



KOMOCO MOTORS PTE LTD

(GST REGISTRATION NO: MR-8500364-4)

Date : 26/12/2024

China Taiping Insurance

Attn: Motor Claims Department

Vehicle number : **SNK8331T**

Make and model : IONIQ 5

Registration Date : 17/05/2023

Chassis number : PFCKR81FRPF002720

Engine number : EM17P1K1401D/EM07P121462D

KOMOCO MOTORS PTE. LTD.

253 Alexandra Road #01-01 Singapore 159936

T (65) 6473 5588 M (65) 8699 8507

nordin.mohammad@hyundaimotors.com.sg www.hyundai.com.sg

www.facebook.com/HyundaiSingapore

Online service booking



Scan QR Code or visit
bit.ly/KomocoServiceBooking

ESTIMATE

Claim Officer : NORDIN

Job No.

Owner name : HMG

Date of Acc : 22/12/2024

Policy number : DMPFHQ24-000005

Claim Type : TP

Items :

1	BUMPER CLIP X10	86595-2T500
2	COVER-FR BUMPER X R (Disassemble)	86510GI000
3	COVER-FR BUMPER,LWR X R	86550GI110
4	MOLDING ASSY-BUMPER,LWR X	86569GI010SCR
5	PIECE-FRT BUMPER GUARD LWR,LH X R	86597GI000
6	LIP-FR BUMPER X	86591GI000
7	SKID PLATE-FR BUMPER X	86577GI000
8	LAMP ASSY-FRONT AUXILIARY,LH	92108GI000 lower
9	MOULDING-FRONT BUMPER,LH (cho) / R	86595GI010SCR
10	PIECE-RADIATOR GRILLE,LH X R	863A7GI010
11	BRACKET-REINF	86535GI010
12	BRACKET-FR BUMPER SIDE,LH	86551GI000
13	FLAP ASSY-ACTIVE AIR UPR,LH X	86980GI000YEV
14	BRACKET-FR BUMPER SIDE MTG,LH	86573GI000
15	BRACKET-BUMPER SIDE LWR MTG,LH	865E1GI000
16	BRACKET-FR BUMPER SUPT UPR CTR,LH	865B1GI000
17	UNIT ASSY-FRONT CORNER RADAR,LH	99120GI100
18	GRILLE-RADIATOR X	86351GI010CA
19	PANEL-FENDER,LH X	66311GI000
20	INSULATOR-FENDER LH X	84116GI000
21	PANEL ASSY-HOOD X	66400GI000
22	GARNISH ASSY-FNDR SIDE,LH X R	87711GI110
23	LAMP ASSY-HEAD,LH upper / R	92101GI120

2nd	Estimate
	\$ 20.00
	\$ 602.00
	\$ 506.00
	\$ 449.00
	\$ 49.00
	\$ 31.00
	\$ 355.00
	\$ 2,352.00
	\$ 99.00
	\$ 46.00
	\$ 32.00
	\$ 30.00
	\$ 625.00
	\$ 6.00
	\$ 13.00
	\$ 15.00
	\$ 1,094.00
	\$ 520.00
	\$ 579.00
	\$ 68.00
	\$ 3,392.00
	\$ 490.00
	\$ 4,003.00

Less 20% Discount
Material total

\$ 15,376.00	\$ -
\$ 3,075.20	\$ -
\$ 12,300.80	\$ -

Vehicle number : SNK8331T

Body, Paint & Labour Items :

Estimate

- 1 To carry out accident body repair - FRT BUMPER/ HOOD/ FRT LH FENDER (PER DAY \$480) \$ 1,920.00 480
1 bumper 1
- 2 Complete putty and spray paint all affected areas - FRT BUMPER/ FRT RH FENDER/ HOOD/ FRT RH FENDER GARNISH/ PIECE \$ 2,280.00 1140
3 x 380

Labour Charges:

2nd

Estimate

- 3 TO REALIGN HEADLAMP (S.NETT) \$ 40.00 /
- 4 TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING \$ 180.00 /
- 5 TO CALIBRATE RADAR SENSOR REAR (S.NETT) \$ 460.00 ?
- 6 TO REPROGRAMME AFTER THE ACCIDENT REPAIR (S.NETT) \$ 180.00 /
- 7 SUNDRIES (S.NETT) \$ 40.00 20

Total Labour

Total Parts

Excess

Add GST 9%

Grand Total

\$ 5,100.00	\$ -
\$ 12,300.80	\$ -
\$ 17,400.80	\$ -
\$ 17,400.80	\$ -
\$ 1,566.07	\$ -
\$ 18,966.87	\$ -

Steve (LKK) Steve chen@lkkauto.com +6019-9429541
3/1/25 / 11:30 am (whatsapp)
m l
3 days
P/P
y PL by

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	23/12/2024 20:45 (SGT)
Reported by	Actual Driver
Date of Accident	22/12/2024 11:54 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	QUEENSWAY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK8331T
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HYUNDAI MOTOR GROUP INNOVATION CENTER IN SINGAPORE
Company Reg No	2XXXXX052N
Email Address	Linshanjayjay@gmail.com
Mobile Phone No	(Phone) +65-63353984
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ioniq
Variant	5 AWD LR INSPIRATION
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1580
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPFHQ24-000005

DRIVER

Name of Driver	LIN SHAN, JAYJAY
NRIC No	SXXXX332Z
Date Of Birth	14/12/1992
Occupation	Indoor
Driving Pass Date	07/12/2016
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	8 YEARS
Gender	Male
Mobile Number	(Phone) +65-81801339
Alt. Phone Number	-
Email Address	Linshanjayjay@gmail.com
Address	APT BLK 401E FERNVALE LANE
Address complement	#25-346
Postcode	795401
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 - Major/Minor Rd
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)	4
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	VERNON
Gender	Male

PASSENGER 2

Name	PATRICIA
Gender	Female

PASSENGER 3

Name	CAMILLE
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

I was driving straight on my lane when suddenly vehicle b came out from the minor road and collided with my car. My front left was damaged. No injury involved.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA5767D
Vehicle Manufacturer	Honda
Vehicle Model	Shuttle
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	MOHAMAD SHAFIE BIN SANUSI
NRIC No	SXXXX798G
Contact Number	-
Address	APT BLK 760 YISHUN STREET 72
Address complement	#02-334
Postcode	760760
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Chine Terry

SKETCH PLAN

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 Authorised 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. 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 centre 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight on my lane when suddenly vehicle b came out from the minor road and collided with my car. My front left was damaged. No injury involved.

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:

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

MOHAMED SHARIL BIN SATAR

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: