

INC

## ASSIGNMENT

The U/C / Chassis frame / Body Structure affected due to collision.

[illegible]

TOTAL

income

COMFORTDELGRO ENGINEERING PTE LTD

Date: 02.08.2023

REPAIR ESTIMATE

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 : SHC3639C  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G3)  
DATE OF REGN : 30.10.2020  
DATE/TIME IN : 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 *any*

0002 28-01-0103-0003-A FRT DOOR LOGO CTPL 1 N 75.00 10.00 67.50 *any*

SUB-TOTAL : 255.34

JOB NATURE

0000 L PANEL BEAT 400.00 350

0001 SP SPRAYPAINT CHARGE 300.00 250

SUB-TOTAL : 700.00

TOTAL : 955.34

MVA NAME & SIGNATURE  
DATE:

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

*any 87495747*  
*WP 2/8/23 0430*  
*2 days*  
*4/5 Resurvey after 4 days*  
*any 2/8/23*

am: ARC Repair TP(CLS0)1

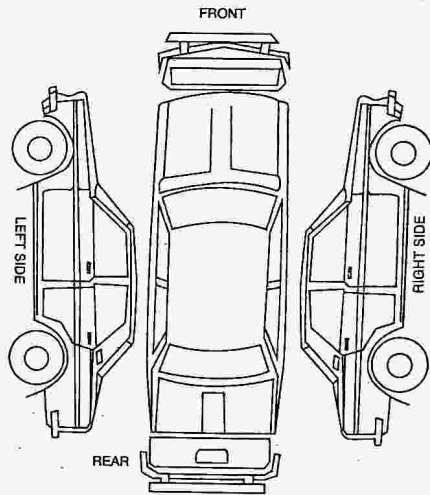
JOB CARD Sales Order: 5906367

JC NO305562498

OMER	REGN NO: SHC3639C	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....F
OMER NO 7010045	MODEL IONIQ(G3)	DATE/TIME IN 02.08.2023 09:10
IESS 383 SIN MING DRIVE	YR OF MANU 30.10.2020	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE KMH851CVLU191563	COMPLETION DATE/TIME:
(R) 65508755 (O)		
(P)		
DUNT CARD NO.		

Accident Date: 29.07.2023  
NATURE: 3P.29.07.23

JOB DESCRIPTION

NO	LABOR CODE	DESCRIPTION
		

KED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR \_\_\_\_\_

CUSTOMER'S SIGNATURE \_\_\_\_\_

edgement Slip	Exit Pass
No.: SHC3639C	Vehicle No.: SHC3639C
JU INCOME	
Service Advisor	Signature/Date
turned to Service Reception upon collection	Name of Service Advisor
	Date
	To be kept by Security Guard



# 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 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. 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

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number .....	SHC3639C
INSURED/POLICYHOLDER	
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) +65-82299923
Alternative Phone No .....	(Office) +65-65508768

**VEHICLE PARTICULARS**

Manufacturer .....	Hyundai
Model .....	Ae ioniq
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Taxi
Transmission .....	Auto
CC .....	1580

**INSURANCE COMPANY**

Name of Insurance Company .....	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number .....	VFX/P2419138

**DRIVER**

Name of Driver .....	TAN CHEE YEONG (CHEN ZHIXIONG)
NRIC No .....	SXXXX317Z
Date Of Birth .....	23/04/1972
Occupation .....	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	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Opening Door of Vehicle
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

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?	-
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	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF 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.

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SNK1592C
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

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	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# SKETCH PLAN

## IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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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)

I understand, 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.
  - (ii) investigating the accident and/or my claims.
  - (iii) 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.

FLASH ACCIDENT  
REPORTING OFFICER  
FRO DAHNIAL

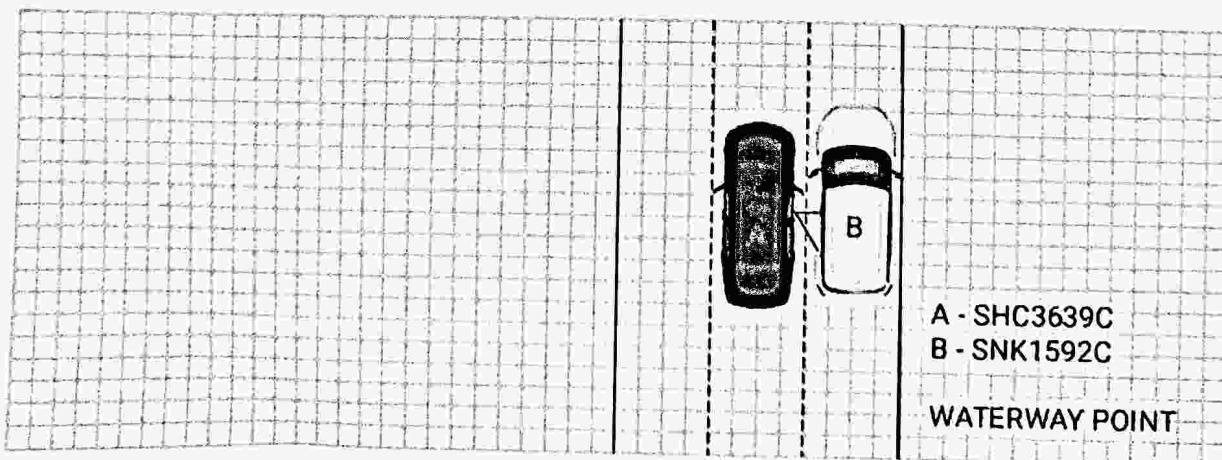
Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

31072023 1440HRS



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

I/We 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  
31072023 1440HRS

FLASH ACCIDENT  
REPORTING OFFICER  
FRO DAHNIAL

Witnessed by Reporting Centre Personnel