

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHA3991U

12/05/21

MAKE :

MODEL IONIQ G3

CHIANG/AIG

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
2	REAR BUMPER STAY LH /RH		\$138.10	\$276.20
10	REAR BUMPER CLIPS		\$2.20	\$22.00
1	BOOTLID COVER			\$2,480.40
1	BOOTLID H EMBLEM			\$38.00
1	BOOTLID EMBLEM IONID			\$31.80
1	BOOTLID EMBLEM HYBRID			\$24.30
1	BOOTLID LAMP RH			\$870.40
1	BOOTLID TAILLAMP RH			\$794.40
1	REAR FLECTOR RH			\$41.45
1	REAR BUMPER TOW COVER			\$98.80
1	RADAR BLIND SPOT RH			\$1,625.00
2	REAR BUMPER BRACKET RH			\$55.80
				\$7,664.00
				20.00%
				\$1,532.80
	DISCOUNTED TOTAL			\$6,131.20
1	REAR BUMPER PROTECTOR			\$50.00
1	REAR NUMBER PALTE W/HOLDER			\$55.00
1	REAR REVERSE SENSOR			\$180.00
				\$285.00
	Labour Charge			
	Panel Beating			\$900.00
	Spray Painting Charge			\$800.00
	Remove/Refix rear upholstery			\$90.00
	Diagnose and reset error code			\$240.00
	Tuff Kote			\$60.00
	Remove/Refix reverse sensor			\$60.00
	TOTAL LABOUR			\$2,150.00
	+			
	ESTIMATE TOTAL			\$8,566.20
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.				

Date/Time: 14.05.2021 10:56

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

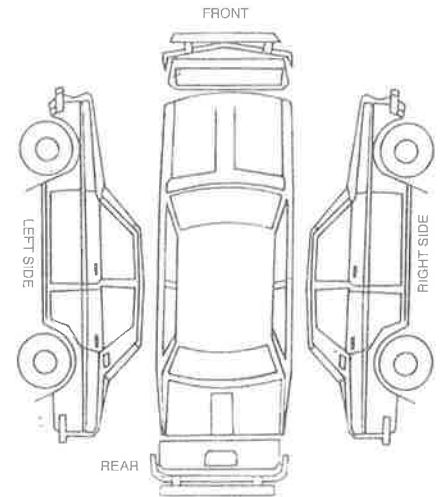
JC NO.:305468581

CUSTOMER	REGN NO: SHA3991U	MILEAGE
VMS CUSTOMER NO. ADDRESS L. (R) (P)	MAKE: HYUNDAI	FUEL E.....1/2.....F
COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	MODEL IONIQ(G3)	DATE/TIME IN 12.05.2021 12:30
(O)	YR OF MANU. 08.04.2020	TARGET DATE
3COUNT CARD NO.	CHASSIS CODE KMHC851CVLU190702	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 12.05.2021
NATURE: 3P 12.05.2021

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA3991U** **CHIANG**

Vehicle No.: **SHA3991U**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned 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	13/05/2021 16:14 (SGT)
Date of Accident	12/05/2021 08:40 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 5, Singapore
Additional Location Information	TOWARDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3991U
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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) +65-83396646
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae 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	WAI KWOK HONG
NRIC No	SXXXX647E

Date Of Birth	09/06/1965
Occupation	Outdoor
Date Of Driving Pass	13/11/1992
Driving experience	28 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83396646
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 456 ANG MO KIO AVENUE 10 #09-1574
Address complement	-
Postcode	560456
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	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?	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	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. T/20210521/2039

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 1

Vehicle Registration Number	SKF932Z
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Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KUMAR
Contact Number	(Phone) +65-96280562
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WAI KWOK HONG
Address	BLK 456 ANG MO KIO AVENUE 10# 09-1574
Address Complement	-
Post Code	560456
Approximate Age Years Old	-
Injuries Sustained	MC 5 DAYS
Injured person in which vehicle?	SHA3991U
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 thereport 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) 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 involved 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

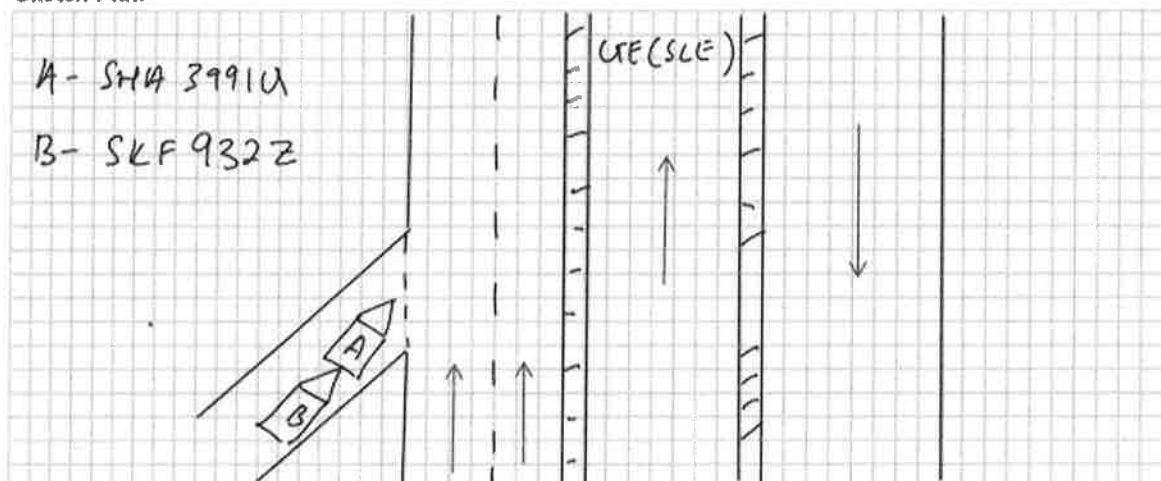
Sketch Plan

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

12/5/21 1325

Witnessed by Reporting Personnel

KHAIKUL



44th full



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/05/2021 11:34	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars

Name of Informant: WAI KWOK HONG			Address: APT BLK 456 ANG MO KIO AVENUE 10 #09-1574 SINGAPORE 560456		
ID Type / ID No.: NRIC NO / S1699647E			Contact No.: Home/Office: Mobile: 83396646		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 09/06/1965	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/05/2021 08:40	Type of Location: Y-Junction
Location: ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA3991U	Car	HYUNDAI	IONIQ	Blue	Seriously Damaged	1
SKF932Z	Car	AUDI		Silver	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Passenger			
Name	CELINE	ID No.	NIL
Related Vehicle	SHA3991U (Car)	Contact No.	88759970
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	WAI KWOK HONG	ID No.	S1699647E
Related Vehicle	SHA3991U (Car)	Contact No.	83396646
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/05/2021	Date Discharge	12/05/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	KUMAR	ID No.	NIL
Related Vehicle	SKF932Z (Car)	Contact No.	96280562
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12/05/2021 at about 0840hrs, I was driving my taxi Reg No: SHA3991U Hyundai blue in colour along Ang Mo Kio Avenue 5 towards CTE. As I approached the slip road of Ang Mo Kio Avenue 5 junction CTE, I stopped before the give way lane and wait for the vehicles from the other direction to clear before driving into CTE. Suddenly, I felt an impact from the rear. The impact causes my taxi to move forward. I then stopped at the side of the road and went out. A car Reg No: SKF932Z Audi silver in colour had hit the rear of my taxi. The driver and I exchange phone numbers and took pictures of the damages to the vehicle.

My passenger complain giddiness however refuse for ambulance to be called for her and informed she will be going to the clinic by herself. I was in a state of shocked and after I left the accident scene, I had went for check up and was given 5 days medical leave. My car rear bumper and rear boot was quite badly damaged. The other car front bumper and bonnet was also badly damage. My taxi also have in-car



**SINGAPORE
POLICE FORCE**



T/20210512/2039

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Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20210512/2039

CONTINUATION OF REPORT

camera installed both front and back of the taxi.



**SINGAPORE
POLICE FORCE**



T/20210512/2039

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Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20210512/2039

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sr Staff Sgt MUHAMAD FAISAL BIN MOHD
SALEH

Signature Of Interpreter:
Not applicable

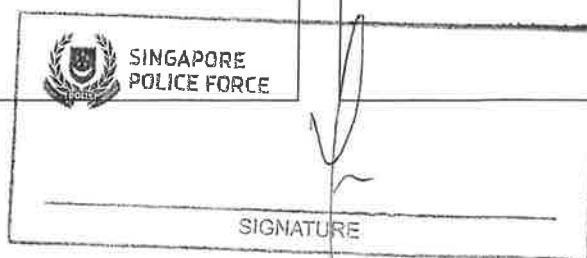
Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG
Contact No.: 65476151

Authentication Stamp
NP168

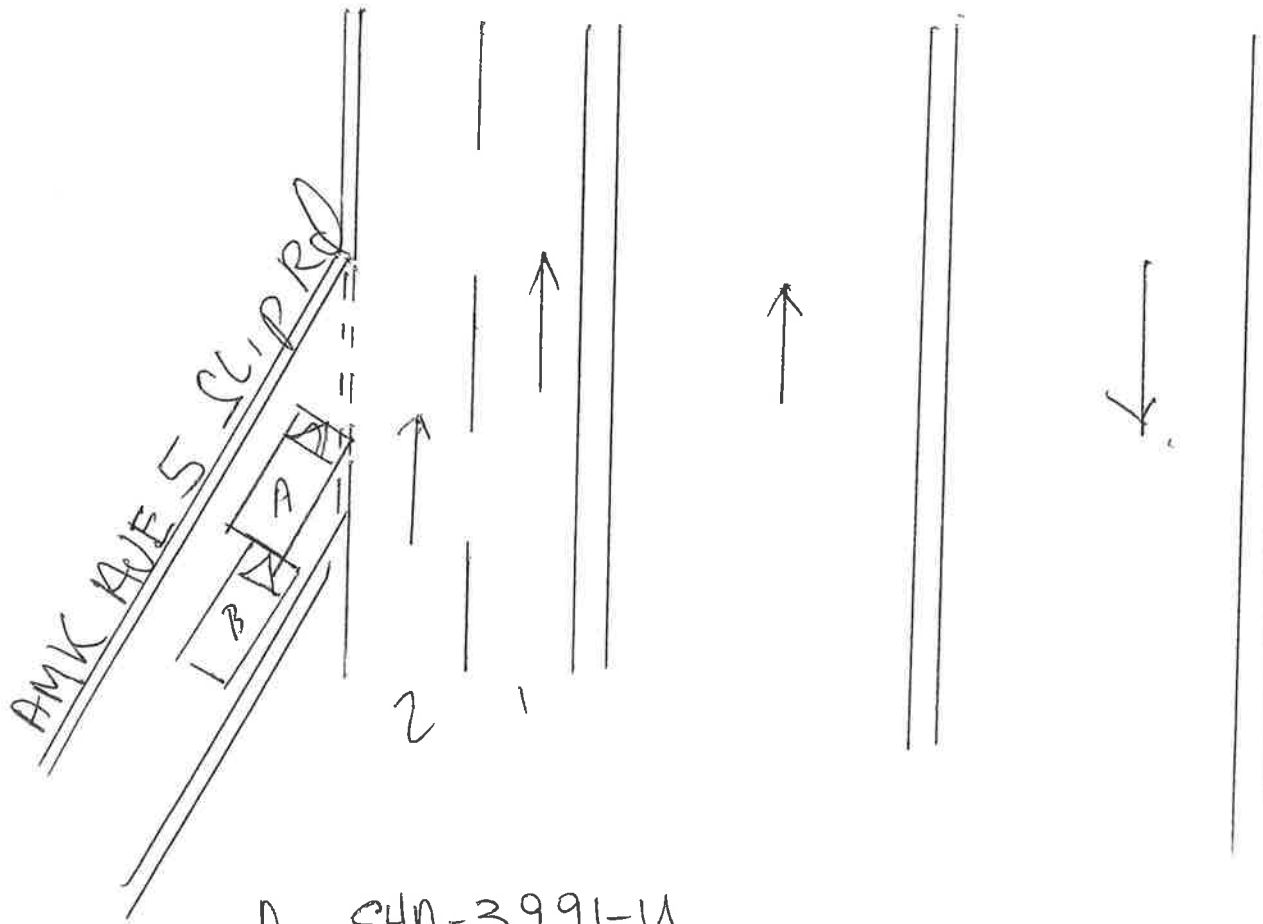
Signature Of Informant:

Date/Time:
12/05/2021 11:34

Classification Of Case:



CTE / woodlands.



A - SHA-3991-U

B - SKF-932-Z