

SHB4168T

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHB4168T

DATE 27.08.2024

MAKE REG. 31.07.2024

MVA CHIANG/LONPAC

MODEL KONA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT DOOR PANEL RH / DD			\$1,789.00
1	FRONT DOOR GARNISH RH / RT			\$400.00
1	FRONT DOOR HINGE RH ?			\$46.00
1	FRONT FENDER GRANISH RH / RT			\$663.00
1	MOULDING ASSY- SIDE SILL RH x			\$340.00
1	FRONT FENDER PANEL RH x R			\$928.00
	SUB TOTAL			\$4,166.00
	20.00%			\$833.20
	DISCOUNTED TOTAL			\$3,332.80
1	FRONT DOOR COMFORT LOGO STICKER / PK			\$75.00
				\$75.00
	Labour Charge			
	Panel Beating			\$950.00
	Spray Painting Charge			\$700.00
	Remove/refix door parts			\$90.00
	TOTAL LABOUR			\$1,740.00
	ESTIMATE TOTAL			\$5,147.80
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)

28/8/24, 3.00pm

w L

PIP

by RCL by

3 days

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	27/08/2024 14:50 (SGT)
Reported by	Actual Driver
Date of Accident	27/08/2024 10:40 (SGT)
Exact Location of Accident	Margaret Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4168T
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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) +65-97777766
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	SX2 KONA 1.6 GDI HEV
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	KMHHB811VSU079680
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	TAY THIAM HENG
NRIC No	SXXXX461F
Date Of Birth	01/10/1962
Occupation	Outdoor
Driving Pass Date	20/09/1988
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	35 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97777766
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 701 TAMPINES STREET 71 # 10 - 10
Address complement	-
Postcode	520701
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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 27.08.2024 AT ABOUT 1040HRS ,VEHICLE A SHB4168T WAS ALONG MARGARET DRIVE TOWARDS QUEENSWAY ON A 1 LANE ROAD. VEHICLE A SIGNAL RIGHT AND WAS TURNING WHEN VEHICLE B GBE6182T CAME FROM BEHIND. VEHICLE B LEFT FRONT COLLIDED ONTO VEHICLE A RIGHT FRONT DOOR AND RIGHT FRONT. NO SCENE PHOTOS TAKEN. PARTICILARS EXCHANGED. NO INJURY.

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	GBE6182T
Vehicle Manufacturer	Citroen
Vehicle Model	BERLINGO LWB 1.6L EHD1 ETG6
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GOH TECK KEONG
Contact Number	(Phone) +65-98781636
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LEFT FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT 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 based outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

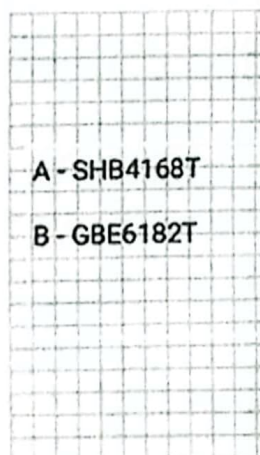
Sketch Plan

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

27.08.2024.

1245HRS

Witnessed by Reporting Centre Personnel



A - SHB4168T

B - GBE6182T



Describe Circumstances of the Accident

ON 27.08.2024 AT ABOUT 1040HRS ,VEHICLE A SHB4168T WAS ALONG MARGARET DRIVE TOWARDS QUEENSWAY ON A 1 LANE ROAD. VEHICLE A SIGNAL RIGHT AND WAS TURNING WHEN VEHICLE B GBE6182T CAME FROM BEHIND. VEHICLE B LEFT FRONT COLLIDED ONTO VEHICLE A RIGHT FRONT DOOR AND RIGHT FRONT. NO SCENE PHOTOS TAKEN. PARTICULARS EXCHANGED. NO INJURY.

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 27.08.2024. 1245HRS



Witnessed by Reporting Centre
Personnel