

NTUC - JIA
(P/P)

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 23.06.2020
Time: 09:49:11
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305406612
REGN NO : SHC 307E
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 12.03.2019
DATE/TIME IN : 22.06.2020 17:10
ACCIDENT DATE : 22.06.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2282-G	COVER-RR BUMPER#	1	459.40	20.00	367.52	Ry
0002	04-01-0104-0596-G	PANEL ASSY-REAR DOOR LH#	1	1,789.90	20.00	1,431.92	ht-
0003	04-01-0104-2469-G	MOULDING ASSY-W/LINE RR D	1	110.10	20.00	88.08	ky
0004	04-01-0104-1150-A	PROTECTOR MAT	1	50.00	2.00-	50.00	X
0005	03-01-0104-2061-G	CAP ASSY-WHEEL HUB	1	346.40	20.00	277.12	ant-
0006	28-01-9999-2024-A	APP LOGO REAR DOOR L/R CC	1 N	80.00	10.00	72.00	ner-
							SUB-TOTAL : 2,286.64

JOB NATURE

0000	PB	PANEL BEATING		800.00		640.
0001	SP	SPRAYPAINT CHARGE		800.00		600
0002	L	TRANSFER DOOR PARTS		120.00		60.
0003	L	REMOVE/REFIX REVERSE SENSOR		80.00		30
0004	20-05	RENEW ADVERTISEMENT STICKER-DOOR				100.00 ✓

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QTY IND UNIT-PRICE DISC% AMOUNT

0005 20-05 RENEW ADVERTISEMENT STICKER-FENDER

200.00

SUB-TOTAL : 2,100.00

TOTAL : 4,386.64

[Signature]
MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Tanfkin 97445749
- WP'
23/6/20 @ 340pm
3 days R/P
Resurvey before paint
tanfkin @ lkhants.com

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:

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Bras Basah Road, Singapore 119421
 Mainline + 65 6383 6285, Facsimile + 65 6280 9755
 Workshops
 33 Layong Drive, Singapore 505969
 387 Sin Ming Drive, Singapore 575177
 45 Panchor Road, Singapore 200936
 222
 24 Serangoon Road, Singapore 119 36
 7 Suiyer Road, Singapore 128 11
 501 Faber Road, Singapore 116170

Date/Time: 23.06.2020 09:35 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 4015121

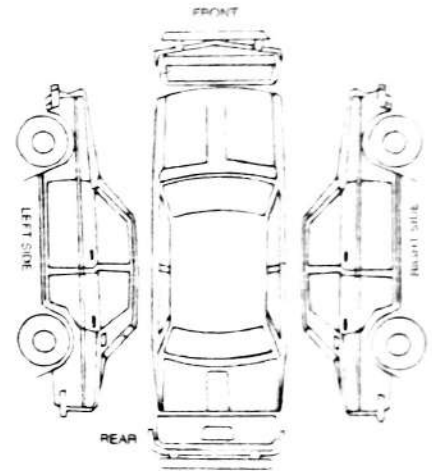
JC NO: 305406612

OWNER CITYCAB PTE LTD OWNER NO: 7010070 ADDRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (O) (P)	REGN NO:	SHC 307E	MILEAGE
	MAKE:	HYUNDAI	FUEL
	MODEL:	IONIQ(G2)	DATE/TIME IN
	YR OF MANU:	12.03.2019	TARGET DATE
	CHASSIS NO:	KMHC851CVKU134451	COMPLETION DATE/TIME

Accident Date: 22.06.2020
 NATURE: ACCIDENT REPAIR (AR)

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

Vehicle No: SHC 307E

Signature: JU NTUC LKK

Vehicle No:

SHC 307E

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be 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	23/06/2020 09:09
Date Of Accident	22/06/2020 16:15
Exact Location Of Accident	TAMPINES CENTRAL 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC307E
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX839G
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	KHOO LIP CHUAH
NRIC No	SXXXX625B
Date Of Birth	12/08/1962
Occupation	OUTDOOR
Date Of Driving Pass	21/10/1982
Driving Experience	37 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97272442
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 669 HOUGANG AVENUE 8
 Postcode #04-737
 530669
 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? 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 SMN5846R
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver AMALINA BTE ABD RAZAK
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage RH 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 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 Purpose
- (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

CITYCAB PTE LTD
CO. REG. NO. 197502839G

S. R. ...
CGO
22/6/20

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

SKETCH PLAN

Century Square

A) SF1C30TE

B) SMN5846R



Impoundment point 5


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

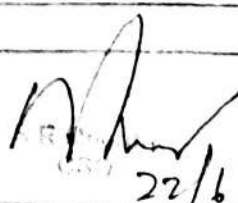
On 22/6/20 at about 1615hrs while I Veh A was travelling along the lane 2, Veh B that was parked on the extreme left lane suddenly filtered to my lane. Despite my trying to filter to the extreme right lane to avoid collision, Veh B moved on and collided onto the left rear door portion. Veh B was damaged on the right front portion.

DECLARATION

We declare the foregoing particulars are true in every respect
 CITYCAR PIE LTD
 CO. REG. NO. 192502830G

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.

22/6/20

