not the policyholder) / Date & Time 16/12/22 @ 12:25H



Witnessed by Reporting Centre Personnel *Wheonard*

Sketch Plan



Describe Circumstances of the Accident

ON 15/02/2022 AT ABOUT 18:50HRS, I WAS DRIVING VEHICLE A (SHC1008L) ALONG PIE TOWARDS BKE. WHILE TRAVELLING STRAIGHT, FRONT UNKNOWN VEHICLE APPLY JAMMBRAKE. I APPLY BRAKE AND STOP IN TIME. WHILE VEHICLE A WAS STATIONARY FOR FEW SECONDS, VEHICLE B (SGV7910D) COLLIDED ONTO VEHICLE A REAR BUMPER. EXCHANGED PARTICULARS. I AND MY MALE PASSANGER SUSTAINED NECK AND SHOULDER PAIN DUE TO THE IMPACT.

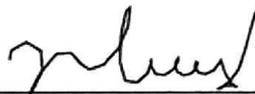
Declaration

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 16/2/22 @ 1225H



Witnessed by Reporting Centre Personnel 