

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHA1944U

04/12/20

MAKE :

MODEL IONIQ G2

CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER			\$459.40
1	REAR BUMPER CENTRE MOULDING			\$451.25
1	REAR BUMPER REINFORCEMENT			\$394.80
1	REAR BUMPER STAY LH /RH		\$138.10	\$276.20
10	REAR BUMPER CLIPS		\$2.20	\$22.00
1	REAR BUMPER FOG LAMP			\$201.50
1	REAR NUMBER PLATE LAMP LH/RH		\$85.30	\$170.60
1	REAR BUMPER BRACKET RH/ LH		\$55.80	\$111.60
				\$2,087.35
		20.00%		\$417.47
	DISCOUNTED TOTAL			\$1,669.88
1	REAR NUMBER PLATE W/HOLDER			\$55.00
1	REAR REVERSE SENSOR			\$180.00
		10.00%		\$261.50
	Labour Charge			
	Panel Beating		320	\$640.00
	Spray Painting Charge		200	\$500.00
	Tuff Kote		X	\$60.00
	Diagnose/ reset error code		150	\$300.00
	Remove/Refix reverse sensor		30	\$60.00
	TOTAL LABOUR			\$1,560.00
	ESTIMATE TOTAL			\$3,491.38
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.				

- 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:

Tanpin 97495749 Daunt
 WP 9/12/20 1pm
 2 days
 4/5 Resurvey after repair
 Tanpin @ Khartoum

Date/Time: 05.12.2020 10:56

Page : 1

ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305437372

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(O)

RD NO.

REGN NO.

SHA1944U

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ

DATE/TIME IN 05.12.2020 08:55

YR OF MANU.

24.02.2017

TARGET DATE

CHASSIS CODE

KMHC851CVHU022695

COMPLETION DATE/TIME

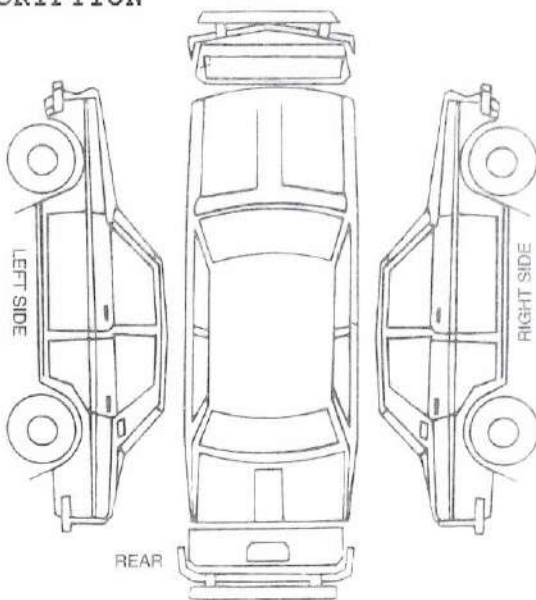
JOB DESCRIPTION

ent Date: 04.12.2020
E: 3P 04.12.2020

LABOR CODE

DESCRIPTION

FRONT



ASSESSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Slip

Exit Pass

SHA1944U

CHIANG

Vehicle No.:

SHA1944U

Advisor

Signature/Date

Name of Service Advisor

Date

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 Submission	05/12/2020 10:40 (SGT)
Date of Accident	04/12/2020 17:45 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AYE (CITY)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1944U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ioniq
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	MCOM0015
Cover Note Number	-

DRIVER

Name of Driver	SIN SIEW HOONG
NRIC No	SXXXX149A
Date Of Birth	04/04/1956
Occupation	Outdoor

Date Of Driving Pass	18/06/1976
Driving experience	44 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96268163
Alt. Phone Number	-
Email Address	SINSIEWHOONG@GMAIL.COM
Address	491B 13-400 TAMPINES AVENUE 9
Address complement	-
Postcode	521491
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGG2617M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	SLIGHT
Details of property damaged in accident	FRT
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

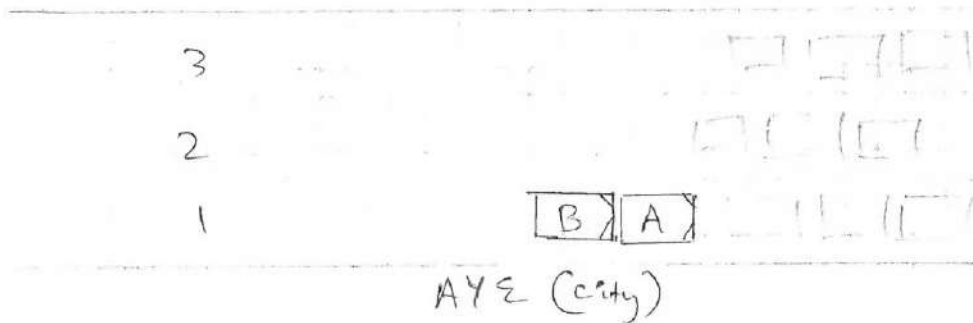
Name of injured person	SIN SIEW HOONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,BACK
Injured person in which vehicle?	SHA1944U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PAX
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK
Injured person in which vehicle?	SHA1944U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

A - SHA 1944 U
B - SGA 2617 M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04.12.2020, at about 1745 hrs, I was driving my Comfort taxi, SHA 1944U, with 1 female pax, on the right lane along AYE towards city.
It was raining and moderate traffic. Somewhere after the Clamati Ave 6 exit, the front vehicles braked and stopped.
I braked and stopped too. Right after I had stopped, I felt an impact from the rear. A private car, B, had hit my taxi rear. I have a video recording of the accident impact. Photos taken at the accident scene.
After the accident, my pax said she has back pain. I have neck and back pain.

DECLARATION

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

<p>COMFORT TRANSPORTATION PTE LTD CO. REG NO. 199303821R</p> <p>Policyholder's Signature _____ Date & Time: _____</p>	<p>Driver's Signature _____ (if driver is not the policyholder) Date & Time: 05.12.2020 0915h</p>	<p>Reporting Centre Personnel's Signature _____ Name: _____ NRIC/Fin No.: _____ Larry Ng</p>
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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 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 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 to 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)
 - (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.

SHEN JIA TRANSPORTATION PTE LTD
CO. REG. NO. 199303521R

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 05.12.2020
0915h.

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

