ASS. REC. BY: Theyan REF: N44C	
	IGNMENT
From: Date:	Veh No: SH(10796 Yr Regn: 9/8/18
From: Date: Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / (axi) Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
	Make: tyundai lonig c.c 580
To Inspect Vehicle No:at Workshop m/s	Colour b(Ge
	Sp.Reading Not (Va) T/Radio: Insured / Std / NI / NA
of	Eng/No:
Insured:	C/No: NWHC8SICURU 065.
Policy No	Gen. Cond: Good / Fair / Poor / Burnt
_	Steering: Inorder / Jammed / Leaked / Burnt or
Sum Insured: Excess:	Brake: Inorden / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
HIBINO VI 12-11	Modi: Nil / \$/Rim) / \$1D ARIII 01 Tyre Size: F: (95/65/05) R: (95/65/05)
(Policy Condition)	R: (93783) (9)
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO Or WEST GLEE
repair at the time of inspection.	
Bal. or Market Value:	Front Rear R/Bal. mm
IDAC Accident Rport: Consistent? : Yes or No	R/Bal.
GIA / PR Seen: Consistent? : Yes or No	L/Bal.) mm
Est. Repairs: days Res.: Yes or No	D.O.A. 10/6/22 COGE
Lum Sum: % 3 Val.: Yes or No	Survey held at
	Des. of Damages Frt 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.
Date:Person Contacted:	- The G/C / Chassis manner
Date / Time Action / Instruction	
bate/Time, File Pass to? : Preli. Report	Days Of Repair:
: Preli. Report : Final Report	Resurvey No. of Trip: Survey Fee: Transportation:
) Sile Return to?	SARS SI
Date/Time, File Return to?	ee: Site insp
)	: Interview (\$) Photos
. F	: Tech. Invs (\$) Others
Report Format :	:Weekend (\$)
_ump Sum / I.B.I: (\$)	TOTAL

COMFORTDELGRO ENGINEERING

Our Job Ref No ;

305519089

Date

Remarks:

15.06.22

ComfortDelGro Engineering Pte Ltd

FINALIZATION FORM					Pax 6646 8156					
To	:LKK				Fax:					
Attn				- Control of the Cont						
Vehic	ie Reg	No. SHC1			of Accident:	10,06,22				
The s	survey (and estimates of	the repairs of the above-m	entioned vehicle	are as follows	5-				
٦.	The r	epair job shali bil	1 16:	NTUC	***	8GW2353P				
2.	The f	nelized emount	shall be:							
	(a)	Spare Parts after	er List discount							
	(b)	(b) Labour Charges				and the second s				
		Total for Part-E	By-Part Repair Cost							
	(c.)	Lumpsum Repa Total for Lumps Final Lumpsur	ourn repair cost after Less:	20%		\$3,650.00				
3.	Estim	ated normal peri	od for repairs:	3wo	rking days.					
4.		hall treat the ab	ove amount as Correct a	nd Confirmed If	there is no r	eply from you within				
5.	Thank you for your assistance.				We confirm the estimates and finalized amount					
	Signa	iture :	M	Siç	gnature:	O				
	Name	JUMANI		Na Na	me : TH	EYAN				
		: 6214831	5	Da	ite :	9/8/22				
	Fax			_						
or C	official	Use Only	L							
		ltem	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks				
Re	ental Ra	ate P/Dsy		YES						
. Le	ss of Ir	ncome Paid	****	NO						
Si	Irvay F	665	prove							
Spirite Services	The same of the sa	rgti Fee	\$7.49 / \$2.00	YES						
. M	edical f	ees (on behalf								
		if applicable)			-					
O	HITTIEN					1				

COMPORT DELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Updated 11 Feb 2020

DATE:

10.06.22

MODEL:

Hyundai Ioniq (Front)

INSURANCE: NTUC

VEHICLE NO.: SHC1079G

PART NO.	DESCRIPTION		D.O.A 10.06.22			
	FRT BUMPER	QTY	UNIT PRICE			8 1
	FRT FENDER RH				AMOUNT	0.1
	FRT FENDER RH - EMBLEM			\$	481.10	
	HEADLAMP ASSY RH			\$	588.80	11
	FRT BUMPER CTR MOULDING			\$	26.60	1
	FRT WHEEL CAP RH			\$	2,110.30 368.50	
	FRT BUMPER SIDE BRACKET RH			\$	346.40	
	FRT BUMPER CLIPS			\$	41.40	1 .
		10		\$	22.00	1
					22.00	1
	SUB TOTAL					
	LESS 20%			\$	3,985.10	
	DISCOUNTED TOTAL			\$	797.02	
				\$	3,188.08	
	SUB TOTAL					
	Labour Charge					
	Panel Beating					10
	Spray Painting Charge			\$	800.00	700
	Wiring Charge			\$	600.00	50
	Tuff Kote	1		\$		30
	Advertisement logo - Fender			\$	50.00	30
	a to too some logo - I elider			\$	100.00	ne
	TOTAL LABOUR					
	2.0001			\$	1,600.00	
	prepared after the vehicle is surveyed by a motor Surveyed			\$	4,788.08	

prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Thuan 82238269 10/6/22 17/0 L/S 3dayswp

- 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:

Pg 1 of 9



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

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

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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 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 raise 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

10/06/2022 14:47 (SGT) 10/06/2022 12:20 (SGT) Parliament PI, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC1079G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No Email Address

Mobile Phone No

Alternative Phone No.

Yes

COMFORT TRANSPORTATION PTE LTD

1XXXXX821R

fleetsafety@cdgtaxi.com.sg

(Phone) +65-96398860

(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Hyundai

Ae ionia

Private hire

No - Claiming third party

Taxi

Auto

1580

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

AXA Insurance Pte Ltd ThirdPartyFireTheft

Yes

VFX/P2419138

DRIVER

Name of Driver NRIC No

LEE KOK THYE SXXXX384Z



Date Of Righ Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No. Relationship of the Driver with the Insured

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

Type of Accident Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

DETAILS OF POLICE ACTION

CIRCUMSTANCES OF ACCIDENT

ATTACHMENT(S)

Was there any video captured by Car Camera?

Was there any audio recorded?

24/09/1962 Outdoor

26/01/1980

42 YEARS AND 5 MONTHS

(Phone) +65-96398860

fleetsafety@cdgtaxi.com.sg

BLK 182 BEDOK NORTH ROAD #08-48

460182

No

Hirer

No

Side Swipe

Dry

Clear

No

2

No

Yes

2

No

UNKNOWN

Male

No No

ON 10/06/2022 AT ABOUT 12:20HRS, I WAS DRIVING VEHICLE A (SHC1079G) ALONG PARLIAMENT PLACE TOWARDS ST ANDREW'S ROAD. AS I TRAVELLING ON SINGLE LANE ROAD, VEHICLE B (SGW2353P) OVERTAKE VEHICLE A MAKE A SHARP TURN AND COLLIDED ONTO VEHICLE A FRONT RIGHT SIDE. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

Are accident photos available for attachment?

Reasons for not uploading a video of the accident

Yes

Yes

FILE NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

SGW2353P Toyota



Vehicle Model	
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	REIMAN SARAGIH BIN AMIR
NRIC No	-1
Contact Number	•
Address	•
Address complement	•
Postcode	•
Insurance Company Name	•
Nature Of Damage	•
Details of property damaged in accident	4
No. Of Passanger (Including Driver)	*

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claring process.
- 7 The Comments be completed by the Colicyholder and/or the Authorised Dibrat
- Interrestrin provided mind to as truthful and accurate as possible. Any is did misrepresentation or withholding of material facts may altern incommer exempation to repudiate policy liability
- If The iscording acceptance of this Egyrchy insize the companies is not an admission of policy liability on the part of the insurance
- 5 Any false reporting may be referred to the Police for Investigation
- A. The mount will be forwarded by the insurers of the GA Records Management Centre established by the General Insurance Association of Singapore. G.A. for archiving and that copies of this report will for a fee be made available upon application by interested partie
- 7. By the subground of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the Placemore shints mark available atcressed
- A Consent under the Personal Data Protection Act (PDPA)

Lunderstand acknowledge agree and consent that

- is 15 maying my workshop and the General Insurance Association of Singapore ('GIA') mayiare permitted to collect, use disclose and it process impressional data personal information set out in this (form) and any other personal information provided by major process withs my insurer (collectively the Personal Information') and disclose and transfer such Personal Information to at insurer withollhave insured vehicle s) involved in this accident (all insurer(s) withollhave insured vehicle(s) involved in this accident (all insurer(s) withollhave insured vehicle(s) involved in this accident (all insurer(s) withollhave insured vehicle(s) involved in this accident (all insurer(s) withollhave insured vehicle(s) involved in this accident (all insurer(s) withollhave insured vehicle(s) involved in this accident (all insurer(s) withollhave insured vehicle(s) involved in this accident (all insurer(s) withollhave insured vehicle(s) involved in this accident (all insurer(s) withollhave insured vehicle(s) involved in this accident (all insurer(s) withollhave insured vehicle(s) involved in this accident (all insurer(s) withollhave insured vehicle(s) involved in this accident (all insurer(s) withollhave insurer(s) withollhave insurer(s) withollhave insurer(s) involved in this accident (all insurer(s) withollhave insurer(s) witho collective's referred to as the 'Insurers'), the Insurers, law yers/law firms, the Monetary Authority of Singapore and any rejevant government agents authority (such as the police) for the purpose(s) of
- (ii) processing thandling and or disaling with my claims including the settlement of the claims and any necessary investigations relating to the claims
- (in investigating the accident and/or my claims,
- (a) carrying out and/or dealing with my instructions or responding to any enquiries by me
- (w) administrating my cuarms anothering 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 wiell as on the external cover of enveloces, mul-
- $t_{\rm VC}$ complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the 'Purposes')

(b) all insurer, sills his have insured vehicle(s) involved in this accident and the Insurers' law yers/law. firms, may are permitted to collect. use of the land or process my Personal Information for one or more of the above Purposes, and

ici my Persona Information mayican be disclosed by any of the Instra s and GIA to their third party service providers or agents one or more of the above Purposes. d outside of incapore (including their les yers law fems), which

> FLASH ACCIDENT REPORTING OFFICER FRO KHAMARAJ

Policyholder's Signature: Date &

Briver's Signature (if driver is not the policyholder) / Dat 8 Time | 0/6/22 @ 1340 H

Witnessed by Reporting Centre

Sketch Plan



A-SHC 10799 B-59W 2353b Describe Circumstances of the Accident ON 10/06/2022 AT ABOUT 12:20HRS, I WAS DRIVING VEHICLE A (SHC1079G) ALONG PARLIAMENT PLACE TOWARDS ST ANDREW'S ROAD. AS I TRAVELLING ON SINGLE LANE ROAD, VEHICLE B (SGW2353P) OVERTAKE VEHICLE A MAKE A SHARP TURN AND COLLIDED ONTO VEHICLE A FRONT RIGHT SIDE. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT. Declaration I/We declare the foregoing particulars a FLASH ACCIDENT Driver's Signature (if driver is not the policyholder) / Date & Time 16/6/33 @ 1340H Witnessed by Reporting Centre Policyholder's Signature / Date &

Personnel