

Stere

NTUC

11/2/19  
+3/4/2

Vol: No: SHK 5103A Yr Regn: 75/100...

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /

Truck / Trailer or

Make: Hyundai 1.0 iia c.c. 1580

Colour DM A/C: Insured / Std / NI / N

Sp. Reading : 979210 T/Radio: Insured / Std / NI / N

Eng/No: \_\_\_\_\_



C/No: KMH 85:1CVK4/8439

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

	
N/S	O/S
	

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or 5

Front Rear

R/Bal. 5 : mm R/Bal. 5 : mm

UBal. 5. 100 mm UBal. 5. 100 mm

D.O.A. 12/4/21 D.O.I. 14/4/21

Survey held at Comfort Hotel

**Vehicle: IN / OUT**

Date: Person Contacted:

Des. of Damages : Frt / (Rear) / O/S / N/S / U/C / Rooftop or

The V/C / Chassis frame / Body Structure affected due to collision

Date/Time, File, Page 107.

Days Of Repair:

Resurvey No. of Trip:

**Survey Fee:**

**Transportation:**

Add Fee: ☐ : Site Insp (\$

☐ : Site Insp (\$ \_\_\_\_\_)  
☐ : Interview (\$ \_\_\_\_\_)

8 - RS, SI

Franchise

**ငါးလေး**

1

1. YC-741

## COMFORT TRANSPORTATION PTE LTD

## REPAIR ESTIMATE

Vehicle No. : SHC3703A

Date: 13/04/2021

Make : HYUNDAI

Insurance: NTUC

Model : IONIQ(G2)

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER <i>X R</i>			\$459.40
10	REAR BUMPER CLIPS <i>/ APC</i>			\$22.00
1	REAR BUMPER CENTRE MOULDING ASSY <i>/ OR</i>			\$451.25
1	REAR BUMPER BRACKET LH <i>X</i>			\$55.80
1	REAR BUMPER REINFORCEMENT <i>1</i>			\$394.80
1	REAR BUMPER LOWER CTR MOULDING <i>/ CUT</i>			\$155.00
1	REAR BUMPER FOG LAMP <i>X</i>			\$201.50
1	REAR BUMPER TOWING COVER <i>X</i>			\$98.80
	<b>SUB TOTAL</b>			\$1,838.55
	<b>LESS 20%</b>			\$367.71
	<b>DISCOUNTED TOTAL</b>			\$1,470.84
1	REAR BUMPER REVERSE SENSOR			\$180.00 <i>X</i>
				\$180.00
	<b>Labour Charge</b>			
	PANEL BEATING			<i>320</i> \$400.00
	SPRAY PAINTING CHARGE			<i>200</i> \$300.00
	WIRING CHARGE			<i>30</i> \$50.00
	REMOVE/REFIX REVERSE SENSOR			<i>30</i> \$80.00
	<b>TOTAL LABOUR</b>			\$830.00
	<b>ESTIMATE TOTAL</b>			\$2,480.84

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.

*Steve CLKK) ML PL*

*14/4/21, 3:00 pm*

*2 days*

*L/S*

*My PL dy*

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:

Date/Time: 13.04.2021 14:56

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4070568

JC NO: 305463594

STOMER

COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755 (R) (O)  
(P)

REGN NO: SHC3703A

MAKE: HYUNDAI

MODEL: IONIQ(G2)

YR OF MANU: 01.02.2019

CHASSIS CODE: KMHC851CVKU134339

MILEAGE

FUEL

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

DATE/TIME IN: 13.04.2021 12:20

TARGET DATE

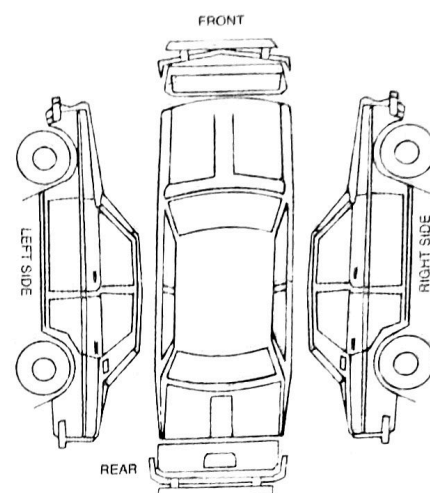
COMPLETION DATE/TIME:

COUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 12.04.2021  
NATURE: 3P 12.04.2021

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No.: SHC3703A

YY NTUC

Vehicle No.:

SHC3703A

of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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	13/04/2021 14.03 (SGT)
Date of Accident	12/04/2021 17.00 (SGT)
Exact Location of Accident	Commonwealth Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC3703A

#### 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) +65-97407090
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
Transmission	Auto
CC	1580

#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

#### DRIVER

Name of Driver	ANG HOCK THOR
NRIC No	SXXXX357H



Driving Pass  
experience

Vehicle Number  
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

21/09/1965  
Outdoor  
15/02/1985  
36 YEARS AND 2 MONTHS  
Male  
(Phone) +65-97407090  
-  
fleetsafety@cdgtaxi.com.sg  
BLK 229 PENDING ROAD #12-205  
-  
670229  
No  
Hirer  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Collision - Head to Rear  
Clear  
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? 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 HAMZAI  
Gender Male

#### 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

ON 12/4/2021 @ 1700HRS, I WAS DRIVING MY VEHICLE SHC3703A ALONG COMMONWEALTH AVE TOWARDS LENG KEE RD. WHILE MY VEHICLE WAS STATIONARY DUE TO RED TRAFFIC LIGHT, VEHICLE B - SMR230D WAS COLLIDED ONTO MY REAR BUMPER. EXCHANGED PARTICULARS. MY PASSENGER SUSTAINED PAIN AT NECK AND BACK. I SUSTAINED PAIN ON MY NECK DUE TO THE IMPACT.

#### ATTACHMENT(S)

Are accident photos available for attachment? Yes  
Was there any video captured by Car Camera? Yes  
Reasons for not uploading a video of the accident FILE IS NOT SUITABLE  
Was there any audio recorded? No

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number SMR230D  
Vehicle Manufacturer Toyota

Model	-
Colour	-
Category	Private car
Make of Driver	TEO HOCK CHYE @ MUHAMMAD RIDZWAN TEO
No	SXXXX398G
Contact Number	(Phone) +65-98622420
Address	BLK 518 WOODLANDS DRIVE 14 #02-251
Address complement	-
Postcode	730518
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	ANG HOCK THOR
Address	BLK 229 PENDING ROAD #12-205
Address Complement	-
Post Code	670229
Approximate Age Years Old	55
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SHC3703A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	HAMZAI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SHC3703A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

## 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 willful 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. 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 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 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) of:

(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

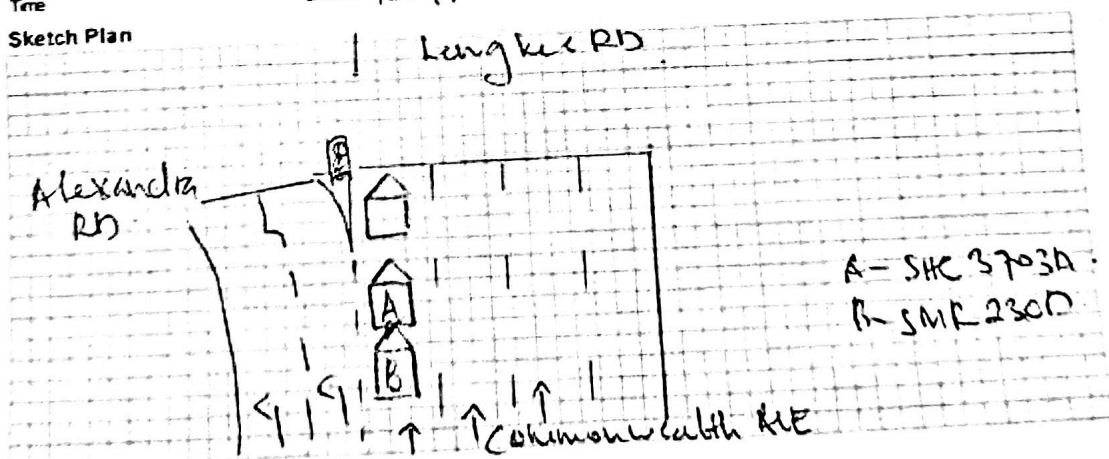
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 13/4/2021

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 12/4/2021 @ 1700hrs, I was driving my vehicle SHC 3703A along Commonwealth Ave towards Lehigh Ave. While my vehicle was stationary due to red traffic light, vehicle B-SMP-2305 was collided onto my rear bumper. Collateral parties, my passenger sustained pain at neck and back. I sustained pain on my back due to the impact.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 13/4/2021 -

Witnessed by Reporting Centre Personnel



