

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO SH6271C

DATE 16.08.2024

MAKE REG. 02.07.2019

MODEL IONIQ G2

CHIANG/ECICS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT BUMPER / <i>ISR</i>			\$481.10
1	FRONT BUMPER GRILLE LH X			\$186.90
1	FRONT BUMPER BRACKET LH ?			\$35.00
1	FRONT FENDER LH / <i>MR</i>			\$588.80
1	FRONT FENDER EMBLEM - <i>MR</i>			\$26.60
1	FRONT FENDER SHIELD LH X			\$164.70
1	HEADLAMP LH X			\$2,110.30
	SUB TOTAL			\$3,593.40
	20.00%			\$718.68
	DISCOUNTED TOTAL			\$2,874.72
	Labour Charge			
	Panel Beating			\$760.00
	Spray Paint			\$700.00
	Check lighting			\$60.00
	TOTAL LABOUR			\$1,520.00
	ESTIMATE TOTAL			\$4,394.72
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.				

Steve (LKK)

19/8/24, 3.09pm

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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: ..

Date:

## 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	18/08/2024 21:18 (SGT)
Reported by	Actual Driver
Date of Accident	16/08/2024 15:00 (SGT)
Exact Location of Accident	Penang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6271C
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) +65-90043258
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
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	KMHC851CVKU164229
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101861MFCT

### DRIVER

Are accident  
Was the  
Re-

Name of Driver	HEOK SENG CHIANG
NRIC No	SXXXX350E
Date Of Birth	15/11/1955
Occupation	Outdoor
Driving Pass Date	27/08/1977
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	47 YEARS
Gender	Male
Mobile Number	(Phone) +65-90043258
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 248 HOUGANG AVENUE 3 # 10 - 426
Address complement	-
Postcode	530248
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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 - Change/cross lane
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)	2
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	-

#### PASSENGER 1

Name	UNKNOWN
Gender	Female

#### 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 16.08.2024 AT ABOUT 1500HRS, VEHICLE A SH6271C WAS FROM CLEMENCEAU AVE TOWARDS PENANG ROAD. VEHICLE A STOP AFTER YELLOW BOX ALONG PENANG ROAD ON LANE 2. VEHICLE B SLF3533K ON MY LEFT, CUT INTO MY LANE. VEHICLE B SIDE SWIPE STATIONARY VEHICLE A LEFT FRONT. BOTH VEHICLES DID NOT GET OUT OF VEHICLES TO CHECK OR EXCHANGE PARTICULARS. PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION AT WOODLANDS. NO SCENE PHOTOS TAKEN. NO PARTICULARS TAKEN.

#### 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 IS NOT SUITABLE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF3533K
Vehicle Manufacturer	Honda
Vehicle Model	VEZEL 1.5X A
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



SKETCH PLANIMPORTANT NOTICE

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  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)
- 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.

Policyholder's Signature / Date & Time

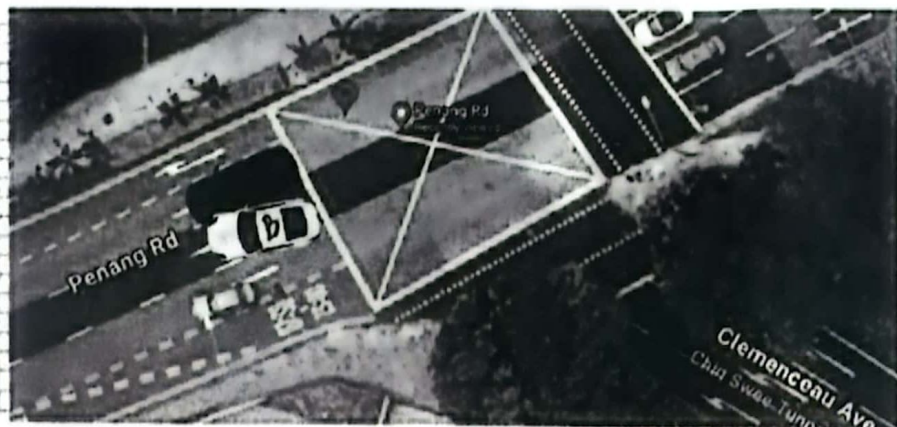
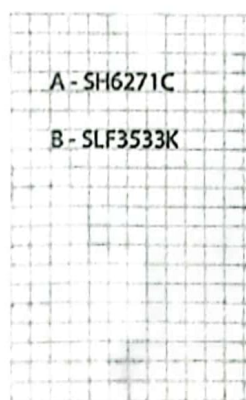
Sketch Plan

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

17.08.2024.

1030HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 16.08.2024 AT ABOUT 1500HRS, VEHICLE A SH6271C WAS FROM CLEMENCEAU AVE TOWARDS PENANG ROAD. VEHICLE A STOP AFTER YELLOW BOX ALONG PENANG ROAD ON LANE 2. VEHICLE B SLF3533K ON MY LEFT, CUT INTO MY LANE . VEHICLE B SIDE SWIPE STATIONARY VEHICLE A LEFT FRONT . BOTH VEHICLES DID NOT GET OUT OF VEHICLES TO CHECK OR EXCHANGE PARTICULARS. PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION AT WOODLANDS. NO SCENE PHOTOS TAKEN. NO PARTICULARS TAKEN.

Declaration

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 17.08.2024. 1030HRS

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel