

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHD4349C

Make : HYUNDAI

Model : IONIQ(G3)

Date: 20/08/2024

Insurance: ECICS

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER / BR			\$459.40
10	REAR BUMPER CLIPS / MC			\$22.00
1	REAR BUMPER CENTRE MOULDING ASSY / BR			\$451.25
1	REAR BUMPER REINFORCEMENT ?			\$394.80
1	REAR BUMPER REINFORCEMENT BRACKET LH RH ?			\$138.10
2	REAR BUMPER SIDE BRACKET LH RH ?		\$55.80	\$111.60
1	ANTENNA SMARTKEY ?			\$40.50
1	REAR BUMPER FOG LAMP ?			\$201.50
1	REAR BUMPER TOWING COVER / MIS			\$98.80
1	BOOT LID GLASS LOWER x			\$584.90
1	REAR PANEL GARNISH x			\$346.80
1	REAR PANEL x R			\$532.00
1	REAR BUMPER LOWER CENTRE MOULDING / BR			\$155.00
1	REAR BUMPER REFLECTOR LH x			\$55.00
SUB TOTAL				\$3,591.65
LESS 20%				\$718.33
DISCOUNTED TOTAL				\$2,873.32
REAR NUMBER PLATE WITH TRIM COVER / BR				\$50.00
RENEW ADVERTISEMENT STICKER / MC				\$200.00
REAR BUMPER REVERSE SENSOR / BR				\$180.00
NETT				\$430.00
Labour Charge				
PANEL BEATING				\$800.00
SPRAY PAINTING CHARGE				\$300.00
CHK ALL LIGHTING/ WIRING				\$60.00
TUFF KOTE				\$60.00
REMOVE/REFIX REVERSE SENSOR				\$80.00
TOTAL LABOUR				\$1,300.00
ESTIMATE TOTAL				\$4,603.32

380
280
30
X
20

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)

20/8/24, 4.00pm

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LIS

M KL 17

2 dgs

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:

Date/Time: 20.08.2024 10:27

Page : 1

Job: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 5951038

JC NO305601218

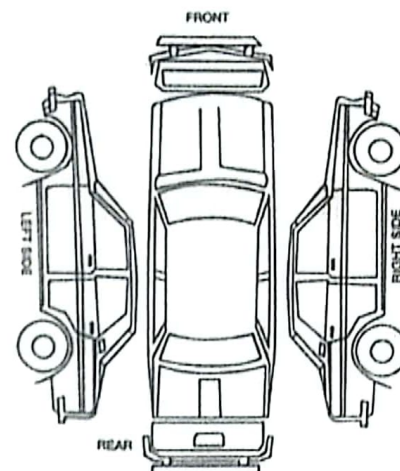
Customer: COMFORT TRANSPORTATION PTE LTD
Customer No: 7010045
Address: 383 SIN MING DRIVE
Singapore SINGAPORE 575717
Phone: 65508755
Mobile: (R) (P) (O)

REGN NO: SHD4349C	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: IONIQ(G3)	DATE/TIME IN: 19.08.2024 14:50
YR OF MANU: 19.12.2019	TARGET DATE
CHASSIS CODE: KMHC851CVLU190322	COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 19.08.2024
NATURE: 3P 19.08.2024

S/NO **LABOR CODE** **DESCRIPTION**


CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHD4349C **YY**

Exit Pass

Vehicle No.: SHD4349C

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

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 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. 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	19/08/2024 22:12 (SGT)
Reported by	Actual Driver
Date of Accident	19/08/2024 08:50 (SGT)
Exact Location of Accident	International Business Park, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4349C
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) +65-96883087
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	KMHC851CVLU190322
Effective Date/Time of Ownership	-

INSURANCE COMPANY

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

DRIVER

Name of Driver	CHIA WUI FAY
NRIC No	SXXXX707G
Date Of Birth	25/04/1960
Occupation	Outdoor
Driving Pass Date	24/03/1983
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	41 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96883087
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 210 PETIR ROAD # 08 - 481
Address complement	-
Postcode	670210
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 - Head to Rear
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 19.08.2024 AT 0850HRS , VEHICLE A SHD4349C WAS ALONG INTERNATIONAL BUSINESS PARK. IN THE ROUNDABOUT , VEHICLE A WAS ON THE RIGHT LANE. VEHICLE A SLOWED DOWN AND STOP AS AN UNKNOWN VEHICLE IN FRONT SUDDENLY FILTERED LEFT. VEHICLE B SNF9283T RIGHT FRONT THEN REAR ENDED VEHICLE A REAR LEFT. NO ONE IS INJURED. SCENE PHOTOS TAKEN. 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	SNF9283T
Vehicle Manufacturer	BMW
Vehicle Model	318I LED NAV
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN CHEE KEAN JASON (CHEN ZIJIAN JASON)
NRIC No	SXXXX821C
Contact Number	(Phone) +65-93868132
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT RIGHT
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)
- 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

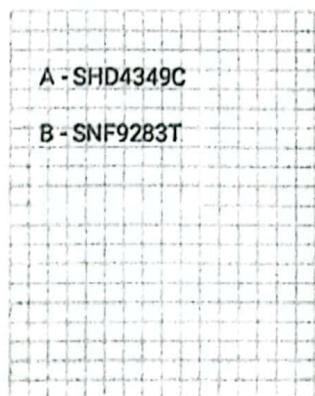
Sketch Plan

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

19.08.2024.

1600HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 19.08.2024 AT 0850HRS , VEHICLE A SHD4349C WAS ALONG INTERNATIONAL BUSINESS PARK. IN THE ROUNDABOUT , VEHICLE A WAS ON THE RIGHT LANE. VEHICLE A SLOWED DOWN AND STOP AS AN UNKNOWN VEHICLE IN FRONT SUDDENLY FILTERED LEFT. VEHICLE B SNF9283T RIGHT FRONT THEN REAR ENDED VEHICLE A REAR LEFT.
NO ONE IS INJURED. SCENE PHOTOS TAKEN. PARTICULARS TAKEN.

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
19.08.2024. 1600HRS

Witnessed by Reporting Centre Personnel