| S. REC. BY: 1 | III | NC |
|---------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------|
| | ^V NS/INC22004045/Ttc <u>AS</u> | SSIGNMENT |
| om: | Date: | Veh No: SHC 11549 Yr Regn: 2018 1 July Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxiy Prime Mover / |
| stimated Cost: | | Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxiy Prime Mover / |
| D (FP) WS I TP | RES / OD RES / EVA / INV / MV | Truck / Trailer or |
| o Inspect Vehicle | | Make: Hyunda lovig c.c 1580 |
| it Workshop m/s | - | Make: Hyunda lovig c.c 1580 Colour Rlue A/C: Insured/Std/NI/NA |
| of | | Sp.Reading T/Radio: Insured / Std / NI / NA |
| nsured: | | Eng/No: |
| Policy No. | | C/No: KMHC85/CVJ4103562. |
| | /1171184-002 | Gen. Cond: Good / Fair / Poor / Burnt |
| Sum Insured: | Excess: | Steering: Inorder / Jammed / Leaked / Burnt or |
| (Client's Record | | Brake: Ingrder / Jammed / Leaked / Burnt or |
| Make of Veh: | ~1 | Modi: Nil / S/Rim / STD A/Rim or |
| _ | | Tyre Size: F: 195/65/218 |
| (Policy Condition | on) | R: ~ ~ |
| • | /X | BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |
| repair | at the time of inspection. | TOYO/YOKO or Westlande. |
| Bal. or Market V | 'alue: | Front Rear |
| IDAC Accident F | Rport: Consistent? : Yes or No | R/Bal. 6 mm R/Bal. 6 mm |
| GIA / PR Seer | n: Consistent? : Yes or No | L/Bal. 6 mm L/Bal. 6 mm |
| Est. Repairs: | days Res.: Yes or No | D.O.A. D.O.I. 28/4/22 |
| Lum Sum: | % 3 Val.: Yes or No | Survey held at Compost Congan |
| CA I DEV I | REP. / 24 HRS | Des. of Damages ; Frt / Rear / O/S / (N/S) U/C / Rooftop or |
| | , Vehicle: IN / | |
| Date: | Person Contacted: hm TS | The U/C / Chassis frame / Body Structure affected due to collision |
| Date / Time | Action / Instruction fest ey need | у, |
| | | |
| - | | 1 |
| | | |
| | COR I/s \$1100 , 1 day. | |
| | red: 353.36;24% | |
| | | |
| | | |
| Date/Time, File Pas | : Preli. Report | Days Of Repair: |
| 1) | : Final Report | Resurvey No. of Trip: Survey Fee: |
| Date/Time, File Re | sturn to? | Transportation: |
| 2) | Add | Fee: Site Insp (\$)_s+Rs_si |
| | | : Interview (\$) Photos |
| Repeatorr | | : Tech. Invs (\$) Others |
| | ALBA: C | // '_/USIS I |

-

COMFORTDELGRO ENGINEERING PTE LTD

Date: 28.04.202

REPAIR ESTIMATE

LKK-

Time: 09:47:42

Page: 1

NTUC-CP(P)

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO **REGN NO MILEAGE**

305514148 SHC1154Y

MAKE

000000000 **HYUNDAI**

MODEL DATE OF REGN

: IONIQ(G2) : 12.07.2018

DATE/TIME IN

: 28.04.2022 08:10

ACCIDENT DATE

: 28.04.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2537-G WING MIRROR LH

1 1,391.70 20.00 1,113.36 PV'

SUB-TOTAL : 1,113.36

JOB NATURE

0000 PB

PANEL BEATING-SHC1154Y-TP

150.00

0001 SP

SPRAYPAINT CHARGE

150.00 100

0002 17-01

CHECK WIRING.

40.00 50

SUB-TOTAL: 340.00

: 1,453.36

TOTAL

MVA NAME & SIGNATURE

DATE:

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

DATE:

 To resurvey before/after spray painting To display damaged part(s) during resurvey

LKK Auto Consultants hence notify the Repairer of the following:

- 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:



ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Mainline + 03 0300 0200 Workshops 205 Braddeil Road Singapore 579701 59 Loyang Drive Singapore 576970 383 Sin Ming Drive Singapore 575717

Date/Time: 28.04.2022 09:42

Page: 1

| 'eam: ARC Repair TP(CLSO)1 | JOB CARD a | ales Order: 4201880 | |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| TOMER | 50 | REGN NO.: | JC NO.305514148 MILEAGE |
| MS COMFORT TRANSPORTATION PTE LTI | D | SHC1154Y MAKE: HYUNDAI | FUEL EF |
| RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 | | MODEL | DATE/TIME IN 8.04.2022 08:10 |
| (R) 65508755 (O) | | YR OF MANU. 12.07.2018 | TARGET DATE |
| COUNT CARD NO. | | CHASSIS CODE KMHC851CVJU103562 | COMPLETION DATE/TIME: |
| | JOB DESCRIPTION | PP GBH | |
| Accident Date: 28.04.2022 [ATURE: 3P 28.04.2022 VV- | • | Tuc 3682 | |
| I/NO LABOR CODE | DESCRIP | PTION G-SHC1154Y-TP | FRONT |
| | | -SACIIJ4I-IF | |
| | | | |
| | | <u> </u> | RIGHT SIDE |
| | | EFTSIDE | ₽ BIGH |
| | | | |
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| | | REAR | |
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| | | , | |
| | g the contract of a set of the first of the set of the | | |
| CKED & PASSED OUT BY: | - | | |
| SERVICE ADVISOR | | CUSTOMER'S | SIGNATURE |
| o d | Exit Pass | | |
| wledgement Slip | | | |
| .: TYMC | Vehicle No.: | .15 4 Y | |
| No.: SHC1154Y LIMTS | SHCI | | |
| | | | |

Name of Service Advisor

To be kept by Security Guard

Signature/Date

eturned to Service Reception upon collection

of Service Advisor

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 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 | 28/04/2022 11:57 (SGT) |
|---------------------------------|------------------------|
| Date of Accident | 28/04/2022 06:35 (SGT) |
| Exact Location of Accident | Mattar Rd, Singapore |
| Additional Location Information | MATA ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| Vehicle Registration Number | | SHC1154Y | |
|-----------------------------|--|----------|--|
|-----------------------------|--|----------|--|

INSURED/POLICYHOLDER

| Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No | Yes COMFORT TRANSPORTATION PTE LTD 1XXXXX821R fleetsafety@cdgtaxi.com.sg (Phone) +65-96814742 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Mobile Phone No | (Phone) +65-96814742 |
| Alternative Phone No | (Office) +65-65508768 |

VEHICLE PARTICULARS

| Manufacturer | Hyundai |
|----------------------------------------------------------------|---------------------------|
| Model | Ae ioniq |
| Variant | AE IONIQ HEV 1.6 DCT |
| 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 Type of Coverage Fleet Policy | AXA Insurance Pte Ltd ThirdPartyFireTheft Yes |
|---------------------------------------------------------|-----------------------------------------------------|
| Policy Number Cover Note Number | VFX/P2419138 |

DRIVER

| Name of Driver | LUM YI LONG, DANNY |
|----------------|--------------------|
| NRIC No | SXXXX683G |

Date Of Birth 04/02/1985 Occupation Outdoor Date Of Driving Pass 20/12/2014 Driving experience 7 YEARS AND 4 MONTHS Gender Male Mobile Number (Phone) +65-96814742 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 121 PAYA LEBAR WAY #09-2829 Address complement **SINGAPORE** Postcode 381121 Is the driver the policyholder? If No, Relationship of the Driver with the Insured Hirer 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 Side Swipe 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? **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 28/04/2022 AT ABOUT 06:35 HRS I WAS DRIVING VEHICLE (A) SHC1154Y ALONG MATA ROAD, I WAS AT LEFT LANE, AS I WAS TRAVELLING WITH MY LANE SUDDENLY VEHICLE (B) GBH3684R WHICH WAS TRAVELLING ALONG RIGHT LANE FILTER INTO MY LANE AND SIDE SWIPE MY VEHICLE LEFT SIDE MIRROR, EXCHANGE 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 **GBH3684R** Vehicle Manufacturer Toyota Vehicle Model Vehicle Variant White Vehicle Colour

Commercial vehicle

NG YAK SING

Name of Driver

Vehicle Category

PASSENGER 1

Name Gender

UNKNOWN Female

Accident report SJ04224S0007

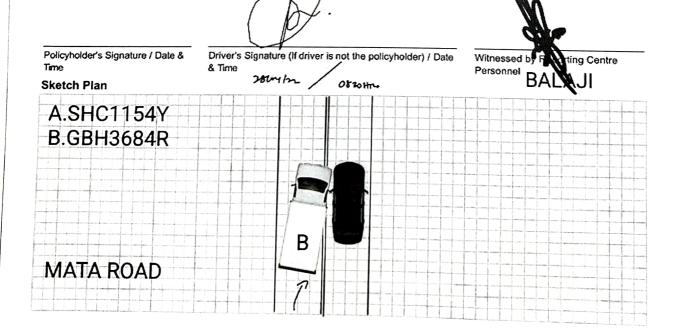
SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Formby 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) 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 the claims;
- (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;
- (v) 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 Tissurers 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.



Describe Circumstances of the Accident

ON 28/04/22 AT ABOUT 0635HRS I WAS DRIVING VEHICLE A SHC1154Y ALONG MATA ROAD. I WAS AT LEFT LANE, AS I WAS TRAVELLING WITHIN MY LANE SUDDENLY VEHICLE B GBH3684R WHICH WAS TRAVELLING ALONG RIGHT LANE FILTER INTO MY LANE AND SIDE SWIPE MY VEHICLE LEFT SIDE MIRROR. EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

Declaration

t/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

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