ASSIGNMENT

From: Date:	Veh No: SMC 3639C Yr Regn: 2020, Oct
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD /TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Traller or
To Inspect Vehicle No:	Make: Myunten Loing cc 1580
at Workshop m/s	Colour Rille AC: Insured Std / NI / NA
of	Sp.Reading 25073 T/Radio; Insured / Std / NI / NA
Insured:	Eng/No;
Policy No.	C/NO: KMY C85/CVL4/91563.
Claims No.	Gen. Cond; Good), Fair / Poor / Burnt
Sum Insured; Excess:	Steering: Inorder Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inopder/Jammed/Leaked/Burnt or
Make of Veh:	Modl: NID S/Rim / STD A/Rim or /
(Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.	Tyre Size: F: 198/65/R/8  R:  BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/ TOYO/YOKO or Was Hale:
Bal. or Market Value:	Front Rear
IDAC Accident Roort Consistent? : Yes or No	R/Bal, 6 mm R/Bal. 6 mm
GIA / PR SeemConsistent? : Yes or No	L/Bal, C mm L/Bal, G mm
Est Repairs: days Res.: Yes or No	D.O.A. D.O.I. 02/08/23
Lum Sum: % 3 Val.: Yes or No	Survey held at Locufet Wyen
CA I REV I REP. I 24HRS	Des. of Damages : Frt / Rear Ols / N/S / U/C / Rookop- or
Date: Person Contacted: Johnson	The IIIC / Character from / Daylor
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
· · · · · · · · · · · · · · · · · · ·	
	A Company of the Comp
Date/Time, File Pass to7 : Prell. Report	Days Of Repair:
i) ; Final Report	Resurvey No. of Trip: Survey Fee;
Date/Time, File Return to?	Transportation:
2) Add Fee:	
Report Format :	:Interview (\$ ) Photos
Lump Sum / LB.k: CF	:Tech. Invs (\$ ) others
/	: Weel:eud (#
	; TOTAL

income

# COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 02.08.2023

Time: 11:22:48

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)

**CUSTOMER: 7010045** 

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO

: 305562498

**REGN NO** MILEAGE

SHC3639C

MAKE

0000000000 : HYUNDAI

MODEL

: IONIQ(G3)

DATE OF REGN DATE/TIME IN

: 30.10.2020 02.08.2023 09:10

ACCIDENT DATE

29.07.2023

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2572-G GRIP-FRONT DOOR OUTSIDE R

1 L 234.80 20.00 187.84

0002 28-01-0103-0003-A FRT DOOR LOGO CTPL

1 N 75.00 10.00 67.50

SUB-TOTAL: 255.34

JOB NATURE

0000 L

PANEL BEAT

400.00

0001 SP

SPRAYPAINT CHARGE

SUB-TOTAL: 700.00

TOTAL

955.34

Frmani & SIGNATURE

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

DATE:

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 m-ture.



# ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Mainine + 55 5355 5250 Facilities + Workshops
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717

Date/Time: 45022dan Goad Stongsports 609386 : 17 Page: 1 JOB CARD Sales Order: 5906367 am: ARC Repair TP(CLSO)1 JC NO305562498 **OMER** REGN NO.: SHC3639C MILEAGE COMFORT TRANSPORTATION PTE LTD IS **FUEL** HYUNDAI 7010045 OMER NO 383 SIN MING DRIVE MODEL IONIQ(G3) DATE/TIME IN 08.2023 09:10 Singapore SINGAPORE 575717 02. 65508755 (R) YR OF MANU. . 2020 (O) TARGET DATE (P) CHASSIS CODE KMHC851CVLU191563 COMPLETION DATE/TIME: DUNT CARD NO. JOB DESCRIPTION cident Date: 29.07.2023 TURE: 3P.29.07.23 FRONT 'NO LABOR CODE DESCRIPTION 鬥

KED & PASSED OUT BY: SERVICE ADVISOR CUSTOMER'S SIGNATURE

edgement Slip

SHC3639C

JU INCOME

Vehicle No.:

Exit Pass

SHC3639C

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

# **SINGAPORE ACCIDENT STATEMENT**

- 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.

# ACCIDENT STATEMENT

Date of First Submission	31/07/2023 18:04 (SGT)
Reported by	Actual Driver
Date of Accident	29/07/2023 22:10 (SGT)
Exact Location of Accident	Punggol Central, Singapore
Additional Location Information	WATERWAY POINT
Country/State of Loss	Singapore

Country/State of Loss	Singapore
DETAILS OF	OWN VEHICLE AND TO THE PROPERTY OF THE PROPERT
Vehicle Registration Number	
INSURED/POLICYHOLDER	en de la mercia de la caracte
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) +65-82299923 (Office) +65-65508768
VEHICLE PARTICULARS	ngarangan produce salah merupakan di persamban kancaran di salah di salah salah salah salah salah salah salah s Salah Salah Sa
Manufacturer Model Variant	Hyundai Ae ioniq
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?	Private hire  No - Claiming third party
Vehicle Category Transmission CC	Taxi Auto 1580
With a	

Name of Insurance Company	The Allend Charles Company Company
Policy Number / Cover Note Number	(U.I. II II II II 3 3 00

HSBC Life (Singapore) Pte. Ltd VFX/P2419138

DRIVER

INSURANCE COMPANY

Name of Driver Date Of Birth Occupation

TAN CHEE YEONG (CHEN ZHIXIONG) SXXXX317Z 23/04/1972 Outdoor



	,
Date Of Driving Pass	04/02/1995
Driving experience	28 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82299923
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 410 WOODLANDS STREET 41 #13-87
Address complement	-
Postcode	730410
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	110
	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Opening Door of Vehicle
Weather Conditions	Clear
Road Surface	Dry
	•
OTHER INFORMATION	enter the property of the second control of
OTIENTIA ONIATION	and the second of the second o
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	<b>-</b> :
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?	140
Translator's name	*
Translator's ID	
Translator's phone number	'w
Translator's email	
Original language used in the statement	·
DETAILS OF POLICE ACTION	
	AND ALAND TO SELECT COMMITTEE STORY
W- 4	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
ON THE 20/07/2022 AT ABOUND 2210HDS LWAS DOWNED AN	AVELUAL E A DEADING DEGICEDATION MUNICIPES CONTRACTOR
ON THE 29/07/2023 AT AROUND 2210HRS. I WAS DRIVING MY	Y VEHICLE A BEARING REGISTRATION NUMBER SHC3639C ERWAY POINT PICK UP POINT. AS I WAS APPROACHING THE
PICK LIP POINT VEHICLE B REARING DEGISTRATION NUMBER	ERWAY POINT PICK UP POINT. AST WAS APPROACHING THE ER SNK1592C PASSENGER OPENED THE DOOR AND COLLIDED
ONTO VEHICLE A RIGHT SIDE PORTION. NO INJURIES WERE	PRESENTED DURING THE COURSE OF COLLISION
The state of the s	THESENTED DUNING THE COURSE OF COLLISION.
ATTACH MATALTICS	
ATTACHMENT(S)	
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 NOT SUITABLE
IDETANS OF OTHER	.VEHICLE PROPERTY:
Vehicle Registration Number	\$
Vehicle Registration Number	SNK1592C
Vehicle Manufacturer	Hyundai
Vehicle Model	•
Vehicle Variant	¥

Vehicle Category	Private hire
Name of Driver	MUZALIFAJ BINTE IDRIS
NRIC No	SXXXX452E
Contact Number	(Phone) +65-87553435
Address	÷
Address complement	-
Postcode	=
Insurance Company Name	: <b>-</b> ,
Nature Of Damage	
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 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 farms, 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 chains (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involvedisclosure 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.

FLASH ACCIDENT FRO DAHNIAL

Policyholder's Signature / Date & Time

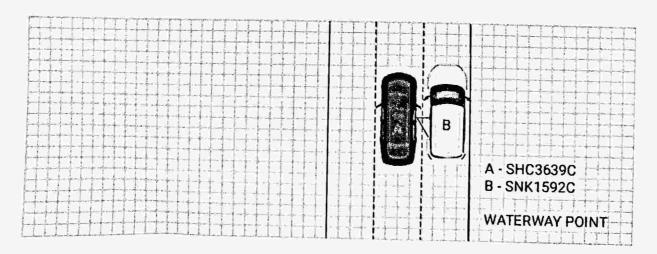
Driver's Signature (If driver is not the policyholder) / Dato&

Tone

31072023 1440HRS

Witnessed by Reporting CentrePersonnel

Sketch Plan



# Describe Circumstances of the Accident

ON THE 29/07/2023 AT AROUND 2210HRS. I WAS DRIVING MY VEHICLE A BEARING REGISTRATION NUMBER SHC3639C ALONG PUNGGOL CENTRAL TURNING LEFT TOWARDS WATERWAY POINT PICK UP POINT. AS I WAS APPROACHING THE PICK UP POINT. VEHICLE B BEARING REGISTRATION NUMBER SNK1592C PASSENGER OPENED THE DOOR AND COLLIDED ONTO VEHICLE A RIGHT SIDE PORTION. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.	

# Declaration

LWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Time 31072023 1440HRS

FLASH ACCIDENT FRO DAHNIAL

Witnessed by Reporting CentrePersonnel