

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 28.12.2020

Time: 15:08:36

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NTUC - 4S
LKR -

P IS

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305441321
REGN NO : SHD8603S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 04.12.2018
DATE/TIME IN : 28.12.2020 11:10
ACCIDENT DATE : 28.12.2020

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	de ✓
0002 04-01-0104-2533-G	REAR BUMPER CTR MOULDING	1	451.25	20.00	361.00	de ✓
0003 04-01-0104-2288-G	REAR BUMPER BEAM	1	394.80	20.00	315.84	?
0004 04-01-0104-2545-G	REAR BUMPER LWR MOULDING	1	155.00	20.00	124.00	✗
0005 04-01-0101-0111-G	REAR BUMPER CLIPS	10	22.00	20.00	17.60	rec ✓
0006 04-01-0104-0852-G	REAR BUMPER REFLECTOR RH	1	41.45	20.00	33.16	✗
0007 09-01-9999-0068-A	REVERSE SENSOR	1	180.00	10.00	162.00	rw ✓
0008 FNPS	NO PLATE(S)W/TRIM COVER	1 L	55.00	10.00	49.50	one ✓

SUB-TOTAL : 1,430.62

JOB NATURE

0000 PB	PANEL BEATING	350.00	320
0001 SP	SPRAYPAINT CHARGE	250.00	200
0002 L	R/I REVERSE SENSOR	120.00	30

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JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 720.00

TOTAL : 2,150.62

Lmf

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

Tamplin 97495244

'wp'

21/12/2020 5 pm

1/5 Resurvey after repair

Tamplin 11/12/2020

2 days

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:

OMFORTDELGRO ENGINEERING

member 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 609286

220 Upper Road Singapore 106497

24 Senoko Loop Singapore 758156

7 Sungai Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 28.12.2020 14:54

Page : 1

eam: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.: 305441321

OMER

CITYCAB PTE LTD

7010070

OMER NO. 383 SIN MING DRIVE

ESS Singapore SINGAPORE 575717

65551188

(R) (O)

(P)

UNT CARD NO.

REGN NO. SHD8603S	MILEAGE
MAKE: HYUNDAI	FUEL
MODEL IONIQ(G2)	E.....1/2.....F
YR OF MANU. 04.12.2018	DATE/TIME IN 28.12.2020 11:10
CHASSIS CODE KMH851CVKU115199	TARGET DATE
	COMPLETION DATE/TIME:

ccident Date: 28.12.2020

ATURE: 3P 28.12.2020

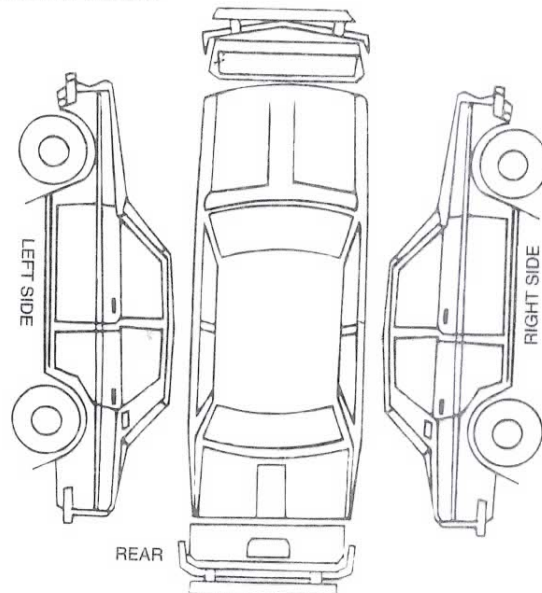
JOB DESCRIPTION

/NO

LABOR CODE

DESCRIPTION

FRONT



D & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ement Slip

Exit Pass

SHD8603S

LIMITS

Vehicle No.:

SHD8603S

rice Advisor

Signature/Date

Name of Service Advisor

Date

d to 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	28/12/2020 13:13 (SGT)
Date of Accident	28/12/2020 10:05 (SGT)
Exact Location of Accident	Bedok Reservoir Rd, Singapore
Additional Location Information	ALONG BEDOK RESERVOIR RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8603S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXXXX1R
Email Address	FLEETSAFETY@CDGETAXI.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	First Capital
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	D-18088937MFSH
Cover Note Number	-

DRIVER

Name of Driver	YONG POH KHIONG
NRIC No	SXXXX086D
Date Of Birth	09/11/1953
Occupation	Outdoor

Date Of Driving Pass	28/05/1975
Driving experience	45 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87005593
Alt. Phone Number	-
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Address	BLK 370 TAMPINES STREET 34
Address complement	#04-01
Postcode	520370
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Clear
Road Surface	Dry

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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

REFER ATTACHED

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	CB5934B
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

SLIGHT
REAR RH
1

IMPORTANT NOTICE

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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**.
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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.

CITYCAR PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Olivia Wendy*
NRIC/Fin No.: *20 DEC 2020*

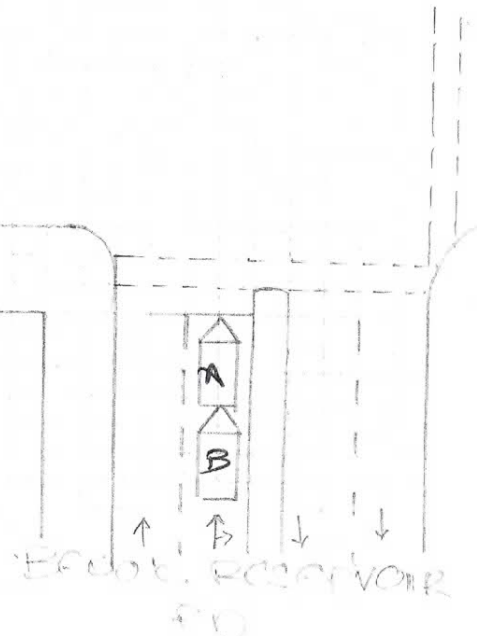
SKETCH PLAN

A = SH08035

Signature

B = CB 5934B
(TOYOTA HIACE)

B/L
136



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 28/12/2018 @ 1008hrs I was driving along Beek Reservoir Rd direction with no passenger on board my taxi.

I stop at the traffic light junction to check the incoming vehicle before proceed to turn. While my taxi was stationary position, there's a jerk on my taxi rear portion.

I came out to check and found out a van of CB 5934B front portion had collided onto my taxi rear portion.

No injury at the point of accident.

DECLARATION

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

CITYCAR PTE LTD
CO. REG. NO. 199502839G
Policyholder's Signature
Date & Time:

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

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

28 DEC 2018