

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 07.04.2020
Time: 17:47:40
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305392684
REGN NO : SHC8649R
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 29.12.2015
DATE/TIME IN : 07.04.2020 15:10
ACCIDENT DATE : 07.04.2020

JOB / PARTS DESCRIPTION QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0593-G	I40VC PANEL ASSY-FR DR LH	1	L	2,256.40	20.00	1,805.12	DD
0002	28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1	N	75.00	10.00	67.50	nec
0003	28-01-9999-2024-A	APP LOGO REAR DOOR L/R CC	1	N	80.00	10.00	72.00	nec
0004	04-01-0103-0596-G	I40VC PANEL ASSY-RR DR LH	1	L	2,201.10	20.00	1,760.88	DD DD
0005	04-01-0103-0813-G	I40VC MOULDING ASSY-SIDE	1	L	341.40	20.00	273.12	?
SUB-TOTAL							: 3,978.62	

JOB NATURE

0000	20-05	FRT FENDER ADVERTISMENT LOGO LH	100.00	nec
0001	20-05	FRT DOOR ADVERTISMENT LOGO LH	100.00	nec
0002	20-05	REAR DOOR ADVERTISMENT LOGO LH	100.00	nec
0003	20-05	ROCKER PANEL ADVERTISMENT LOGO LH	50.00	nec
0004	L	PANEL BEATING (repair frt fender Lh)	700.00	\$560
0005	23-502	SPRAYPAINT ON AFFECTED AREA	800.00	\$550

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JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0006 20-00	TUFF COAT ON AFFECTED PARTS.	50.00				50.00
0007 20-02	TRANSFER OF FRT DOOR LH	120.00				120.00 \$90 \$90
0008 20-02	TRANSFER OF REAR DOOR LH	120.00				120.00 \$90 \$90
SUB-TOTAL						: 2,140.00
TOTAL						: 6,118.62

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Ram(LXX)
8/04/2020 1300
ParaSuren@ckkauto.com
88622772
aft repair photo
L/S
3 repair days

member of COMFORTDELGRO

Date/Time: 07.04.2020 17:02

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305392684

OWNER
COMFORT TRANSPORTATION PTE LTD
S 7010045
OWNER NO 383 SIN MING DRIVE
ESS Singapore SINGAPORE 575717
65508755

REGN NO SHC8649R

MILEAGE

MAKE: HYUNDAI

FUEL

MODEL I-40

DATE/TIME IN 07.04.2020 15:10

YR OF MANU 29.12.2015

TARGET DATE

CHASSIS NO RMHLB41UMGU083000

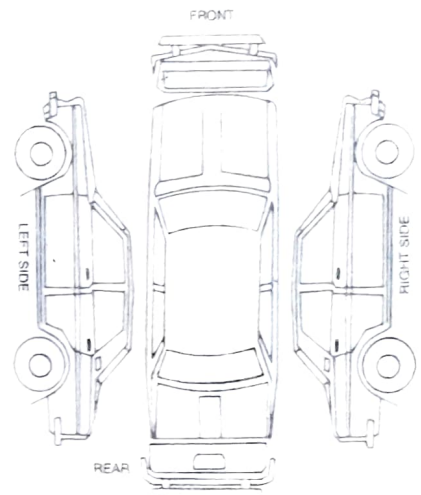
COMPLETION DATE/TIME:

UNIT CARD NO

Accident Date: 07.04.2020
NATURE: 3P 07.04.2020

JOB DESCRIPTION

/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

SHC8649R

LKE

Vehicle No.: SHC8649R

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 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 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 Report	07/04/2020 16:23
Date Of Accident	07/04/2020 11:55
Exact Location Of Accident	ALONG JLN MEMBINA TOWARDS TIONG BAHRU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8649R
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	CHEW CHEONG PENG
NRIC No	SXXXX727Z
Date Of Birth	31/07/1957
Occupation	OUTDOOR
Date Of Driving Pass	05/07/1984
Driving Experience	35 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90843332
Fax Number	
Contact Number	
Email Address	MRALEXCHEW@YAHOO.COM

Address	BLK 155 ANG MO KIO AVENUE 4 #09-754
Postcode	560155
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCG2232L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG JUN YUEN BRYAN
NRIC/Passport Number	
Contact Number	91529520
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

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- 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 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.
- 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, investigation, 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.

COMFORT TRANSPORTATION PTE LTD
Contact No: 199 3031214

Policyholder's Signature
Date & Time:

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

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

QHC 8649R

B = SC92232L
(Hanna)

517

[illegible]

Statement as per attached.

COMFORT TRANSPORTATION PTE LTD
 CO. REG. NO. 101002218

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name: 07 APR 2020
NRIC/FIN No:

Describe Circumstances of the Accident.

On the 07/04/2020 at about 11:55hrs, I was driving along Jln Membina direction with no passenger on board my taxi.

As I was driving towards Tiong Bahru direction suddenly a vehicle of SCG2232L encroached onto my lane so I swerved to the right to avoid the collision. However the said vehicle right front portion had grazed onto my taxi whole left side portion.

I felt slight neck and shoulder pain and will consult doctor later.

Declaration

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CC REG. NO. 199303821R

Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel

07 APR 2020

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	821R

Vehicle Details

Vehicle No.:	SHC8649R
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Apr 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2015
Engine No.:	D4DFU579747
Chassis No.:	KMHLB41UMGU083000
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,897.00
Original Registration Date:	29 Dec 2015
First Registration Date:	29 Dec 2015
Transfer Count:	0
Actual ARF Paid:	\$21,256.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Dec 2023
PARF Rebate Amount:	\$15,942.00

Intended COE Rebate Details

COE Expiry Date:	28 Dec 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$45,466.00
COE Rebate Amount:	\$21,144.00
Total Rebate Amount:	\$37,086.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 08 Apr 2020

OK

Name	CHEW CHEONG PENG
Approximate Age	63
Injuries Sustain	NECK AND SHOULDER PAIN
Injured person in which vehicle?	SHC8649R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	