

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 07.12.2024 (Sat)
Time: 11:22:20
Page: 1

ECICS-CP/P

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755JOB NO : 305612224
REGN NO : SH 6681C
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : KONA
DATE OF REGN : 28.06.2024
DATE/TIME IN : 06.12.2024 11:50
ACCIDENT DATE : 05.12.2024

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0107-3200-G COVER-FRT BUMPER LWR / cut 1 1,100.00 20.00 880.00

0002 04-01-0107-0781-G LAMP ASSY-HEAD LH / cut 1 2,216.00 20.00 1,772.80

0003 04-01-0107-2467-G GARNISH ASSY-FNDR SIDE LH 1 174.00 20.00 139.20

SUB-TOTAL : 2,792.00

JOB NATURE

0000 PB PANEL BEATING-SH 6681C-TP

400.00 380

0001 SP SPRAYPAINT-Frt Fender LH Etc

600.00

SUB-TOTAL : 1,000.00 560

TOTAL : 3,792.00

MVA NAME & SIGNATURE
DATE :AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :Stere (LKK)
9/12/24, 4.00pm
m IL
PIP
by BL my
2 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:

Date/Time: 07.12.2024 10:49

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 5963493

JC NO305612224

CUSTOMER MS COMFORT TRANSPORTATION PTE LTD STOMER NO. 7010045 DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO.: SH 6681C	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL KONA	DATE/TIME IN 06.12.2024 11:50
	YR OF MANU. 28.06.2024	TARGET DATE
	CHASSIS CODE KMHHB811VRU067991	COMPLETION DATE/TIME:

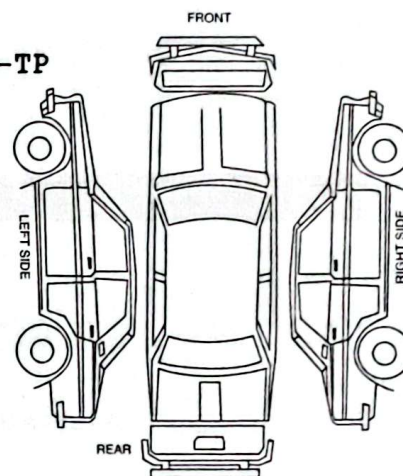
COUNT CARD NO.

JOB DESCRIPTION

Ident Date: 05.12.2024
RE: 3P 05.12.2024

10 LABOR CODE
PB

DESCRIPTION
PANEL BEATING-SH 6681C-TP



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

No.: SH 6681C LIMTS

Signature of Service Advisor

Signature/Date

Returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 6681C

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	06/12/2024 15:35 (SGT)
Reported by	Actual Driver
Date of Accident	05/12/2024 21:45 (SGT)
Exact Location of Accident	Central Blvd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6681C
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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) +65-82853338
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	KMHBB811VRU067991
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	KOK SOON SENG
NRIC No	SXXXX395J
Date Of Birth	20/02/1970
Occupation	Outdoor
Driving Pass Date	18/01/1991
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	33 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82853338
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 131 BEDOK NORTH AVENUE 3 # 14 - 100
Address complement	-
Postcode	460131
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 05.12.2024 AT ABOUT 2145HRS, VEHICLE A SH6681C WAS ALONG CENTRAL BOULEVARD ON LANE 1. BEFORE MARINA VIEW, VEHICLE B SKT9025J ON MY LEFT ON AN ONLY GO STRAIGHT LANE, TURN RIGHT TOWARDS MARINA VIEW. VEHICLE B RIGHT FRONT DOOR COLLIDED ONTO VEHICLE A LEFT FRONT. PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION AT GEYLANG. DRIVER HURT NECK PAIN. SCENE PHOTOS AND PARTICULARS TAKEN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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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 SKT9025J
Vehicle Manufacturer Mercedes
Vehicle Model E250 CGI A
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private hire
Name of Driver ISWANDI SHAFIE BIN KAMSANI
NRIC No SXXXX240E
Contact Number (Phone) +65-87509454
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage DRIVER'S DOOR
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person KOK SOON SENG
Gender Male
Phone No (Phone) +65-82853338
Address 131 BEDOK NORTH AVENUE 3 # 14 - 100
Address Complement -
Post Code 460131
Approximate Age Years Old 54
Injuries Sustained NECK PAIN
Injured person in which vehicle? SH6681C
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

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

06.12.2024.

1400HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 05.12.2024 AT ABOUT 2145HRS, VEHICLE A SH6681C WAS ALONG CENTRAL BOULEVARD ON LANE 1, BEFORE MARINA VIEW, VEHICLE B SKT9025J ON MY LEFT ON AN ONLY GO STRAIGHT LANE, TURN RIGHT TOWARDS MARINA VIEW, VEHICLE B RIGHT FRONT DOOR COLLIDED ONTO VEHICLE A LEFT FRONT. PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION AT GEYLANG. DRIVER HURT NECK PAIN. SCENE PHOTOS AND 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
06.12.2024, 1400HRS



Witnessed by Reporting Centre Personnel