ASS. REC. BY:

REF: MS/INC 23001369/Dny[3]

CDE March 2025

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No. MT/1209002-002

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 7/7 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHD 4241 D Yr Regn: 2017/March

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Hyundai Ioniq c.c 1580

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 549385 T/Radio: Insured / Std / NI / NA

Eng/No: G4LEGU329722

C/No: KMHC851CVHU022835

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65 R15

R: —11—

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / 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.	07/02/2023		D.O.I.	07/02/2023	

Survey held at CDGE Loyang

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or L/S Body

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	HTW SJU5980J
14/2/2023	[illegible] L/S 1050/- with 2 days of rep (Red. $2852.04, 73%)

Date/Time, File Pass to?

1) 15/2/23

Date/Time, File Return to?

2)

: Preli. Report

: Final Report

Report Format : TP

Lump Sum / I.B.I.: ($ 1050)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:
: Site Insp ($)
: Interview ($)
: Tech. Invs ($)
: Weekend ($)

Survey Fee:
Transportation:
S + RS, SI
Photos
Others
TOTAL

SJ0G2327000P-01 / JP Knights Pte Ltd
ENTRY DATE & TIME: 07/02/2023 16:34 (SGT)
SUBMITTED BY: Weine Chieng
VERSION: 2 (08/02/2023 12:20 (SGT))

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 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	07/02/2023 16:34 (SGT)
Reported by	Driver
Date of Accident	07/02/2023 10:35 (SGT)
Exact Location of Accident	Tampines Ave 10, Singapore
Additional Location Information	TOWARDS BEDOK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4241D

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) +65-91251108
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	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2419138

DRIVER

Name of Driver	LOW SOON POH
NRIC No	SXXXX738E
Date Of Birth	27/12/1966
Occupation	Outdoor

Date Of Driving Pass	03/03/1997
Driving experience	25 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91251108
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 488A TAMPINES AVE 9 # 09-164
Address complement	-
Postcode	520488
Is the driver the policyholder?	No
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	Collision - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

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 07.02.2023 AT ABOUT 1035HRS I WAS DRIVING MY VEHICLE A SHD4241D FETCHING MY PASSENGER TO UBI. MY VEHICLE A WAS ON THE 2ND LANE OF TAMPINES AVE 10 TOWARDS BEDOK. VEHICLE B SJU5980J ON MY LEFT, CUT INTO MY LANE. HIS VEHICLE B RIGHT CENTRE THEN SIDE SWIPE MY VEHICLE A LEFT FRONT.
MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION. SCENE PHOTOS. NO PARTICULARS EXCHANGED.

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU5980J
Vehicle Manufacturer	Kia
Vehicle Model	CERATO FORTE
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT CENTRE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please correctly report 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 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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**")

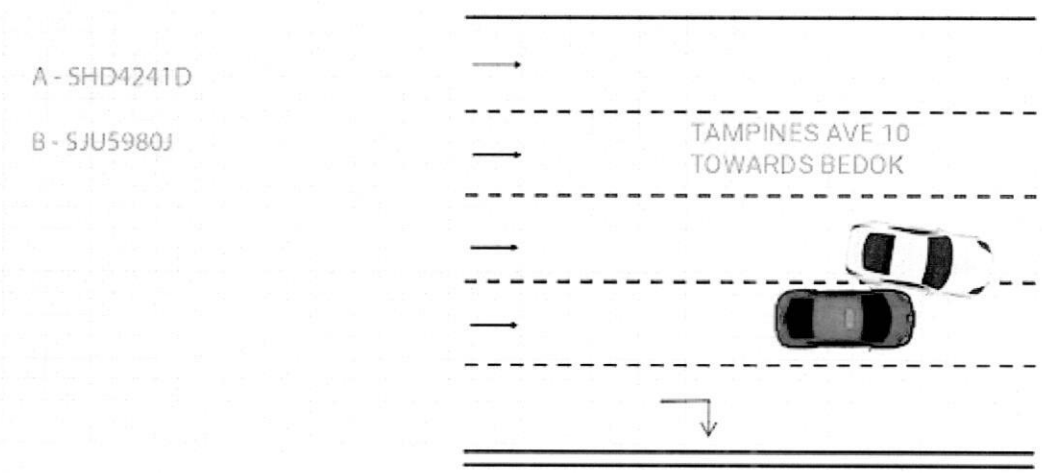
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use,disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

FLASH ACCIDENT REPORTING OFFICER
KYMI YONG

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time 07.02.2023 1240HRS	Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

ON 07.02.2023 AT ABOUT 1035HRS I WAS DRIVING MY VEHICLE A SHD4241D FETCHING MY PASSENGER TO UBI. MY VEHICLE A WAS ON THE 2ND LANE OF TAMPINES AVE 10 TOWARDS BEDOK. VEHICLE B SJU5980J ON MY LEFT, CUT INTO MY LANE. HIS VEHICLE B RIGHT CENTRE THEN SIDE SWIPE MY VEHICLE A LEFT FRONT.
MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION.
SCENE PHOTOS. NO PARTICULARS EXCHANGED.

Declaration

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

FLASH ACCIDENT REPORTING OFFICER
KYMI YONG

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 07.02.2023 1245HRS

Witnessed by Reporting Centre Personnel

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO	**SHD4241D**	**DATE:**	**07.02.23**
MAKE	**HYUNDAI**	**MVA**	**JUMANI**
MODEL	**IONIQ**	**DOA:**	**07.02.23**

INCOME

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
1	FRT FENDER LH HH			$588.80	X
1	FRT FENDER EMBLEM LH HH			$26.60	X
1	FRT BUMPER SIDE BRACKET LH HH			$35.00	X
1	FRT DOOR ASSY LH Repair			$1,797.20	X
1	FRT DOOR PROTECTOR LH Repair			$186.20	X
	SUB TOTAL			**$2,633.80**	
	LESS 20%			$526.76	
	DISCOUNTED TOTAL			**$2,107.04**	
			75.00		
	FRT DOOR COMFORT LOGO Cut HHC	10%	67.50	$75.00	NET ✓
	ADVERTISEMENT LOGO - DOOR Cut			$100.00	NET ✓
	ADVERTISEMENT LOGO - FENDER HHC		200.00	$100.00	NET ✓
				$275.00	
	Labour Charge				
	PANEL BEATING			$~~800.00~~	525
	SPRAY PAINT		1025.00	$~~600.00~~	500/-
	TRANSFER DOOR PARTS			$120.00	HH
	07/02/2023@1645hr HOT Action **TOTAL LABOUR**			**$1,520.00**	
	9/Part **ESTIMATE TOTAL**			**$3,902.04**	
	Tiyar 2 days LKK Auto		P/P 1,292.50	L/S 1050/-	

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.

LKK Auto Consultants hence notify the Repairer of the following:

- 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:

COMFORTDELGRO ENGINEERING
member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Upi Road 3 Singapore 408649
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 07.02.2023 13:46 Page : 1

eam: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 5813896 JC NO 305544961

OMER

IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

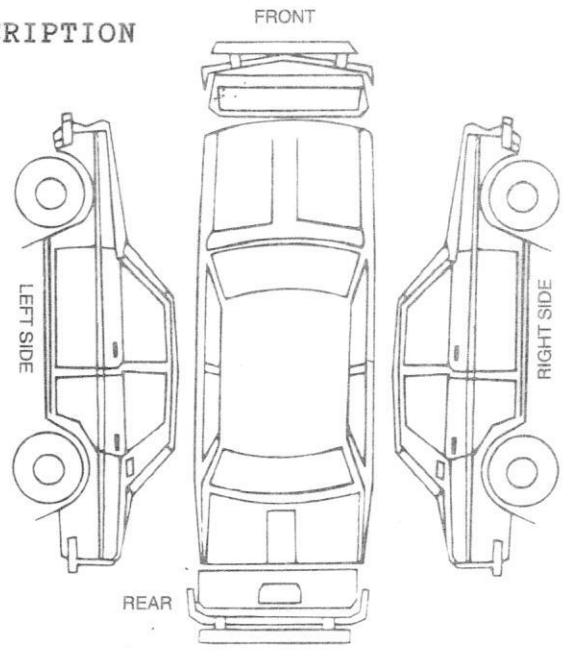
OUNT CARD NO.

REGN NO.: SHD4241D	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ	DATE/TIME IN 07.02.2023 11:35
YR OF MANU. 17.03.2017	TARGET DATE
CHASSIS CODE KMHC851CVHU022835	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 07.02.2023
ATURE: 3P.07.02.23/C

/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

No.: SHD4241D JU INCOME

Service Advisor Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD4241D

Name of Service Advisor Date

To be kept by Security Guard