	24 (** 64*
ASS. REC. BY: Tauffor	REF
wor were pt: I amply a	X

## NS/ INC 23005982/Tvp3

ASSIGNMENT SHD 7128D. Yr Regn: 20/61 Nov. From: Date: Veh No: Type: M.Car / M.Cycle / Bus / Van / Lorry / TaxD/ Prime Mover / Truck / Traller or

Estimated Cost: OD IT I WS I TP RES I OD RES I EVA I INV I MV To Inspect Vehicle No: 44nder 140 Make: at Workshop m/s Insured / Std / NI / NA Colour T/Radio: Insured / Std / NI / NA Sp.Reading **SKX 266T** Insured: Eng/No: Policy No. C/No: MT/1227000-002 Gen. Cond; Good / Fair / Poor / Burnt Claims No. Steering: Inorder/ Jammed / Leaked / Burnt or Sum Insured; Brake; Indrder / Jammed / Leaked / Burnt or (Client's Record) Make of Veh: Modi: NWS/Rim / STD A/Rim or Tyre Size: (Policy Condition) Remark: The veh had commenced its BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / N/S O/S repair at the fime of inspection. Westlate. TOYO / YOKO or Bal. or Market Value: Rear Front Consistent? : Yes or No R/Bal. IDAC Accident Roort R/Bal. mm Consistent?: Yes or No L/Bal. L/Bal. GIA / PR Seen: D.O.A. 9/6/2023 Res.: Yes or No D.O.I. Est. Repairs; days 3 Val.: Yes or No Survey held at Lum Sumo Das. of Damages: Frt / Rear / CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Action / Instruction Date / Time 21/6/23 Lump Sum \$4750 confirmed by email (Red 2560.20, 35%)

Date/Time, File Pass to? : Prell. Report Days Of Repair: : Final Report Resurvey No. of Trip: Dale/Time, File Return to?

Transportation: Add Fee: : Site Insp 2) 21/6/23-typist \_S+RS\_\_SI

: Interview (\$ **Pholos** Reperformat: : Tech, Invs (\$ Uthers Lump Sum/LBJ: (\* \$4750 Weel and (\$

Survey Fee:

TOTAL

## COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No.: SHD7128D Make : HYUNDAI

Model : 1-40

Date: 12/06/2023 Insurance: INCOME MVA: MS. LOKE YY

Qty	Parts Description / Labour	Туре	Unit Price	Amount
1	FRT FENDER RH			\$ 663.0
1	REAR DOOR RH			\$ 2,416.8
1	ROCKER OUTER GARNISH RH			\$ 732.8
	FRT DOOR LH			\$ 2,256.4
	21			Ψ 2,230.4
	SUB TOTAL			\$ 6,069.00
1	LESS 20%			\$ 1,213.80
1	DISCOUNTED TOTAL	1		\$ 4,855.20
	REAR DOOR COMFORTDELGRO & APPS STICKER RH			\$ 80.00
	FRT DOOR COMFORT LOGO RH			\$ 75.00
	₩ .			\$ 155.00
ļ	Labour Charge			
F	PANEL BEATING			\$ 900.00
	SPRAY PAINTING CHARGE			\$ 1,100.00
	TRANSFER OF DOOR			\$ 240.00
1	TUFF KOTE			\$ 60.00
	TOTAL LABOUR	l.		\$ 2,300.00
	*			2,500.00
	ESTIMATE TOTAL			\$ 7,310.20

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.

Toughi 97495749
W/ 12/6/2304157~
U/5 Resus after report
forfir children from.
2-3-by

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:



## 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 508969
383 Sin Ming Drive Singapore 575717
Date/Time: 451 204 104 35 35 35 35 35

REGN NO. SHD7128D

MAKE HYUNDAI

YR OF MANU1.2016

CHASSIS CODE KMHLB41UMHU096272

MODEL 1-40

Page: 1

'eam:

ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5899870

JC NO305557411

MILEAGE

12.08.2023 08:10

TARGET DATE

COMPLETION DATE/TIME:

FUEL

STOMER

/MS

COMFORT TRANSPORTATION PTE LTD

7010045

STOMER NO. 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

COUNT CARD NO.

- (R)

(P)

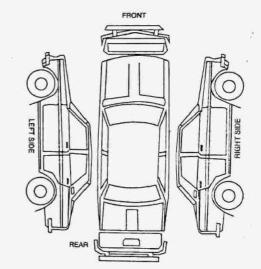
JOB DESCRIPTION

sccident Date: 09.06.2023 IATURE: 3P 08.06.2023 .

3/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Advisor

SHD7128D

YY

Vehicle No.:

Exit Pass

1

SHD7128D

Signature/Date .

Name of Service Advisor

# SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> 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

3. Information provided must be as it until and accurate as possible. Any false reporting may be referred to the Police for Investigation.

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	10/06/2023 09:15 (SGT)
Reported by	Actual Driver
Date of Accident	09/06/2023 18:30 (SGT)
Exact Location of Accident	Upper Pickering St, Singapore
Additional Location Information	*
Country/State of Loss	Singanore

Country/State of Loss	Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	
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) +65-96567441 (Office) +65-65508768
VEHICLE PARTICULARS	
Manufacturer Model Variant 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 Transmission CC	Hyundai I40 - Private hire No - Claiming third party Taxi Auto 1685
INSURANCE COMPANY	
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	LIAW BOON SEONG SXXXX361C 07/03/1964

Outdoor

Occupation

Driving Pass	
Driving experience Gender	03/07/1985
Gender	37 YEARS AND 11 MONTHS
	Male
Mobile Number Alt Phone Number	(Phone) +65-96567441
Aug Thorie Mullipel	
Cition Address	
Address	
Address complement	BLK 439 CHOA CHU KANG AVENUE 4 #06-437
Address complement	, <b>-</b>
Postcode	680439
is the driver the policyholder?	A.F.
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	RELIEF DRIVER
Vehicle Pegistration N	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
PROPERTY SERVICE AND	
Insurance Company of Other Vehicle Owned by Driver	· ·
GENERAL INFORMATION OF THE ADDRESS O	
GENERAL INFORMATION OF THE ACCIDENT	
	the contract of the contract o
Type of Accident	
Wather Conditions	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry
	Diy
OTUCO INCODALETICA	was a second second manager and a second second second as a second of
the state of the s	Andrew Control of the
Was any foreign vehicle involved in the accident?	
Number of vehicles involved in the accident?	No
Number of vehicles involved in the accident	2
vias anybody injured in the Accident?	No ·
vvas any injured conveyed to hospital by ambulance?	NU
Was any other vehicle or property damaged?	•
Number of Passengers (Including Driver)	Yes
Number of Passengers (Including Driver)	2
indo the triver been approached by tipknown name (-)	
Soliciumy/one/initi accident claims assistance?	No
Translator's frame	110
Translator's ID	<b>:</b> ●
Translator's phone number	<del>₩</del> -
Translator's phone number	m .
Translator's email	Ä.
Original language used in the statement	
	·
PASSENGER 1	
Name	
	UNKNOWN
Gender	Female
Strong that	i chiale
DETAIL O OF DOLLAR A STATE OF THE STATE OF T	The year of the second
DETAILS OF POLICE ACTION	The state of the s
The second section is a second section of the second section of the second section is a second section of the section of	the Kilonian and a subject of
Was the accident reported to the II a	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	110
	-
*	
CIRCUMSTANCES OF ACCIDENT	
ON 09/06/2023 AT AROUND 1830HRS, I WAS DRIVING VEHICLE	F A (CHD7120D) AL CALE
STRAIGHT WITHIN MY LANE, VEHICLE B (SKX266T) TURNED	E A (SHD7128D) ALONG PICKERING STREET. WHILE DRIVING
STRAIGHT WITHIN MY LANE, VEHICLE B (SKX266T) TURNED (PORTION OF VEHICLE A.	OUT FROM CHINA STREET AND COLLIDED ONTO THE PICHT
	THE NIGHT
NORODY WAS IN ILIPED AND NO OTHER VEHICLES WITH	
NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED	D,
ATTACHMENT(S)	
Are accident photos available for attachment?	
The decident protes available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
O	
CONTRACTOR OF THE PROPERTY.	FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SKX266T
Vehicle Manufacturer	
Vahiola Model	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	(Phone) +65-81800255
Address	
Address complement	<u> </u>
Postcode	-
Insurance Company Name	-
Nature Of Damage	G.
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

### 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 <u>truthful and accurate as possible</u>. Any willful 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 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.
- (a) 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 involved is closure of certain personal data about me to bring about delivery of the same as well as on the external cover of cavel opes/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 Purposept and

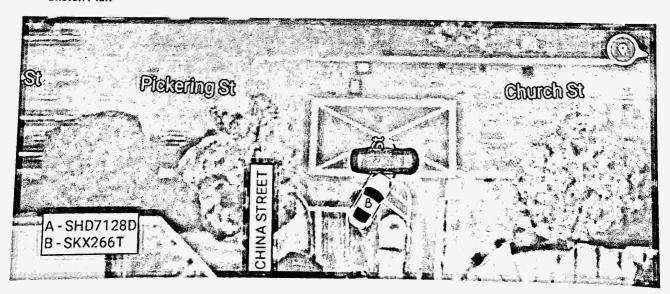
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law finns), which may be sized outside of Singapore, for one or spore of the above Purposes.

Policyholder's Signature / Date &

Sketch Plan

Driver's Signature (If driver is no sile policyholder) / Date& Time 10/06/2023 0230HRS FRO SUFIYAN
Witnessed by Reporting CentrePersonnel

FLASH ACCIDENT



ON 09/06/2023 AT AROUND 1830HRS, I WAS DRIVING VEHICLE A (SHD7128D) ALONG PICKERING STREET. WHILE DRIVING STRAIGHT WITHIN MY LANE, VEHICLE B (SKX266T) TURNED OUT FROM CHINA STREET AND COLLIDED ONTO THE RIGHT PORTION OF VEHICLE A.

NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

Declaration

I'We declare the torogonal particulars are true at every respect

Policyholder's Signature - Date &

10/06/2023 0230HRS

FLASH ACCIDENT REPORTING OFFICER FRO SUFIYAN

Witnessed by Reporting ContrePersonnel