COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Effective Date: 1 Nov 2020

DATE:

24.07.2024

MODEL:

Hyundai i40

_KK-

GBD8004S INSURANCE: ALLIED WORLD

MVA: LIM T S

VEHICLE NO .:

SHD7121Y

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
		1		\$670.00
	Wing Mirror RH X Front Door Outer Handle RH / SK	1		\$132.30
	Rear Door RH / Off	1		\$2,201.10
	SUB TOTAL			\$3,003.40
	LESS 20%			\$600.68
	DISCOUNTED TOTAL			\$2,402.72
	Front Door ComfortDelGro RH / /4	1		\$75.00
	Rear Door Zig Apps RH	1		\$80.00
	NETT TOTAL			\$155.00
	TOTAL SPARE PARTS			\$2,557.72
	Labour Charge Panel Beating - Rear Fender Arch RH etc			\$800.00
	Spray Painting - Rear Bumper Etc 280X			\$1,500.00
	Tuff Kote			\$60.00 70
	Transfer of Doors			\$100.00
	TOTAL LABOUR			\$ 2,460.00
	ESTIMATE TOTAL			\$ 5,017.72

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) 15/7/24, 1.00ph MIL

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:

Request back value Charle reportionit

Hyundai i40





ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainfine + 65 6383 6280 Facsimile + 65 6280 9755

Workshops
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
Date/Time: 2 and Singapore 575717

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JC NO305598630 JOB CARD Sales Order: 5947991 ARC Repair TP(CLSO)1 MILEAGE REGN NO. SHD7121Y OMER **FUEL** COMFORT TRANSPORTATION PTE LTD MAKE MS HYUNDAI E..... 7010045 24.07.2024 11:25 TOMER NO. 383 SIN MING DRIVE MODEL 1-40 RESS Singapore SINGAPORE 575717 TARGET DATE 65508755 YR OF MANU. 1.2016 (O) (R) COMPLETION DATE/TIME: (P) CHASSIS CODE KMHLB41UMHU096251 COUNT CARD NO. JOB DESCRIPTION dent Date: 24.07.2024 Allied World RE: 3P 24.07.2024 DESCRIPTION LABOR CODE LUMPSUM REPAIR-SHD7121Y-TP 110 LEFT CKED & PASSED OUT BY: SERVICE ADVISOR CUSTOMER'S SIGNATURE Exit Pass wledgement Slip Vehicle No.: SHD7121Y LIMTS SHD7121Y No:

Name of Service Advisor

To be kept by Security Guard

Signature/Date

of Service Advisor

returned to Service Reception upon collection

Date

SA1K2470000J / Aspectus Consultancy Pte Ltd ENTRY DATE & TIME: 25/07/2024 09:34 (SGT) SUBMITTED BY: Flash Reporting VERSION: 1 (25/07/2024 09:34 (SGT))



SINGAPORE ACCIDENT STATEMENT

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>correleted by the Policyholder and/or the Actual Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

5. Information provided that the as a distribution of policy liability on the part of the insurance companies.

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 the property of the property will be forwarded by the insurers of the GIA Records Management Centre established parties.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

25/07/2024 09:34 (SGT) **Actual Driver** 24/07/2024 09:15 (SGT) Bukit Batok Rd, Singapore TOWARDS JURONG Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD7121Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No

Email Address Mobile Phone No Alternative Phone No Yes

COMFORT TRANSPORTATION PTE LTD

1XXXXX821R

fleetsafety@cdgtaxi.com.sg (Phone) +65-97540107 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

Private hire

Hyundai

140

No - Claiming third party

1.7 CRDI F/L AT ABS AIRBAG

Taxi Auto 1685

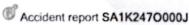
INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAN AH TEE SXXXX461G 06/09/1956 Outdoor



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Driving Pass Date 02/04/1977 47 YEARS AND 3 MONTHS Driving experience Gender (Phone) +65-97540107 Mobile Number Alt. Phone Number fleetsafety@cdgtaxi.com.sg **Email Address** BLK 622 SENJA ROAD #05-88 Address Address complement Postcode 670622 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 Weather Conditions Road Surface

Collision - Change/cross lane

Clear 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 Gender UNKNOWN

Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 24-07-24 AT ABOUT 09:15 HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NUMBER (SHD7121Y) ALONG BUKIT BATOK TOWARDS JURONG TO SEND MY PASSENGER. AS I WAS DRIVING IN THE SECOND LANE, VEHICLE B (GBD8004S) CHANGE LANE ABRUPTLY AND COLLIDED ONTO THE RIGHT SIDE OF MY VEHICLE. NO ONE WAS INJURIED DURING THE ACCIDENT

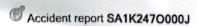
ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes Yes

FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1



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Vehicle Registration Number GBD8004S Vehicle Manufacturer Mitsubishi Vehicle Model CANTER FEA01BR2SDEB (CBU) Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver YEO HOCK SOON Contact Number (Phone) +65-96331244 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

Accident report SA1K247O000J

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 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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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
- (ii) investigating the accident and/or my claims.
- (ii) 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
- (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

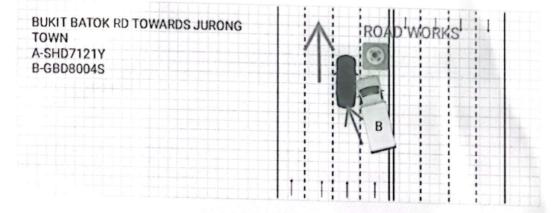
Policyholder's Signature / Date &

Sketch Plan

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

24-07-24/14:50

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 24-07-24 AT ABOUT 09:15 HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NUMBER (SHD7121Y) ALONG BUKIT BATOK TOWARDS JURONG TO SEND MY PASSENGER. AS I WAS DRIVING IN THE SECOND LANE, VEHICLE B (GBD8004S) CHANGE LANE ABRUPTLY AND COLLIDED ONTO THE RIGHT SIDE OF MY VEHICLE. NO ONE WAS INJURIED DURING THE ACCIDENT

Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

24-07-24/14:50



Witnessed by Reporting Centre Personnel