ASSIGNMENT

From: Date:	Veh No: SHD 7128D. Yr Regn: 20/61 Nov.				
Eslimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxb/ Prime Mover /				
OD ITP I WS I TP RES I OD RES I EVA I INV I MV	Truck/Traller or				
To Inspect Vehicle No:	Make: Myunder 140 cc 1685				
at Workshop m/s	Colour , elue, A/C: Insured/Std/NI/NA				
of .	Sp.Reading P18994 T/Radio: Insured / Std / NI / NA				
Insured:	Eng/No;				
Policy No.	CINO: WUNTILE & 4/4MH4096272				
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: NICS/Rim / STD A/Rim or /				
	Tyre Size: F: 205/60R16				
(Policy Condition)	R: 4 7.				
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.	TOYOTYOKO or Westale.				
Bal. or Market Value:	Front Rear C				
IDAC Accident Roort Consistent? ; Yes or No	R/Bal, mm R/Bal, mm				
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm				
Est Repairs: days Res.: Yes or No	D.O.A. D.O.I. 12/6/23				
Lum Sum: % 3 Val.: Yes or No	Survey held at Comfort love.				
CA / REV / REP. / 24 HRS	Das, of Damages: Frt / Rear / O/S/ N/S / U/C / Roottop- or				
Date: Person Contacted: My Love	The U/C / Chassis frame / Body Structure affected due to collision.				
Date / Time Action / Instruction					
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	The second secon				
	THE PARTY CONTRACTOR OF THE PA				
	Days Of Repair:				
	Resurvey No. of Trip: Survey Fee:				
Date/Time, File Return to?	Transportation:				
Add Fee	/				
	: Interview (\$) Photos				
Reperior Format:	: Tech, Invs (\$) ones				
Lump Sun I.B.J: (T)	: Weel:end (#				
	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

TO STATE OF THE PARTY OF THE PA	SOCIETY AND A STATE OF THE STAT					
Qty P	Parts Description / Labour	Туре	Unit Price		Amount	**
1 FRT FENDER RH		Eden -		\$	663.00	61
1 REAR DOOR RH				\$	2,416.80	
1 ROCKER OUTER	GARNISH RH	1		\$	732.80	
1 FRT DOOR LH				\$	2,256.40	
	SUB TOTAL			\$	6,069.00	
	LESS 20%			\$	1,213.80	1
	DISCOUNTED TOTAL			\$	4,855.20]
REAR DOOR COM	FORTDELGRO & APPS STICKER RH					ne
FRT DOOR COMF	ORT LOGO PH	. '		\$	80.00	
	SKI LOGO KII			\$	75.00	ne
	-	1		\$	155.00	Nett
Labour Charge						
PANEL BEATING						1
SPRAY PAINTING	CHARGE			\$	900.00	56
TRANSFER OF DO				\$	1,100.00	
TUFF KOTE				\$	240.00	12
	TOTAL LABOUR			\$	60.00	3=
	I WITH WADOOK			\$	2,300.00	
	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 9749749 WY 12/6/23041572 US Resuy after report forfir Markon. 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: 45 204 Total Singapore 575717

Page : 1

'eam:

ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5899870

IC NO305557411

STOMER

/MS

COMFORT TRANSPORTATION PTE LTD

7010045

STOMER NO. 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755 - (R)

(P)

COUNT CARD NO.

d	les Order: 5899870		JC M02022214TT
	REGN NO. SHD7128D		MILEAGE .
	MAKE HYUNDAI		FUEL E1/2
	MODELI-40	12.	06.7073 C8:10
	YR OF MANU 1.2016		TARGET DATE
	CHASSIS CODE	,	COMPLETION DATE/TIME:

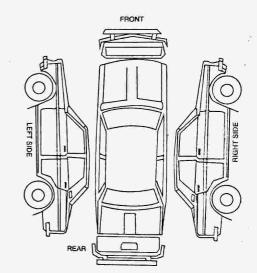
JOB DESCRIPTION

occident 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	, -
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	and a second second control of the second se
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 narrantal	
Soliciumy/one/initi accident claims assistance?	No
Translator's frame	110
Translator's ID	: ●
Translator's phone number	₩ -
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 OF	FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SKX266T
Vehicle Manufacturer	Mazda
Vehicle Model	10.1313
Vehicle Variant	3
Vehicle Variant	=
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	(Phone) +65-81800255
Address	-
Address complement	_
Postcode	=
Insurance Company Name	-
Nature Of Damage	n=-
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

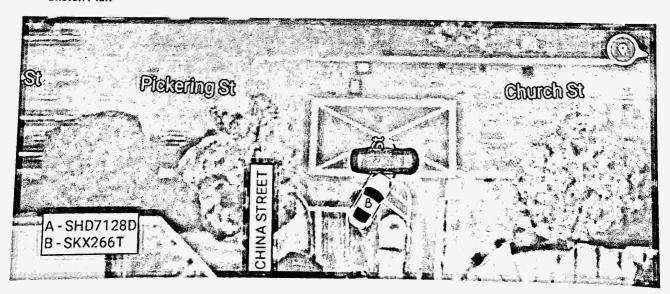
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law finns), which may be sized outside of Singapore, for one or spore of the above Purposes.

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 torogoning particulars are true at every respect

Policyholder's Signature - Date &

land a sugnature (il derivat in unitate proposition) Desirate
10/06/2023-0230HRS

FRO SUFIYAN

Flash accident Reporting officer

Witnessed by Reporting CentrePersonnel