

Tyre Brand Davanti

COMFORTDELGRO ENGINEERING PTE LTD

Date: 30.07.2020

Time: 16:09:28

REPAIR ESTIMATE

Toko Manne

Page: 1

12 IS

Lee Taufik

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

JOB NO : 305414080
REGN NO : SHC1037C
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 01.08.2019
DATE/TIME IN : 30.07.2020 13:00
ACCIDENT DATE : 29.07.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2282-G	REAR BUMPER	1	459.40	20.00	367.52	<i>Rp</i>
0002	04-01-0104-2533-G	REAR BUMPER CTR MOULDING	1	451.25	20.00	361.00	<i>de</i>
0003	04-01-0104-2545-G	REAR BUMPER LWR MOULDING	1	155.00	20.00	124.00	<i>de</i>
0004	04-01-0104-2370-G	REAR BUMPER FOGLAMP	1	201.50	20.00	161.20	<i>*</i>
0005	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	<i>ree</i>
0006	09-01-9999-0068-A	REVERSE SENSOR	1	180.00	2.00	180.00	<i>ru</i>
0007	FNPS	NO PLATE(S)W/TRIM COVER	1 N	55.00	0.20	55.00	<i>any</i>

SUB-TOTAL : 1,266.32

JOB NATURE

0000	PB	PANEL BEATING		350.00		<i>320</i>
0001	SP	SPRAYPAINT CHARGE		250.00		<i>200</i>
0002	L	R/I REVERSE SENSOR		120.00		<i>30</i>
0003	20-05	TP MERIMEN		11.00		<i>/</i>

Tokio Marine

12 TS

LKK - Taufik

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
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ACCIDENT DATE : 29.07.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 731.00

TOTAL : 1,997.32

Lmfs

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

Taufik 97495744
-wp'
02 days 30/7/2020
Resurvey after repair
taufik @ khairat.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:

Workshops

59 Loyang Drive Singapore 508989
 383 Sin Ming Drive Singapore 575717
 45 Pandan Road Singapore 609286
 320 Serangoon Road Singapore 230643

24 Serangoon Loop Singapore 758136
 7 Sungei Kadut Way Singapore 708731
 501 Yishun Industrial Park A Singapore 758730

Member of COMFORTDELGRO

Date/Time: 30.07.2020 16:02

Page : 1

Item: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

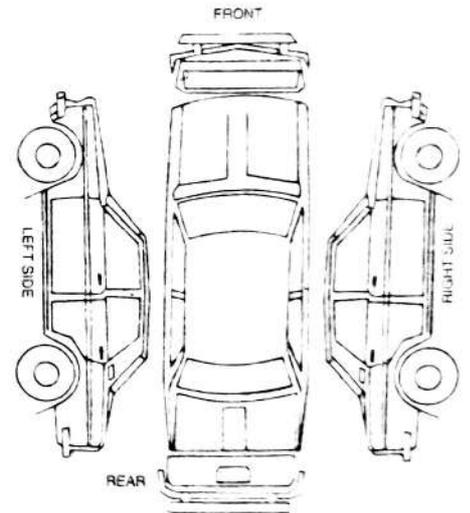
JC NO.:305414080

MEMBER NO. 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO: SHC1037C	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G2)	DATE/TIME IN 30.07.2020 13:00
	YR OF MANU. 01.08.2019	TARGET DATE
	CHASSIS CODE KMHC851CVKU165089	COMPLETION DATE/TIME:

JOB DESCRIPTION

Incident Date: 29.07.2020
 Duration: 3P 29.07.2020

NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Assessment Slip

Exit Pass

SHC1037C

LIMITS

Vehicle No.:

SHC1037C

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	30/07/2020 14:23
Date Of Accident	29/07/2020 17:20
Exact Location Of Accident	LENTOR AVE X YISHUN AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1037C
Insured/Policyholder	
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

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	TAN CHIA LIANG
NRIC No	SXXXX556H
Date Of Birth	24/06/1965
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1985
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97326961
Fax Number	
Contact Number	
E Mail Address	ROYTAN01317@GMAIL.COM

Address BLK 768 YISHUN AVENUE 3
#01-317
Postcode 760768
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 DRIZZLING
Road Surface WET

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? YES
If Yes, Please state which Police Station
Police Station Name BUKIT MERAH WEST NPC
Police Station Address ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 ,
COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20200730/2034

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 YP6704H
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver GUAN MENG
NRIC/Passport Number GXXXX564T
Contact Number 87579158
Address
Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1:

Name

TAN CHIA LIANG

Approximate Age

Injuries Sustain

BACK

Injured person in which vehicle?

SHC1037C

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.

COMFORT TRANSPORTATION PTE LTD
 CO. REG. NO. 100003214

[Handwritten Signature]
 S. R. M.ORTHY
 CSO
 20/7/20

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.:



**SINGAPORE
POLICE FORCE**



T/20200730/2034

Police Station Of Origin:
Bukit Merah West N P C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 3

Report No T/20200730/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2020 11:49	Video Report No.:	Station Diary No.: 28
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Informant's Particulars

Name of Informant: TAN CHIA LIANG		Address: APT BLK 768 YISHUN AVENUE 3 #01-317 SINGAPORE 760768	
ID Type / ID No.: NRIC NO / S1703556H		Contact No.: Home/Office: Mobile: 97326961	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 24/06/1965	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2020 17:20	Type of Location: X-Junction
Location: Along Road 1 LENTOR AVENUE JUNCTION OF LENTOR AVE AND YISHUN AVE 2				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: MOVING VEHICLE AGAINST STATIONARY VEHICLE				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1037C	Car	HYUNDAI	IONIC	Blue	Seriously Damaged	0
YP6704H	Lorry			White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200730/2034

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

2 of 3
Report No T/20200730/2034

CONTINUATION OF REPORT

Driver			
Name	TAN CHIA LIANG	ID No.	S1703556H
Related Vehicle	SHC1037C (Car)	Contact No.	97326961
Hospital/Clinic	CHUNG & E MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	30/07/2020	Date Discharge	30/07/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Driver			
Name	GUAN MENG	ID No.	G8726564T
Related Vehicle	NIL	Contact No.	87579158
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 29/07/2020 AT ABOUT 1720HRS, I WAS AT THE JUNCTION OF LENTOR AVENUE AND YISHUN AVE 1, HEADING TOWARDS YISHUN AVE 2. I HAD JUST STOPPED MY VEHICLE DUE TO THE TRAFFIC LIGHT WAS AMBER TURNING RED. AFTER MY VEHICLE HAD STOPPED FOR ABOUT 1-2 SECONDS LATER, I FELT ANOTHER VEHICLE HIT ONTO THE BACK OF MY VEHICLE. I FELT THE JERK AFTERWARDS. AFTER THE ACCIDENT, WE STOPPED AT THE SIDE OF THE ROAD AND EXCHANGED PARTICULARS AND TOOK SOME PHOTOS.

I AM A TAXI DRIVER AND MY VEHICLE IS ONE SHC1037C, A BLUE COLOUR HYUNDAI. I AM A TAXI DRIVER UNDER COMFORT DELGRO. THE OTHER VEHICLE IS ONE 12-14 FEET (SMALL) WHITE COLOUR LORRY WITH REGISTRATION PLATE NO YP6704H. MY VEHICLE'S BACK BUMPER FELL OFF AND MY REGISTRATION PLATE NUMBER CRACK. THE OTHER VEHICLE'S FRONT BUMPER WAS DENTED.

I WISH TO STATE THAT DUE TO THE HARD JERK, I FELT SOME PAIN AT MY BACK AND DECIDED TO SEE A DOCTOR. I WAS GIVEN 5 DAYS MC AND WAS REFERRED BY MY DOCTOR TO SEE A THERAPIST.



**SINGAPORE
POLICE FORCE**



T/20200730/2034

Police Station Of Origin:
Bukit Merah West N P C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No. 1800-3779999

3 of 3

Report No. T/20200730/2034

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
D /
Sr Staff Sgt NUR KHALIDAH BINTE MOHAMED
KHALID

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/07/2020 11:49

Officer In Charge Of Case
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP158 SINGAPORE
POLICE FORCE

SN 45