



## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHD3178K

DATE: 13. Apr. 2020

MAKE : HYUNDAI

MODEL : i40

DOA: 9. Apr. 2020

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper DEF			\$553.00
10	Rear Bumper Clips nec		\$2.20	\$22.00
1	Rear Bumper Sponge			\$103.50
1	Rear Bumper Reinforcement 1x m			\$428.40
2	Rear Bumper Reinforcement Brackets LH/RH 1x m		\$80.30	\$160.60
1	Rear Bumper Undercover x m			\$228.00
SUB TOTAL				\$1,495.50
LESS 20%				\$299.10
DISCOUNTED TOTAL				\$1,196.40
1	Rear Bumper Rubber Mat nec			\$50.00
1	Reverse Sensor 1x m			\$135.70
2	Advertisement – Rear Fenders – RH/LH nec		\$100.00	\$200.00
Labour Charge				
1	Panel Beating			\$300.00
1	Spray Painting Charge			\$250.00
1	Wiring Charge			\$60.00
1	Remove/refix Reverse Sensor			\$100.00
TOTAL LABOUR				\$710.00
ESTIMATE TOTAL				\$2,292.10

Nett  
Nett  
Nett

Ram (LKK)  
ISS 13/04/2020  
Parasuram @ 2000-5000  
88622778  
2x repair photo  
2x repair by S

LKK Auto Consultants hence notify the Repairer of the following:

• To resurvey before/after spray vehicle be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

- 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:

COMFORTDELGRO

Date/Time: 13.04.2020 10:44

Page : 1

## JOB CARD

Sales Order:

JO NO 305393131

Team: APC Repair TP(CLSO)1

REG NO

SHD3178K

MILEAGE

MAKE

HYUNDAI

FUEL

MODEL

I-40

DATE TIME IN

13.04.2020 09:30

YR OF MAKE

04.03.2016

TARGET DATE

CHASSIS CODE

KMH1B41UMGU085464

COMPLETION DATE TIME

COMFORT TRANSPORTATION PTE LTD

VARs

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

Accident Date: 09.04.2020

NATURE: 3P 09.04.2020

o/NO

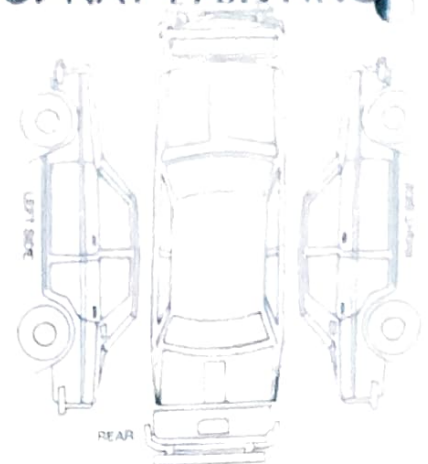
LABOR CODE

DESCRIPTION

NTUC - Rear

LKC/

TAKE PHOTOGRAPH  
BEFORE / AFTER  
SPRAY PAINTING



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.:

SHD3178K

SHD3178K

LARRY

Larry Ng

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard



Address

BLK 4308 YISHUN AVENUE 11  
#02-408

Postcode

762430

Was driver a) 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

COLLISION - HEAD TO REAR

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? NO

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

REFER 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 GBJ821X

Vehicle Make/Model/Colour VAN

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver MR CHIANG

NRIC/Passport Number

Contact Number 96891271

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (including Driver)

# 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 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.

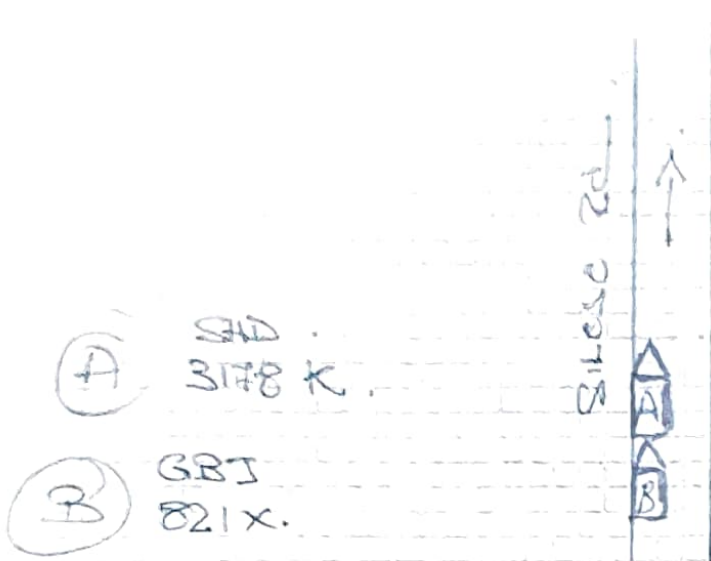
COPIES OF

ATTACHED

Policyholder's Signature  
Date & Time: \_\_\_\_\_

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

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9 April 2020 @ 12.50 hr. I went (A)  
 was standing along the above location  
 Suddenly went (B) from the Rear hit  
 left (A) Rear. @ the the point  
 of accident went (A) No one.

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:

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



## REPAIR ESTIMATE\*

DATE: 13. Apr. 2020

DOA: 9. Apr. 2020 NTUC

DOA: 9. Apr. 2020

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper <i>DEF</i>			\$553.00
10	Rear Bumper Clips <i>wcc</i>		\$2.20	\$22.00
1	Rear Bumper Sponge			\$103.50
1	Rear Bumper Reinforcement <i>1x m</i>			\$428.40
2	Rear Bumper Reinforcement Brackets LH/RH <i>1x m</i>		\$80.30	\$160.60
1	Rear Bumper Undercover <i>xnn</i>			\$228.00
SUB TOTAL				\$1,495.50
LESS 20%				\$299.10
DISCOUNTED TOTAL				\$1,196.40
1	Rear Bumper Rubber Mat <i>wcc</i>			\$50.00
1	Reverse Sensor <i>1x nn</i>			\$135.70
2	Advertisement – Rear Fenders – RH/LH <i>wcc</i>		\$100.00	\$200.00
				\$385.70
Labour Charge				
1	Panel Beating			\$300.00
1	Spray Painting Charge			\$250.00
1	Wiring Charge			\$60.00
1	Remove/refix Reverse Sensor			\$100.00
TOTAL LABOUR				\$710.00
ESTIMATE TOTAL				\$2,292.10

*Ram (LKK)*  
*1525 13/04/2020*  
*Paraguram @ LKK Auto - 5*  
*88622778*  
*2A repair photo*  
*(L/K)*  
*2 repair by S*

Larry Ng

LKK Auto Consultants hence notify the Repairer of the 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.

<p><b>KK Auto Consultants</b> hence notify the Repairer of the 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.</p>	<p><b>ESTIMATE TOTAL</b></p>	<p><b>\$2,29</b></p>
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- 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:

2. Zeichens

COMFORTDELGRO

Date/Time: 13.04.2020 10:44

Page : 1

## JOB CARD

Sales Order:

JO NO 305393131

Team: APC Repair TP(CLSO)1

MS: COMFORT TRANSPORTATION PTE LTD  
CUSTOMER NO: 7010045  
ADDRESS: 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

VARs

REG NO SHD3178K

MAKE HYUNDAI

MODEL I-40

YR OF MANE 04.03.2016

CHASSIS CODE KMH1B41UMGU085464

MILEAGE

FUEL

DATE TIME IN 13.04.2020 09:30

TARGET DATE

COMPLETION DATE TIME

CLAIMANT CARD NO

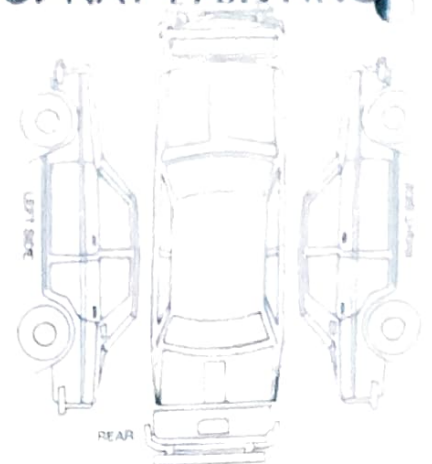
Accident Date: 09.04.2020  
NATURE: 3P 09.04.2020

o/NO LABOR CODE

NTUC - Rear  
LCC/

DESCRIPTION

TAKE PHOTOGRAPH  
BEFORE / AFTER  
SPRAY PAINTING



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.:

SHD3178K

SHD3178K

LARRY

Larry Ng

Signature/Date

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

returned to Service Reception upon collection

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	09/04/2020 15:14
Date Of Accident	09/04/2020 12:50
Exact Location Of Accident	SILOSO RD TWDS RASA SENTOSA HOTEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3178K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
<b>Vehicle Particulars</b>	
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

<b>Insurance Company</b>	
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	

<b>Driver</b>	
Name of Driver	MOHAMED YAZID BIN DAUD
NRIC No	SXXXXX255J
Date Of Birth	10/06/1982
Occupation	OUTDOOR
Date Of Driving Pass	09/02/2011
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98808952
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 430B YISHUN AVENUE 11
	#02-408
Postcode	762430
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	COLLISION - HEAD TO REAR
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?	NO
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

REFER 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	GBJ821X
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MR CHIANG
NRIC/Passport Number	
Contact Number	96891271
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

# IMPORTANT NOTICE

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- 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.

COPIES OF

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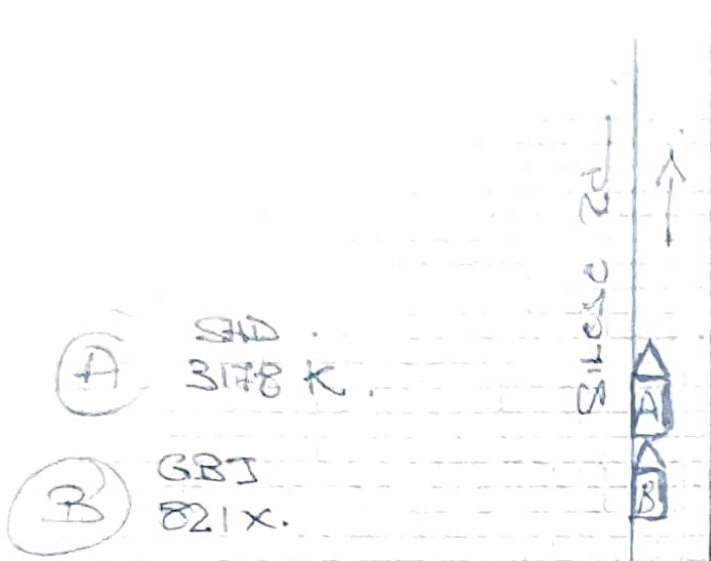




Policyholder's Signature  
Date & Time: \_\_\_\_\_

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

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9 April 2020 @ 12.50 hr, I went (A)  
 was standing along the above location  
 Suddenly went (B) from the Rear hit  
 hit (A) Rear. @ the the point  
 of accident went (A) No one.

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:

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