S. REC.BY: Tay M.	ASSIGNMENT
•	24615 00 6 2018, Oct
rom: Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
stimated Cost;	Truck / Traller or
D / F I WS I TP RES I OD RES I EVA I INV I MV	11 -1 11/2 00 1580
o Inspect Vehicle No:	Oct insured / Std / NI / NA
at Workshop m/s	Colour Treadic Insured / Std / NI / NA
	Sp.Reading 50081 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: WMY (851CVK4114729)
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: (Nij / S/Rim / STD A/Rim or
	Tyre Size: F: (95/65k15
(Policy Condition)	R:
Remark The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY /-FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Wortfalle.
Bal. or Market Value:	Front Rear R/Bal. 6 mm
IDAC Accident Rport: Consistent? : Yes or No	R/Bal, 6 mm , 105dii 2
GIA / PR Seen:Consistent? : Yes or No	DBal. (5 mm DOL 11/0/27
Est. Repairs: days Res.: Yes or No	() A A D > A
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftep or
Venicle: II	The U/C / Chassis frame / Body Structure affected due to collision
	——————————————————————————————————————
Date / Time Action / Instruction	
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Date/Time, File Pass 10? : Preli. Report	Days Of Repair:
; Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
	dd Fee: : Site Insp (\$)_s+Rs_si
	: Interview (\$) Photos
Repetitionnel:	: Tech. Invs (\$) Others
Lump Sum / LB.4: (F	:Weelland (\$
/	TOTAL

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COMFORT TRANSPORTATION PTE LTD REPAIR ESTIMATE QUOTATION

Vehicle No. : SHC1500G

Date: 04.08.2022

Make

INSURANCE: NTUC

: HYUNDAI Model : IONIQ(G2)

MVA: MS. LOKE YY

ty Parts Description / La	abour	Туре	Unit Price	Amount
1 REAR BUMPER COVER				\$459.40
10 REAR BUMPER CLIPS				\$22.00
1 REAR BUMPER CENTRE MOULDING AS	SY			\$451.25
1 REAR BUMPER REINFORCEMENT				\$394.80
1 REAR BUMPER SIDE UNDER COVER RH	1			\$108.00
1 REAR BUMPER LWR CENTRE MOULDIN				\$155.00
1 REAR PANEL				\$532.00
1 REAR PANEL GARNISH				\$346.80
1 REAR BUMPER SIDE BRACKET RH				\$55.80
1 REAR FENDER SHIELD RH				\$173.60
1 EXHAUST SILENCER				\$943.50
1 ASSY BSD- BLIND SPOT RADAR RH				\$1,784.40
1 EMBLEM HYBRID				\$24.30
1 EMBLEM – IONIQ				\$31.30
	SUB TOTAL			#5 400 55
	LESS 20%	0		\$5,426.55
	DISCOUNTED TOTAL			\$1,085.31
				\$4,341.24
RENEW ADVERTISEMENT LOGO (BOTH	RR FENDER)			sec \$200.00
REAR BUMPER RUBBER MAT				\$50.00
BOOTLID COMFORT TEL NO STICKER				\$40.00
BOOTLID COMFORT LOGO STICKER				my \$30.00
BOOTLID COMFORT APP STICKER	LKK Auto Consulta	nto honor	- 176	ner \$30.00
REAR BUMPER REVERSE SENSOR	the Repairer of the	following:	oury	LI \$180.00
	 To resurvey before/af 	er spray paint	ng	\$530.00
1-1	 To display damaged p 	art(s) during re	esurvey	
Labour Charge	Parts prices are subject that the party suppose in a	ct to confirmat	ion	
PANEL BEATING	Third party survey is cNo illegal modification	(s) is allowed	rejudice" basis	\$1,200.00
SPRAY PAINTING CHARGE	 Supplementary item(s 	must be reci	rveved and	\$800.00
CHK ALL LIGHTING	is subject to final appr	oval from Insu	rance Company	\$60.00
REMOVE/ REFIX EXHAUST PIPE	Acknowledged by Repa			\$120.00
TUFF KOTE	Signature:			\$60.00
REMOVE/REFIX REVERSE SENSOR	Date:			\$80.00
	TOTAL LABOUR			\$2,320.00
	ESTIMATE TOTAL			\$7,191.24
				1000

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.



ComfortDelGro Engineering Pte Ltd

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

Workshops 205 Braddell Road Singapore 578701 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717

Date/Time: 04.08.2022 14:13

Page: 1

Team:

ARC Repair TP(CLSO)1

JOB CARDSales Order: 4508016

E..._...1/2.....

CUSTOMER

JC NGQ5525497

MILEAGE

FUEL

COMFORT TRANSPORTATION PTE LTD

CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE 7010045

Singapore SINGAPORE 575717

TEL. (R) 65508755 (P)

(O)

MODEL IONIQ(G2) YR OF MANU. 08.10.2018

REGN NO.: SHC1500G

MAKE: **HYUNDA**I

04.08.2022 10:30 TARGET DATE

DISCOUNT CARD NO.

CHASSIS CODE KMHC851CVKU114729 COMPLETION DATE/TIME:

Accident Date: 03.08.2022 NATURE: 3P 03.08.2022'

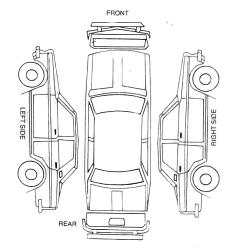
be returned to Service Reception upon collection

S/NO

LABOR CODE

DESCRIPTION

JOB DESCRIPTION



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CHECKED & PASSED OUT BY:				and a second
SERVICE AL	OVISOR			OUDTOMEDIA DIAME
			also and a second	CUSTOMER'S SIGNATURE
knowledgement Slip			Exit Pass	
me: No.: nicle No.: SHC1500G	YY		Vehicle No.: SHC1500G	
me of Service Advisor		Signature/Date	Name of Service Advisor	Date

To be kept by Security Guard

SJ0G22840002-01 / JP Knights Pte Ltd SUBMITTED BY: Weine Chieng VERSION: 2 (04/08/2022 14:29 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

Vehicle Registration Number

- This Form must be completed by the Policyholder and/or the Actual 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	04/09/2022 09:50 (00T)
Penerted by	04/08/2022 08:59 (SGT)
Reported by	Driver
Date of Accident	03/08/2022 18:10 (SGT)
Exact Location of Accident	
LAGGE LOCATION OF ACCIDENT	Choa Chu Kang North 7, Singapore
Additional Location Information	_
Country/State of Loss	20
Country/Clate of Loss	Singapore

DETAILS OF OWN VEHICLE

SHC1500G

Hyundai

Company Reg No 1XXXXX821R Email Address fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-98822018 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Ae ioniq
-
Private hire
No - Claiming third party
Taxi
Auto
1580

INSURANCE COMPANY

Name of Insurance Company	 AXA Insurance Pte Ltd
Policy Number / Cover Note Number	 VFX/P2419138

DRIVER

Name of Driver	TAN EK SENG
NRIC No	SXXXX477E
Date Of Birth	14/11/1952
Occupation	Outdoor

Driving experience Gender Mobile Number (Phone) + 95-98822018 ALP Phone Number	Date Of Driving Pass	27/12/19/2
Mobile Number Alt. Phone Number Email Address Alt. Phone Number Final Address Address Camplement Postcode If No. Relationship of the Driver with the Insured If No. Relationship of the Driver With the Insured If Itile Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver Insurance Vehicle Owned In the accident If It Insurance Company of Other Vehicle Owned by Driver Insurance Vehicle Owned In the accident Clear If It Insurance Vehicle Owned In the accident Properties Owned Insurance Vehicle Owned Insurance	Driving experience	49 YEARS AND 8 MONTHS
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HELD NOT CONTINUE	Reasons for not uploading a video of the accident	
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DETAILS OF OTHER VEHICLE PROPERTY 1		
	DETAILS OF OTHER	VEHICLE PROPERTY 1

Vehicle Registration Number FBT4186S
Vehicle Manufacturer Honda
Vehicle Model ADV150



Vehicle Variant	-
Vehicle Colour	Motorcycle
Vehicle Category	MUHAMMAD FAIZ ZULHUSNI BIN MOHD SALEH
Name of Driver	SXXXX885A
NRIC No	=
Contact Number	-
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

	MUHAMMAD FAIZ ZULHUSNI BIN MOHD SALEH
Name of injured person	
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SUSTAIN INJURY
Injured person in which vehicle?	FBT4186S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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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 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) 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;
- (i) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing w ith my instructions or responding to any enquiries by me;
- (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 well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling endler 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.

Witnessed by Reporting Centre Driver's Signature (if driver is not the policyhdider) / Date Policyholder's Signature / Date & 1930 Personnel Amin & Time 03/08/22 Time Sketch Plan 614 Choa Chu Kang North 7 4 Choo Chu Kaug North A-SHC15005 B-FBT41865 615 Char Chu bang North 7

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Describe Circumstances of the Accident

ON 03/08/2022 AT ABOUT 1810HRS, I WAS DRIVING VEHICLE A (SHC1500G) ALONG CHOA CHU KANG NORTH 7. I STOPPED AT THE ROAD SIDE NEAR 615 CHOA CHU KANG NORTH 7 TO WRITE DOWN NOTES, WHEN SUDDENLY VEHICLE B (FBT4186S) HIT ME FROM THE RIGHT REAR. RIDER OF VEHICLE B CONVEYED BY AMBULANCE.

Declaration

If We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date & Time 05/01/11 (130) Witnessed by Reporting Centre