(08/11	113)	wef		
100	RED	DV.	Tai	7:1

REF:

NS/ /N/ 23006138/Tvp3

ASS. M.C. BT:7 Tay Trov	23000130/1Vp3
· ·	ASSIGNMENT
From: Date:	Veh No: SMC 78449- Yr Regn: Zol9, Nov.
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tax) / Prime Mover /
OD / TP WS / TP RES / OD SES / EVA / INV / MV	Truck / Trailer or
To In spect Vehicle No:	Make: Hyunder Cong c.c 1580. Colour Gellow A/C: Insured/Std/NI/NA
at Workshop m/s	Colour Jellow A/C: Insured / Std / NI / NA
of	Sp Pageling - 14929 T/Radio: Insured / Std / NI / NA
Insured: GBD 638R	Eng/No:
Policy No.	C/No: WMH(85/CVE4/83757.
Claimas No. MT/1228996-001	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: Nii / S/Rim / STD A/Rim or
	Tyre Size: F: 195/65/45 R: 7-7
(Policy Condition)	
Remark: The veh had commenced its repair at the time of inspection.	N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
2 - 2 · · · · · · · · · · · · · · · · ·	TOYO/YOKO or Westoke
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes GIA / PR Seen: Consistent? : Yes	mm I/Dal. 6 mm
Est. Repairs: days Res.: Yes	or No. 10(0)0000
Lum Sum: % 3 Val.: Yes	10,0,2020
WY	
CA / REV / REP. / 24 HRS	Vehicle: IN / OUT Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	The state of the s
26/6/23 Lump Sum \$1500 confirmed	by email (Red 1108.04, 42%)
20/0/23	by email (Neu 1100.04, 4270)
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 2
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) 26/6/23-typist	Add Fee: Site Insp (\$)_S+RS,_SI
	: Interview (\$) Photos
Report Format : TP	: Tech. Invs (\$) Others
Lump Sum / I .B.I : (\$ 1500	:Weekend (\$

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO

SHC7844A

MAKE

HYUNDAI

MODEL

IONIQ

DATE:

16.06.23

MVA

JUMANI

DOA: 16.06.23

INCOME

IODEL	IUNIQ		DOA.	10.00.23	ITTEGITIE
Qty	Parts Description/ Labou	r	Туре	Unit Price	Amount
	1 FRT BUMPER ASSY				\$481.10
	FRT BUMPER CLIPS	- 1			\$22.004
	1 FOR LAMP GRILLE LH				\$93.45
	1 FRT FENDER SHIELD LH				\$164.70
	1 FRT BUMPER SIDE BRACKET LH				\$35.00
	1 FRT FENDER LH	1			\$588.80
		SUB TOTAL			\$1,385.05
		LESS 20%			\$277.01
	DISCO	UNTED TOTAL			\$1,108.04
		Ÿ			
	Г	LKK Auto Consult	ents honon r	ati6.	
		the Repairer of the	following:		
	1	 lo resurvey before/all 	ter spray painti	ng	
	1	To display damaged Parts prices are subjections	art(s) during re	survey	
	l. I.	 Third party survey is b 	n a "Without P	ejudice" basis	
		No illegal modification Supplementary item(s) is subject to final and a subject to	(s) is allowed		\$-
	1	is subject to final appro	oval from Insur	veyed and ance Company	
	Labour Charge	Acknowledged by Repair			200.
	PANEL BEATING	Signature:	ici		\$5 \$800.00
		Date:			\$600.00
	CHECK WIRING				く \$50.00
	TUFF KOTE ,	3			\$50.00
	Taufin 97445749 'WP' Co/6/73 C Spin Jelas To 1/5 Mis ma pringen taufin (/ Martin. EST				
	'wn 08/6/73 C5pm				
	, Zelas	OTAL LABOUR			\$1,500.00
	11 Non Ja prvegar	JIAL LABOUR		12	\$1,300.00
	V/3/W/V	IMATE TOTAL			\$2,608.04
	tangthi (Martin 23)	IIVIATE TOTAL		i).	\$2,008.04
	U				
ł	This is an initial estimate based on a visual	inspection of the	above veh	icle. The final rena	air quantum will
	be prepared after the vehicle is surveyed be			-	
	be prepared dite. In a remain in the refer to				



ComfortDelGro Engineering Pte Ltd 205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755 Workshops

Mainline+ 55 6383 6280 Facsimile+ 65 6280
Workshops
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
Date/Time: 45 Pandan Road Signapare 3609286; 31

Page: 1

JOB CARD Sales Order: 5900593 ARC Repair TP(CFSO)1 JC NO305557934 MILEAGE REGN NO.: SHC7844A CITYCAB PTE LTD MAKE : HYUNDAI FUEL 7010070 OMER NO. 383 SIN MING DRIVE E..... MODEL IONIQ(G3) 06.2023 10:05 Singapore SINGAPORE 575717 65551188 TARGET DATE (R) YR OF MANU. 27.11.2019 (P) COMPLETION DATE/TIME: CHASSIS CODE KMHC851CVLU183737 JUNT CARD NO.

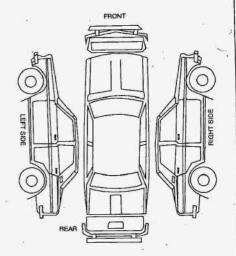
JOB DESCRIPTION

:cident Date: 16.06.2023 TURE: 3P.16.06.23

NO

LABOR CODE

DESCRIPTION



ED & PASSED OUT BY:	_			
SERVICE ADVISOR			CUSTOMER'S SIGNATURE	E
gement Slip	Exit Pass			
SHC7844A JU INCOME	Vehicle No.:	SHC7844A	*	
Signature/Date	Name of Service Advi		Date	9.

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 <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

- s. Information provided must be as truthful and acceptance as possible only which inscriptions of policy liability on the part of the insurance companies.

 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.

ACCIDE	NT STATEMENT		
Date of Submission	16/06/2023 12:46 (SGT)		
Reported by	Actual Driver		
Date of Accident	16/06/2023 09:10 (SGT)		
Exact Location of Accident	Circuit Rd, Singapore		
Additional Location Information			
Country/State of Loss	Singapore		
AZALO 2018 (7.4) IDEFAILS (FOWN VEHICLE SECTION AND ADDRESS OF THE OWN VEHICLE SECTI		
Vehicle Registration Number			
INSURED/POLICYHOLDER	the protection through the control of the control o		
the service of the se	Barrier and the same		
Is company?	Yes		
Name Of Registered Owner	CITYCAB PTE LTD		
Company Reg No	1XXXXX839G		
Email Address	fleetsafety@cdgtaxi.com.sg		
Mobile Phone No	(Phone) +65-98589594		
Alternative Phone No	(Office) +65-65508768		
VEHICLE PARTICULARS	A PART OF LOWER COMPANY OF THE PROPERTY OF THE		
Manufacturer	Hyundai		
Model	Ae ioniq		
Variant	-		
Exact purpose for which vehicle was being used at time of	and the second s		
Accident	Private hire		
Are you claiming under your own insurance policy for repair to vour vehicle?	No. Objects with the con-		
/ehicle Category	No - Claiming third party		
Fransmission	Taxi Auto		
DC	1580		
INSURANCE COMPANY	en de la companya de		
INSURANCE COMPANY			
ame of Insurance Company	HSBC Life (Singapore) Pte. Ltd		
olicy Number / Cover Note Number			
DDII/CD	A Secretary Commence of the Co		
DRIVER			
ame of Driver	IRWI RAJ RAMALINGAM		
RIC No	SXXXX150B		
ate Of Birth	27/10/1970		

Outdoor

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	26/12/1989 33 YEARS AND 6 MONTHS Male (Phone) +65-98589594 fleetsafety@cdgtaxi.com.sg BLK 122 POTONG PASIR AVENUE 1 # 09 - 161 350122 No RELIEF DRIVER No
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT Type of Accident	Side Swipe
Weather Conditions Road Surface	Clear Dry
	gar are area on a semprencia partire to a transfer and a contract of the contr
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? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given?	
If yes, against whom?	in the second of
ON 16.06.2023 AT ABOUT 0910HRS I WAS DRIVING VEHICLE PIPIT ROAD, VEHICLE B GBD638R ON MY LEFT, CUT INTO N VEHICLE B RIGHT REAR SIDE SWIPE VEHICLE A LEFT FROM	NT. CLE B STOP AT THE TRAFFIC LIGHTS AND I RAN UP TO VEHICLE.
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes FILE NOT SUITABLE
DETAILS OF OTHE	R VEHICLE PROPERTY:
Vehicle Registration Number Vehicle Manufacturer	GBD638R

Vehicle Model	
Vehicle Variant	=)
Véhicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT REAR
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.
- 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.
- 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 (all insurer(s) who have insured vehicle(s) involved in this accident family 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 packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims,

(Collectively the "Purposes")

Policyholder's Signature / Date &

- (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,

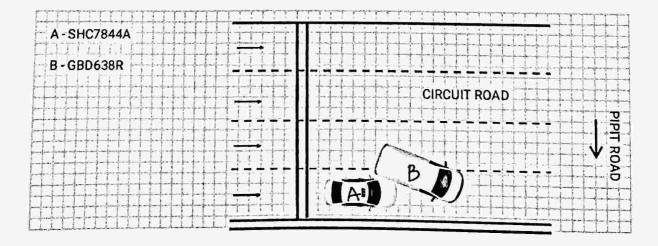
Driver's Signature (if driver is not the policyholder) / Date & Time 16.06.2023. 1200HRS

Witnessed by Reporting Centre Personnel

FLASH ACCIDENT COME REPORTING OFFICER KYMI

Sketch Plan

Time



Describe Circumstances of the Accident

ON 16.06.2023 AT ABOUT 0910HRS I WAS DRIVING VEHICLE A SHC7844A ON THE 1ST LANE OF CIRCUIT ROAD. BEFORE PIPIT ROAD, VEHICLE B GBD638R ON MY LEFT, CUT INTO MY LANE. VEHICLE B RIGHT REAR SIDE SWIPE VEHICLE A LEFT-FRONT.

I HONK HIM BUT HE DID NOT STOP. FURTHER AHEAD VEHICLE B STOP AT THE TRAFFIC LIGHTS AND I RAN UP TO VEHICLE B AND KNOCK ON HIS WINDOW. HE IGNORED ME THEN LIGHTS TURN GREEN HE THEN DROVE OFF.

NO SCENE PHOTOS TAKEN.

NO PARTICULARS TAKEN.

Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 16.06.2023. 0910HRS

Witnessed by Reporting Centre Personnel

REPORTING OFFICER

KYMI