	NC23006393/Tnp3
ASS_ REC. BY: / Taufilm /	<u> </u>
ASSI	GNMENT
From: Date:	Veh No: SHS&73C- Yr Regn: Zolf , July
Estimated Cost:	Veh No: SHS 73C- Yr Regn: Zolf / July Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TPWS / TP RES / OD SES / EVA / INV / MV	Truck / Trailer or
To In ≲pect Vehicle No:	Make: flyunder long c.c 1580
at Workshop m/s	Make: fly under long c.c 1580 Colour Blue. V A/C: Insured / Std / NI / NA
of	Sp.Reading 590968 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/NO: 12 14/0350/.
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inforder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nij/ S/Rim / STD A/Rim or
. , , , , , , , , , , , , , , , , , , ,	Tyre Size: F: 195/65/45
(Policy Condition)	R:
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.	TOYO/YOKO or westlake.
Bal. or Market Value:	Front G Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. mm R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal mm L/Bal mm
Est. Repairs: 3 days Res.: Yes or No	D.O.A. D.O.I. $\frac{72/6/73}{}$
Lum Sum: % 3 Val.: Yes or No	Survey held at Curfort Cogun.
CA / REV / REP. / 24 HRS + W/	Des. of Damages : Frt / Rear / dis / N/S / U/C / Rooftop or
Vehicle: IN / OUT	FUT N/S
Date: Person Contacted: Um TS	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction '	
Taufikh confirmed lump sun	n \$4950 and 3 repair days
(red \$34)	50.04,41%)
(leu, \$05	30.07,7120)
	Days Of Repair: 3
Date/Time, File Pass to? : Preli. Report	Resurvey No. of Trip: Survey Fee:
1) : Final Report	Transportation:
Date/Time, File Return to? Add Fe	e: : Site Insp (\$
2)	: Interview (\$) Photos
	: Tech. Invs (\$) Others
Report Format :	: Weekend (\$
Lump Sum / I.B.I: (\$),	TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Effective Date: 1 Nov 2020 LKK-

DATE:

22.06.2023

GBC4616H

MODEL:

Hyundai loniq

INSURANCE: INCOME (LIS)

VEHICLE NO .: SH 8873C

MVA: LIM T S

PART NO.	DESCRIPTI	ON	QTY	UNIT	PRICE	11 (2)	AMOUNT	
	Front Bumper	· ·	1			\$	481.10	4
	Front Bumper Upper Mould	ing	1			\$	368.50	6
	Front Bumper Clips		10	\$	2.20	\$	22.00	ier
	Front Bumper Side Brkt LH		1			\$	35.00	u
	Front Wheel Rim LH		1	i		\$	1,124.20	×
	Front Fender LH	7	1			\$	588.80	1
	Front Fender (Blue-Drive) L	Н	1			\$	26.60	سربو
	Front Fender Shield LH		1	ie <		\$	164.70	7
	HeadLamp LH		1			\$	2,110.30	20/
0	DayLight LH		1			\$	642.50	<
	DayLight Grille LH		1	34	1	\$	93.45	×
	Bonnet		1			\$	2,253.80	5/-
ľ	Wing Mirror Garnish LH		1			\$	64.10	ins_
1		×				*	04.10	
		SUB TOTAL				\$	7,975.05	
- 1		LES3 20%				\$	1,595.01	
	TOTA	L SPARE PARTS				\$	6,380.04	
F	Front Fender Adv.Sticker LH	LKK Auto Consultants	nence notify		1_			
1	TOTAL OTIGET MAY STICKET LIT	the Repairer of the foll To resurvey before/after so	wina: 1	n		\$	100.00	NETT
L	abour Charge	 To display damaged part(s) 	during resurvey					
11	anel Beating	 Parts prices are subject to Third darly servey is on a 	Confirmation		i	_	8	= ~ /
S	pray Painting	" No ille Jal modification(s) if	aliowed			\$	800.00	
CI	heck Wirings	 Supplementary item(s) must is subject to final approval 	t be resurveyed ar	<u>(0</u>		\$	900.007	250
Tu	uff Kote	Acknowledged by Repairer	The state of the s	riborily		\$	40.00	=
74	heel Alignment	Signature:				\$	60.00	1 "
17	author 9749749 L	Date:				\$	120.00	K
r'	augher 9749749 L prolops eques 15 herms Areportes	OTAL LABOUR			•	\$	1,920.00	}
Ju	hour Bracks	T188 A 77			-	<u> </u>	1,020.00	-
	12 January Willy Maril ES	IIMATE TOTAL				\$	8,400.04	
n initial esti	imate based on a visual inspection	of the						-

pection 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.



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

Maintine + 00 Workshops Workshops 205 Braddell Road Singapore 579701 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717

Date/Time: 452 and an Read Signapore, 609286 14:49 Page: 1

JOB CARD Sales Order: 5901253 ARC Repair TP(CLSO)1 JC NO305558538 REGN NO .: MILEAGE SH 8873C COMFORT TRANSPORTATION PTE LTD s 7010045 HYUNDAI OMER NO. ESS 383 SIN MING DRIVE 21.06.2023 17:30 MODEL IONIQ(G2) Singapore SINGAPORE 575717 65508755 YR OF MANU. 12.07.2018 (R) TARGET DATE (P) CHASSIS CODE COMPLETION DATE/TIME: KMHC851CVJU103501 JUNT CARD NO. JOB DESCRIPTION :cident Date: 21.06.2023 TURE: 3P 21.06.2023 DESCRIPTION NO LABOR CODE LUMPSUM REPAIR-SH 8873C-TP 10010 PB D & PASSED OUT BY: CUSTOMER'S SIGNATURE SERVICE ADVISOR

Signature/Date

LIMTS

ement Slip

SH 8873C

Name of Service Advisor

Exit Pass

Vehicle No.:

Date

- 1 - Foot by Security Guard

SH 8873C

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.

Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	22/06/2023 15:18 (SGT) Actual Driver 21/06/2023 16:10 (SGT) 45 Quality Rd, Singapore 618824 OSCP Singapore		
DETAILS O	FOWN VEHICLE 18 16 18 18 18 18 18 18 18 18 18 18 18 18 18		
Vehicle Registration Number	SH8873C		
INSURED/POLICYHOLDER	emperating and the second of t		
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) +65-97738350		
Alternative Phone No	(Office) +65-65508768		
Manufacturer	Hyundai		
	Ae ioniq		
/ariant			
/ariant Exact purpose for which vehicle was being used at time of	Ae ioniq -		
/ariant Exact purpose for which vehicle was being used at time of occident			
/ariant Exact purpose for which vehicle was being used at time of	Ae ioniq - Private hire		
/ariant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to	Ae ioniq - Private hire No - Reporting only		
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/ariant Exact purpose for which vehicle was being used at time of eccident Are you claiming under your own insurance policy for repair to our vehicle? Yehicle Category ransmission	Ae ioniq - Private hire No - Reporting only Taxi Auto		
/ariant Exact purpose for which vehicle was being used at time of eccident Are you claiming under your own insurance policy for repair to our vehicle? Yehicle Category ransmission C	Ae ioniq - Private hire No - Reporting only Taxi Auto		
/ariant Exact purpose for which vehicle was being used at time of accident ure you claiming under your own insurance policy for repair to our vehicle? /ehicle Category ransmission C NSURANCE COMPANY ame of Insurance Company plicy Number / Cover Note Number	Ae ioniq - Private hire No - Reporting only Taxi Auto 1580 HSBC Life (Singapore) Pte. Ltd		
/ariant Exact purpose for which vehicle was being used at time of accident are you claiming under your own insurance policy for repair to our vehicle? /ehicle Category ransmission C NSURANCE COMPANY ame of Insurance Company Dicy Number / Cover Note Number	Ae ioniq - Private hire No - Reporting only Taxi Auto 1580 HSBC Life (Singapore) Pte. Ltd		
/ariant Exact purpose for which vehicle was being used at time of accident ure you claiming under your own insurance policy for repair to our vehicle? /ehicle Category ransmission C NSURANCE COMPANY ame of Insurance Company plicy Number / Cover Note Number	Ae ioniq - Private hire No - Reporting only Taxi Auto 1580 HSBC Life (Singapore) Pte. Ltd VFX/P2419138		
Variant Exact purpose for which vehicle was being used at time of locident	Ae ioniq - Private hire No - Reporting only Taxi Auto 1580 HSBC Life (Singapore) Pte. Ltd VFX/P2419138		
/ariant Exact purpose for which vehicle was being used at time of ccident Liver you claiming under your own insurance policy for repair to our vehicle? Lehicle Category Lehicle Category Lehicle Company Lehi	Ae ioniq - Private hire No - Reporting only Taxi Auto 1580 HSBC Life (Singapore) Pte. Ltd VFX/P2419138		

SXXXX369E

29/04/1955

Outdoor

Date Of Birth

Occupation

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address 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 Insurance Company of Other Vehicle Owned by Driver	28/12/1979 43 YEARS AND 6 MONTHS Male (Phone) +65-97738350 - fleetsafety@cdgtaxi.com.sg BLK 456 CHOA CHU KANG AVENUE 4 # 05 - 93 - 680456 No Hirer No
modrance company of Other Verlicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	the second second
Type of Accident	Collided into Parked Vehicle
Weather Conditions	
	Clear
Road Surface	Dry
	The second state and the second state of the s
OTHER INFORMATION	The control of the co
	المراجع والمنافية
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	
Was any injured on the Accident	No
Was any injured conveyed to hospital by ambulance?	•
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	· ·
soliciting/offering accident claims assistance?	No
Translator's name	INO
Translatorio ID	-
Translator's ID	•
Translator's phone number	
Translator's email	•
Original language used in the statement	
T FEASI DE MARQUE SESSION, SAFAG.	makin se see a saaraa gaaraa gaar
DETAILS OF POLICE ACTION	
ு இரு நடிக்கு கொளிய வருக்கு வருக்கு பார்க்கு இருக்கு வருக்கு வருக்கு வருக்கு வருக்கு வருக்கு வருக்கு வருக்கு வ	the extra term of the control of the second
Wasana ar a sa a sa a	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	
	•
the same of the sa	AND THE STATE OF T
The second of th	The second secon
ON 21.06.2023AT ABOUT 1610HRS I WAS DRIVING VEHICLE A VEHICLE B GBC4616H REVERSE OUT FROM AT PARKING LO VEHICLE B REAR THEN COLLIDED ONTO VEHICLE A LEFT FOR ONE WAS INJURED. SCENE PHOTOS TAKEN. PARTICULARS TAKEN	A SH8873C AT QUALITY ROAD HAWKER CENTRE OSCP.
ATTACHMENT(S)	
Are agaident photos qualishing	
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	
The accident	FILE NOT SUITABLE
Bird book & Mo Maria Maria	AND VICE STATES
I DETAILS OF OTHER	VEHICLE PROPERTY #
Vehicle Registration Number	
/ehicle Manufacturer	GBC4616H
/ehicle Manufacturer	
/ehicle Model	Mitsubishi
7 (TO 5) NO 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	

C Accident report SJ0G236M001C

Vehicle Colour	_
Vehicle Category	Commercial vehicle
Name of Driver	KOH CHONG HAI
NRIC No	SXXXX172E
Contact Number	-
Address	=
Address complement	-
Postcode	≡
Insurance Company Name	-
Nature Of Damage	REAR
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)

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 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 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.

Clamber .

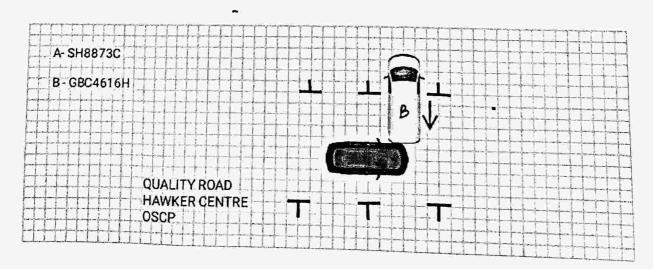
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 22.06.2023. 1055HRS

Witnessed by Reporting Centre Personnel

FLASH ACCIDENTS
REPORTING OFFICER
KYMI

Sketch Plan



Describe Circumstances of the Accident

	ON 21.06.2023AT ABOUT 1610HRS I WAS DRIVING VEHICLE A SH8873C AT QUALITY ROAD HAWKER CENTRE OSCP. VEHICLE B GBC4616H REVERSE OUT FROM AT PARKING LOT ON MY LEFT.	
	VEHICLE B REAR THEN COLLIDED ONTO VEHICLE A LEFT FRONT. NO ONE WAS INJURED. SCENE PHOTOS TAKEN.	
	PARTICULARS TAKEN	ļ
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1		
1		
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L		
	claration	
vvve	declare the foregoing particulars are true in every respect.	
	FLASH ACCIDENT CONTROL REPORTING OFFICER	/

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

1330HRS

22.06.2023.

& Time

Time

Policyholder's Signature / Date &

Witnessed by Reporting Centre

Personnel