ASSIGNMENT

From: Date:	SUN92280 22/ 11
Estimated Cost:	Veh No: SHA 9228B. Yr Regn: 2016, April 7
OD (TP) WS I TP RES I OD RES I EVA I INV I MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxy Prime Mover / Truck / Trailer or
To Inspect Vehicle No:	' W "
at Workshop m/s	9/1/
of .	Sp.Reading 891873 T/Radio; Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: WMULB4/ UMC, 495887.
Claims No.	Gen. Cond: 900d / Fair / Poor / Burnt
Sum (nsured; Excess):	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inprder / Jammed / Leaked / Burnt or
Make of Veh;	Modl: (NIL / S/Rim / STD A/Rim or /
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport:	Tyre Size: F: 205 / 6 cm (6 R: 7 ~ BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or West of Common of Control of C
	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: Site Insp (\$) _ \$+R\$\$! Interview (\$) Photos Trech. Invs (\$) Others Weel-end (\$)

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO

SHA9228B

MAKE

MODEL

HYUNDAI

140

DATE:

12.06.23

MVA DOA: JUMANI 08.06.23 2/8m

Qty	Parts Description/ Labour	Туре	Unit Price	Amount	7
10	HEADLAMP LH	7.		\$1,388.00	\$
1	FRT FENDER LH			\$663.00	
1	FRT BUMPER ASSY			\$1,025.20	1.6
1	FRT BUMPER CLIPS			\$22.00	
1	FRT BUMPER SIDE BRACKET LH			\$44.80	
	SUB TOTAL LESS 20% DISCOUNTED TOTAL			\$3,143.00 \$628.60 \$2,514.40	_
1	FRT DOOR COMFORT LOGO			per \$75.00	1
	SUB TOTAL	1		\$75.00	
	abour Charge	ŀ		7.0.00	ľ
	ANEL BEATING		5	75 \$900.00	
	PRAY PAINT		7	\$800.00	
1	UFF KOTE		· 1	\$50.00	
ا	HECK WIRING	- 1		× \$50.00	
1	TOTAL LABOUR			• • · · · · · · · · · · · · · · · · · ·	
	TOTAL LABOUR			\$1,800.00	
	ESTIMATE TOTAL				
	- TOTAL			\$4,389.40	
			,		
Th	is is an initial estimate based on a visual inspection of the a	hove yehi-l	o The final	- 11	
be	prepared after the vehicle is surveyed by a motor Surveyor	anneinted	e. The final repair quar	itum wili	

Tanfler 97495749

'W' 12/1/13 @ 5pm

US Rosmy affragent

Fanfler ellhauten...

2 dezi

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:



Service Advisor

turned to Service Reception upon collection

Signature/Date

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 578717
59 Loyang Drive Singapore 578717
45 Pagdan Rad Singapore 5609283
45 Pagdan Rad Singapore 5609283
46 Pagdan Rad Singapore 578717

	* *	Date/1	IMe: 12.00.2023 13:3	o Page: 1	
	pair TP(CFSO)1	JOB CARD Sales Order: 5899915 JC NO305557500			
OMER'	מייד דיים		REGN NO. SHA9228B	MILEAGE	
701	IS CITYCAB PTE LTD OMERNO 7010070 LESS 383 SIN MING DRIVE		MAKE HYUNDAI	FUEL E1/21/2	
Singapor	e SINGAPORE 5/5/1/			12.06.2023 12:15	
(A) 65551188 (P)	(O)		YR OF MANU. 2016	TARGET DATE	
(P) DUNT CARD NO.	¥	8	CHASSIS CODE KMHLB41UMGU08588	7 COMPLETION DATE/TIME:	
	: 08.06.2023 .06.23	JOB DESCRIPTION			
'NO	LABOR CODE	DESC	RIPTION	FRONT	
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KED & PASSED OUT BY:		· ·		a.	
SERVICE AL	OVISOR		CUSTOMER'S	SIGNATURE	
edgement Slip		*			
SHA9228B	JU ECICS	Exit Pass	SHA9228B		
la .		Vehicle No.:			
lo.:	+				

Name of Service Advisor

To be kept by Security Guard

Date

SINGAPORE ACCIDENT STATEMENT

1. Please 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 Actual 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

- 3. Information provided must be as truthed and accurate as possible vity which inscription of white 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	09/06/2023 12:23 (SGT) Actual Driver 08/06/2023 19:40 (SGT) Gambas Ave, Singapore TOWARDS WOODLANDS AVENUE 7 Singapore			
ASSESSED DETAILS O	FOWN VEHICLES TO THE PROPERTY OF THE PROPERTY			
Vehicle Registration Number	SHA9228B			
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) +65-96839479 (Office) +65-65508768			
Manufacturer Model Variant	Hyundai 140			
Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category	Private hire No - Claiming third party Taxi			
Transmission CC	Auto 1685			
INSURANCE COMPANY	The second secon			
Name of Insurance Company Policy Number / Cover Note Number	HSBC Life (Singapore) Pte. Ltd VFX/P2419138			
DRIVER				
Name of Driver NRIC No Date Of Birth Occupation	FOO PHANG HUI SXXXX478H 20/08/1948 Outdoor			

Date Of Driving Pass	30/01/1975
Driving experience	48 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96839479
Alt. Phone Number	
Email Address	fleetsafety@cdgtaxi.com.sg
Address	762 WOODLANDS AVENUE 6 #01-86
Address complement	-
Postcode	730762
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	-
green seems a recommendation of the	
GENERAL INFORMATION OF THE ACCIDENT	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
* * * * * * * * * * * * * * * * * * * *	
Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
in a company of the c	and the control of the second process of the control of the contro
Was any foreign vehicle involved in the applicant?	N.
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	- -
Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	2
soliciting/offering accident claims assistance?	No
Translator's name	2
Translator's ID	· ·
Translator's phone number	a.
Translator's email	-
Original language used in the statement	
BARRELINES A	
PASSENGER 1	
Name	UNKNOWN
Gender	Female
The second secon	
DETAILS OF POLICE ACTION	
Was the assident reported to the malice?	A1 ~
Was notice of intended Dress suitan sixua?	No
Was notice of intended Prosecution given? If yes, against whom?	No
ii yes, agailist whom?	•
CIRCUMSTANCES OF ACCIDENT	
ON 08/06/23 AT ABOUT 1940HRS, I WAS DRIVING VEHICLE A WHEN SUDDENLY VEHICLE B (GBF4684U) FROM THE LEFT I PORTION OF VEHICLE A. NO INJURIES.	(SHA9228B) ALONG GAMBAS AVENUE ON THE CENTER LANE LANE CHANGED LANES AND COLLIDED INTO THE LEFT
Proceedings of the control of the co	
ATTACHMENT(S)	
BR 10 1 1 0 22 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
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 DROPERTY
HEIMER ALTHUR	(MPINA)923 (I.A. 121)
Vehicle Registration Number	005400411
ACHING LIGHTON LANDOL WAS TO THE TOTAL THE TANK	GBF4684U

Accident report SJ0G23690000

Vehicle Manufacturer	
Vehicle Manufacturer Vehicle Model	Toyota
Vahiala V	Dyna
Vahiala Cal-	•
Vohiala Oca	
Name of Driver	Commercial vehicle
NRIC No.	YE KANGWANG
NRIC No	SXXXX469B
Contact Number	-
Address complement	-
Address complement	÷
Postcode Insurance Company Name	-
Insurance Company Name Nature Of Damage	₹
	-
Details of property damaged in accident	¥
No. Of Passenger (Including Driver)	2

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)

lunderstand, 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.
- (ii) 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
- (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 & Driver's Signature (If driver is not the policyholder) / Date

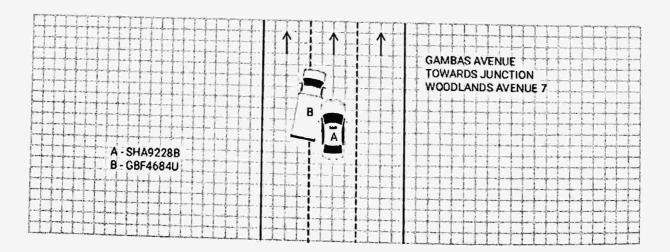
090623 1145

Witnessed by Reporting Centre Personnel

FLASH ACCIDENT REPORTING OFFICER FRO AMIN

Time

Sketch Plan



Describe Circumstances of the Accident

	ON 08/06/23 AT ABOUT 1940HRS, I WAS DRIVING VEHICLE A (SHA9228B) ALONG GAMBAS AVENUE ON THE CENTER LANE WHEN SUDDENLY VEHICLE B (GBF4684U) FROM THE LEFT LANE CHANGED LANES AND COLLIDED INTO THE LEFT PORTION OF VEHICLE A. NO INJURIES.	
l		
ecl	aration	
	fectare the foregoing particulars are true in every respect.	
	FLASH ACCIDENT COME SEPORTING OFFICER SE	

090623 1145

Driver's Signature (If driver is not the policyholder) / Date

& Time

Policyholder's Signature / Date &

Witnessed by Reporting Centre

Personnel