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COMFORTDELGRO ENGINERING PTE LTD **REPAIR ESTIMATE***

VEHICLE NO

SHD3169L

MAKE MODEL

1-40

:

DATE 12/04/21 12:00 AM CHIANG/AIG

Qty	Parts Description/ Labour	1	Туре	Unit Price	Amount
1	FRONT BUMPER COVER			RY	\$1,052.20
1	RADIATOR GRILLE			ay	\$1,480.00
10	BUMPER CLIP			neig	\$22.00
1	FRONT BUMPER BRACKET TOP LH/			?	\$28.60
1	FRONT BUMPER BRACKET SIDE /LH			X	\$28.60
		SUB TOTAL			\$2,611.40
		20.00%			\$522.28
					\$2,089.12
1	FRONT NUMBER PLATE W/HOLDER			an	\$55.00
	Labour Charge				
	Panel Beating			28	\$600.00
	Spray paintimg			21	\$500.00
	Check Lighting				× \$50.00
	TOTAL L	ABOUR		L	\$1,150.00
	ESTIN	ATE TOTAL			\$3,239.12
	This is an initial estimate based on a visual i	nspection of the ab	ove ven	icle. The final repair qu	antum will
	be prepared after the vehicle is surveyed by				

Tankhi 47445495 up, en ly to Q 430.

Oldeys

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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:



Service Advisor

urned to Service Reception upon collection

Signature/Date

ComfortDelGro Engineering Pte Ltd

59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717

Date/Time: 12.04.2021 14:33 Page: 1

JOB CARD Sales Order: eam: ARC Repair TP(CLSO)1 JC NO.:305463273 *OMER REGN NO. MILEAGE SHD3169L COMFORT TRANSPORTATION PTE LTD MAKE: FUEL 7010045 HYUNDAI OMER NO. 383 SIN MING DRIVE RESS MODEL DATE/TIME IN Singapore SINGAPORE 575717 I40 11,04.2021 19:10 65508755 (R) YR OF MANU. TARGET DATE (P) 08.07.2016 CHASSIS CODE COMPLETION DATE/TIME: KMHLB41UMGU091842 DUNT CARD NO. JOB DESCRIPTION ccident Date: 11.04.2021 ATURE: 3P 11.04.2021 FRONT /NO LABOR CODE DESCRIPTION KED & PASSED OUT BY: SERVICE ADVISOR CUSTOMER'S SIGNATURE edgement Slip Exit Pass Vehicle No.: SHD3169L CHIANG SHD3169L

Name of Service Advisor

To be kept by Security Guard

Date

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 aforesaid.

ACCIDENT STATEMENT

Date of Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

12/04/2021 11:30 (SGT) 11/04/2021 19:10 (SGT) Lucky Gardens, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD31691

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No

Alternative Phone No

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 Transmission CC

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No

Accident report SJ04214C000B

Yes COMFORT TRANSPORTATION PTE LTD 1XXXXX821R fleetsafety@cdgtaxi.com.sg (Phone) +65-92769486 (Office) +65-65508768

Hyundai 140

Private hire

No - Claiming third party

Taxi Auto 1685

> AXA Insurance Pte Ltd ThirdPartyFireTheft Yes VFX/P2419138

LEE CHI KHIN(LI ZHIJIAN) SXXXX835C

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number **Email Address** Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT

09/06/1977
Outdoor
13/01/1995
26 YEARS AND 3 MONTHS
Male
(Phone) +65-92769486
fleetsafety@cdgtaxi.com.sg
BLOCK 998B BUANGKOK CRESCENT
#15-741
532998
No
Hirer
No

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No 2

Dry

No -

Yes 3

No

PASSENGER 1

Name Gender

PASSENGER 2

Name Gender UNKNOWN Male

UNKNOWN Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

No No

ON 11042021 AT AROUND 1910HRS I WAS DRIVING MY VEHICLE A SHD3169L ALONG LUCKY GARDEN. I STOPPED MY VEHICLE JUST BEFORE THE CAR PARK ENTRANCE OF 79 LUCKY HEIGHTS. SUDDENLY VEHICLE B SGD6836L WHO WAS STATIONARY IN FRONT OF ME REVERSED INTO ME. THIS HAD CAUSED DAMANGE TO MY FRONT BUMPER AND PLATE NUMBER. THERE WAS NO INJURIES.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?

Yes

Yes

FILE NOT SUITABLE

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGD6836L Vehicle Manufacturer Toyota 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 Details of property damaged in accident No. Of Passenger (Including Driver) 2

WITNESS DETAILS

WITNESS 1

Name

Phone

RAJAR

(Phone) +65-98179979 Email

SKETCH PLAN

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 mis representation 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 Poice 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 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 copi es of the report being made available
- 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 poice), for the purpose(s) of
- (1) 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 involved sclosure 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")
- 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
- 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

Policyholder's Signature / Date & time Driver's Signature (If driver is not the policyholder)/ Date & Time Witnessed by Reporting Personnel 11 14/21 2000 Kun1 Sketch Plan A-SHO3169L B-SAD 6836L

cribe Circumstances of the Accident		
On 110421 at around 1910h	rs, i was driving my veh	icle A
SGD3169L along Lucky Gar	dens. I stopped my vehi	cle iust before
the car park entrace of 79 lu	icky heights. Suddenly v	ehicle B
SGD6836L who was station	ary in front of me revers	ed into me
This has caused damage to	my front bumper and n	late number
There was no injuries.	, and private	rate Hamber.
-		
ation		
eclare the foregoing particulars are true in ev	ery respect	
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tr's Senature / Date & time Driver's Senature (If	driver is not the policyholder/ Date & Time	Witnessed by 2
	A CONTRACTOR OF THE	Witnessed by Reporting Fersonnel











