



## REPAIR ESTIMATE

**MVA:** LOKE WY

Page 1 of 8  
Hyundai Sonata (Front)

| PART NO. | DESCRIPTION                                 | QTY | LIST PRICE | REMARKS     |
|----------|---|-----|------------|-------------|
|          | Panel Beating                               |     |            | \$700.00    |
|          | Spray Painting                              |     |            | \$1,000.00  |
|          | Remove / Replace Reverse Sensor             |     |            | \$120.00    |
|          | Remove/ Install Radiator & Aircon Condenser |     |            | \$150.00    |
|          | Tuff Kote                                   |     |            | \$90.00     |
|          | Check Lighting                              |     |            | \$60.00     |
|          |   |     |            |             |
|          | LABOUR TOTAL                                |     |            | \$2,120.00  |
|          |   |     |            |             |
|          | ESTIMATE TOTAL                              |     |            | \$11,953.74 |
|          |   |     |            |             |

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.

## 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             | 01/10/2020 10:47                    |
| Date Of Accident           | 30/09/2020 18:15                    |
| Exact Location Of Accident | AYE TWDS TUAS BEFORE PORTSDOWN EXIT |
| Country/State of Loss      | SINGAPORE                           |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SHD4728S |
|-----------------------------|----------|

### 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       | MIKE ONG SEOW PENG      |
| NRIC No              | SXXXX363C               |
| Date Of Birth        | 09/03/1967              |
| Occupation           | OUTDOOR                 |
| Date Of Driving Pass | 21/04/1992              |
| Driving Experience   | 28 YEARS AND 5 MONTHS   |
| Gender               | MALE                    |
| Mobile Number        | (LOCAL) +65-98781600    |
| Fax Number           |                         |
| Contact Number       |                         |
| Email Address        | MIKEOSP828@YAHOO.COM.SG |

|   |                                    |
|---|------------------------------------|
| Address   | BLK 74 BEDOK NORTH ROAD<br>#06-118 |
| Postcode  | 460074                             |
| 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   | CHAIN COLLISION |
| 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                         | 3                             |
| 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)   | 2                             |
| Passenger 1   | NAME: : -<br>GENDER: : FEMALE |

#### 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 | SGG4004T    |
| Vehicle Make/Model/Colour   | MERCEDES    |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              | UNKNOWN     |
| NRIC/Passport Number        |             |
| Contact Number              |             |
| Address                     |             |
| Postcode                    |             |
| Insurance Company Name      |             |

Nature Of Damage . . . . . FRONT

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLQ5218A  
Vehicle Make/Model/Colour LEXUS  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver UNKNOWN  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage REAR  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name JANICE LIM(PAX)  
Approximate Age  
Injuries Sustain NECK  
Injured person in which vehicle? SHD4728S  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name MIKE ONG SEOW PENG  
Approximate Age  
Injuries Sustain NECK  
Injured person in which vehicle? SHD4728S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

# IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 setout 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)
  - (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  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 01.10.2020  
0945h

Reporting Centre Personnel's Signature  
Name: Larry Ng  
NRIC/Fin No.:

**Describe Circumstances of the Accident.**

On 30.09.2020, at about 1815hrs, I was driving my Comfort taxi, SHD4728D, on lane 1

along AYE towards Tuas with 1 female pax.

It was raining and heavy traffic. Somewhere before the Portsdown exit, the front vehicles suddenly stopped. I immediately braked and had just barely stopped and lightly hit the front car, C, when at the same time, an impact from the rear which pushed my taxi forward and aggravated the damage to my taxi. The impact from the rear was caused by another car, B. My taxi was damaged in the rear and front.

After the accident, my pax said she had neck pain. I offered to call for an ambulance but she declined. I also feel pain in my neck and will consult a doctor later.

Photos taken at the scene.

**Declaration**

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature/Date &  
Time

Driver's Signature (If driver is not the policyholder)/Date  
& Time 31/9/20 09:45

Larry Ng

Witnessed by Reporting  
Centre Personnel



A- SHD 4728 S  
B- SGG 4004 T  
C- SLQ 5218 A

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

cf Student observed T

## DECLARATION

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

TD



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

01.10.2020  
Mam

Reporting Centre Personnel's Signature  
Name:  
NRIC/Fin No.: Larry Ng



### Workshops

59 Loyang Drive Singapore 508969  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
320 Old Road Singapore 109649

24 Senoko Loop Singapore 758156  
7 Sungei Kadut Way Singapore 728791  
501 Yishun Industrial Park A Singapore 768732

member of COMFORTDELGRO

Date/Time: 01.10.2020 11:16

Page : 1

Team: ARC Repair TP(CLS0)1

### JOB CARD

Sales Order:

JC NO.:305425621

|   |                               |                               |
|---|-------------------------------|-------------------------------|
| TOWER<br>/S COMFORT TRANSPORTATION PTE LTD<br>TOWER NO 7010045<br>TOWER NO 383 SIN MING DRIVE<br>TOWER NO Singapore SINGAPORE 575717<br>TOWER NO 65508755<br>(R) (O)<br>(P) | REGN NO: SHD4728S             | MILEAGE                       |
|   | MAKE: HYUNDAI                 | FUEL E.....1/2.....F          |
|   | MODEL IONIQ(G3)               | DATE/TIME IN 30.09.2020 20:00 |
|   | YR OF MANU. 16.01.2020        | TARGET DATE                   |
|   | CHASSIS CODE KMH851CVLU189998 | COMPLETION DATE/TIME:         |

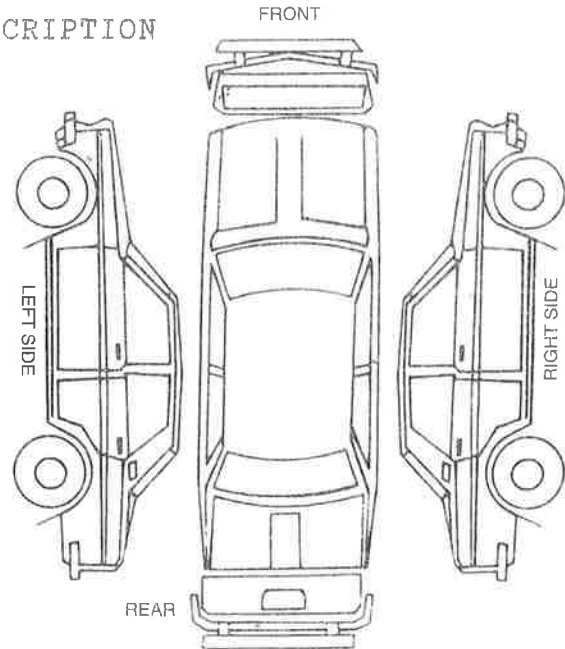
OUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 30.09.2020

NATURE: 3P 30.09.2020

3/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

/edgement Slip

Exit Pass

No.: SHD4728S YY

Vehicle No.: SHD4728S

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard