COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 14.12.2020 Time: 16:45:38

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO

305439041

REGN NO MILEAGE SHC8138Z

MAKE

0000000000 **HYUNDAI**

MODEL

I-40

DATE OF REGN DATE/TIME IN

21.04.2016

: 14.12.2020 12:35

ACCIDENT DATE

: 14.12.2020

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0595-G I40VC PANEL ASSY-RR DR RH 7 2,201.10 20.00 1,760.88 0002 04-01-0103-0592-G I40VC PANEL ASSY-FR DR RH 12,256.40 20.00 1,805.12 0003 04-01-0103-0810-G I40VC MOULDING ASSY-SIDE 7 1 732.80 20.00 586.24 0004 28-01-0103-0003-A (I40)FRT DOOR LOGO SONATA 75.00 2.00- 75.00 0005 28-01-9999-2023-A APP LOGO REAR DOOR L/R CT 1

SUB-TOTAL: 4,307.24

JOB NATURE

0000 PB

PANEL BEATING

0001 SP

SPRAYPAINT CHARGE

0002 L

TRANSFER DOOR PART

SUB-TOTAL: 1,540.00

LKK / uto Consultant, hance notify the Repairer of the following:

- To resurvey before/after spray painting To display damaged part(s) during receivey
- 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:

Dale

Date

nber of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 509286

Date/Time \$20 12 48004 32 100 20 20 416: 37

Page: 1

eam:

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305439041

OMER

COMFORT TRANSPORTATION PTE LTD

15 7010045

OMERNO 383 SIN MING DRIVE

Singapore SINGAPORE 575717 RESS

65508755

DUNT CARD NO.

REGN NO. SHC8138Z	MILEAGE
MAKE: HYUNDAI	FUEL EF
MODEL I-40 14	.047.2020 12:35
YR OF MANU. 04. 2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU087801	COMPLETION DATE/TIME:

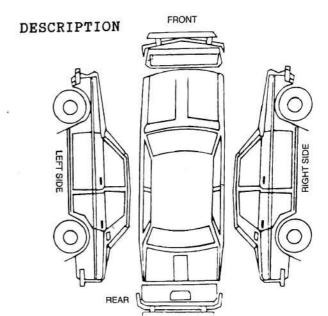
JOB DESCRIPTION

Accident Date: 14.12.2020

NATURE: 3P 14.12.2020

3/NO

LABOR CODE



KED &	PASSED OUT BY:							
	SERVICE ADVISO	R		CUSTOMER'S SIGNATURE				
ledgem	nent Slip		Exit Pass					
No.:	SHC8138Z	JU CHINA LKK	Vehicle No.:	SHC8138Z				
f Service	na Advisor	Signature/Date	Name of Service Advisor		Date			

turned to Service Reception upon collection

÷1)

2)

To be kept by Security Guard



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 b. This report will be to write a standard by the insurance of the 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 Date of Accident **Exact Location of Accident** Additional Location Information

Country/State of Loss

14/12/2020 11:25 (SGT) CTE, Singapore

CTE TUNNEL TWDS SLE

14/12/2020 15:44 (SGT)

Singapore

DETAILS OF OWN VEHICLES

Vehicle Registration Number

SHC8138Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No

Email Address Mobile Phone No Alternative Phone No Yes

COMFORT TRANSPORTATION PTE LTD

1XXXXX821R

fleetsafety@cdgtaxi.com.sg (Phone) +65-65508768 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Model

Variant 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? Vehicle Category Hyundai 140

Private hire

No - Claiming third party Taxi

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

First Capital ThirdPartyFireTheft D-18088936MFSH

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TEPHEN YONG CHOON SENG SXXXX389I 02/08/1953 Outdoor



	YM8698U
	-
	•
	(<u>~</u>)
	150
gost a series of the series of	Commercial vehicle
briver	ZHOU HEJI
Number	-
ress	-
Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	<u> </u>
Details of property damaged in accident	NOT SURE
No. Of Passenger (Including Driver)	•

A= SHC 8138= B: YM 2698 C CIE Tunnel twos

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	(9n	14/12/2	ONO	07 0	lbart	11:5	5 hrs,	1	VAN	Au
driving	ort a	bare	said	locar	n'an	with	3 p	assang	PIS	on	board.
	y Veh										
left	portion	hit	71	nywzed	ont	o th	e ri	ght K	ear	Port	in
of m	y lexi	. Bo	th of	us	Then	8 lup	vehic	le as	ide	10	take
Photo	and ex	change	d pa	ni cula	vs. 1	40 in	jung o	of the	P)INT	of
accider	nt.										

DECLARATION

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

CO REG. NO 189004921R

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.: Loke Wei Yieng

PORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver. 2.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material 3.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the 4.
- Any false reporting may be referred to the Police for investigation. 5.
- 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
- 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. 19930 1931R

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.:

1-1-1-1-1