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COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SH

SHB4447M

02/10/20

MAKE

11711 140

CHIANG/ NTUC

DEL	HYU- 140	T	CHIANG/ NTUC	_,
Qty	Parts Description/ Labour	Туре	Unit Price	Amount
•	REAR BUMPER COVER X R			\$1,106.00
,	REAR BUMPER BRACKET SIDE LH/RH X		\$35.60	\$71.20
10	REAR BUMPER CLIPS X		\$2.20	\$22.00
10	REAR BUMPER REINFORCEMENT X			\$428.40
	REAR BUMPER UNDER COVER X		1	\$228.00
			1	\$1,855.60
	20.00%		1	\$371.12
	DISCOUNTED TOTAL			\$1,484.48
70 0	REVERSE SENSOR X 10.00 %		*	\$135.70
1	REVERSE SENSOR X 10.00 %	11.	1	\$122.13
	Labour Charge Panel Beating Spray Painting Charge			\$480.00 \$300.00
	Remove/refix reverse sensor			\$60.00
	Tuff Kote			\$90.0
	TOTAL LABOUR			\$930.0
	ESTIMATE TOTAL			\$1,536.6
	This is an initial estimate based on a visual inspection of the prepared after the vehicle is surveyed by a motor Surv			

Steve (LKK) WH MINL
6/10/20
2 days
LIS (Part by Part if labour only)
By AL Spy

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 confir. at on
- Third party survey is on a "Without Frejudice" basis
- . No illegal modification(s) is allowed
- Supplementary item(s) must be resurceyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature

FORTDELGRO ENGINEERING

mber of COMFORTDELGRO

of Service Advisor

sturned to Service Reception upon collection

Signature/Date

ComfortDelGro Engineering Pte Ltd 205 Braddell Road Singapore 579/01 Maliline + 85 6383 6280 Facsimile + 65 6280 9755 Workshops 59 Loyang Drive Singapore 508999 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 609986 Date/Time 320 75041 75042 02 96408: 50 Page: 1

Date

/	JOB CARD Sales Order:	JC NO.: 305426193
ARC Repair TP(CLSO)1	REGN NO. SHB4447M	MILEAGE
COMFORT TRANSPORTATION I	mr r r r	FUEL
AS 7010045	HYUNDAI	E1/2
TOMER NO. 383 SIN MING DRIVE SINGAPORE 5757	17, A MODEL 1-40 0	5.10.2020 08:25
(A) 65508755 (O)	VR OF MANU. 06. 2016	TARGET DATE
COUNT CARD NO.	CHASSIS CODE KMHLB41UMGU091410	COMPLETION DATE/TIME
rident Date: 02.10.2020	JOB DESCRIPTION	7.
S/NO LABOR CODE	DESCRIPTION FRONT	
1 × 1		
· *	TEFT SIDE	RIGHT SIDE
	REAR PAR	
CKED & PASSED OUT BY:		
A		
SERVICE ADVISOR	CUSTOMER'S S	SIGNATURE
edgement Slip	Exit Pass	
y	Vehicle No.:	

Name of Service Advisor

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 witholding 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

* ACCIDENT STATEMENT: *

Date Of Report

03/10/2020 10:11

Date Of Accident

02/10/2020 20:30

Exact Location Of Accident

CIRCUIT RD TOWARDS CIRCUIT LINK

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHB4447M

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

140

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

'nsurance 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

DAHARI KAMAL BIN AGIL

NRIC No

SXXXX042F

Date Of Birth

11/09/1961

Occupation

OUTDOOR

Date Of Driving Pass

02/04/1982

Driving Experience

38 YEARS AND 6 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-97342185

Fax Number

EMail Address

Contact Number

DAHARIKAMAL@GMAIL.COM

Page 1 of 15

Address

BLK 493C TAMPINES STREET 43

#03-306

Postcode

522493

OTHER - TAXI DRIVER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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

NO

ambulance?

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)

re accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

Was there any audio recorded?

NO

LEDETAILS OF OTHER VEHICLE PROPERTY 1/1

Vehicle Registration Number

SGF5689R

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM KOK MENG

NRIC/Passport Number

Contact Number

97352422

Address

Postcode

Insurance Company Name

Nature Of Damage

LEFT FRONT

No. Of Passenger (Including Driver)

Page 2 of 15

Sketch Plan Pg. 1

MPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- ?. This Form must be completed by the Policyhelder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies
 - Any false reporting may be referred to the Police for investigation.
 - 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. -
 - 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.

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)
 - 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 my be sited outlisde 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 ourt orders.

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

icyholder's Signature e & Time:

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

Name:

Reporting Centre Personnel's Signature

NRIC/Fin No :

Olivia Wenn

0.3 OCT 2020

Sketch Plan Pg. 2 SKETCH PLAN SHB 414 SGF 5689R

Statemens	as P	Cr Cr	- C 50 (CC)	
	1			
		POORFEE HELDS &	-	
				
Time and		*****		
				

DECLARATION

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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

COMFORT TRANSPORTATION PTE LTD CO. REG. NO. 1993C3821R

Policyholder's Signature Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/Fin No.: Olivia Wendy

Sketch Plan Pg. 3

Describe Circumstances	of the Accident.	
On the 02/10/2020 @ a	bout 20:30hrs, I was driving along Circuit Rd tow	rards Circuit Link
direction with no passe		
As I was turning toward	s Circuit Link suddenly there's a jerk on my taxi l	eft rear portion.
So I slow down to stop t	to check and found out a vehicle of SGF5689R wa	s going straight and
grazed onto my taxi. The	e lane he was driving is only for turning left only	
	<u> </u>	
	The state of the s	
No injury at the point of	accident.	- 72-14 W
	The second secon	
		UE)
		77.72
No. 100 and all the second		1 may / 1
claration		
e declare the foregoing part	ciculars are true in every respect.	
		100
),	1
COMFORT TRANSPORT	ATION PTE LA	(Unit
CO. REG. NO. 199	303821R / V	
tolde de Cimento de l'Octo D	Driver's Signature(If driver is not the policyholder)/Date	Witnessed by Reporting
yholder's Signature/Date &	8. Time	Centre Personnel

Olivia Wendy

0.3 OCT 7929

& Time

Time