

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHB3065M

Make : HYUNDAI

Model : IONIQ(G2)

Date: 03/06/21

Insurance: AIG

MVA: MS. LOKE YY

| Qty | Parts Description / Labour | Type | Unit Price | Amount |
|-----|-----------------------------|------|------------|-------------------------------|
| 1 | REAR BUMPER COVER | | | <i>fr</i> \$459.40 |
| 10 | REAR BUMPER CLIPS | | | <i>av</i> \$22.00 |
| 1 | REAR FENDER LH | | | <i>Rp</i> \$1,768.30 |
| 1 | REAR BUMPER SIDE BRACKET LH | | | <i>?</i> \$55.80 |
| | SUB TOTAL | | | \$2,305.50 |
| | LESS 20% | | | \$461.10 |
| | DISCOUNTED TOTAL | | | \$1,844.40 |
| 1 | REAR FENDER PETROL STICKER | | | <i>av</i> \$15.00 Nett |
| 1 | REAR BUMPER RUBBER MAT | | | <i>av</i> \$50.00 Nett |
| | | | | \$65.00 |
| | Labour Charge | | | |
| | PANEL BEATING | | | <i>525</i> \$800.00 |
| | SPRAY PAINTING CHARGE | | | <i>500</i> \$600.00 |
| | TUFF KOTE | | | <i>30</i> \$60.00 |
| | TOTAL LABOUR | | | \$1,460.00 |
| | ESTIMATE TOTAL | | | \$3,369.40 |

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.

Tanpin 974957469
av 3/6/21 8 4pm
P/P Resurvey before print
03 days
Tanpin 01/06/2021

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:

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 4085941 JC NO.:305471872

STOMER
/MS CITYCAB PTE LTD
STOMER NO. 7010070
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
- (R) 65551188 (O)
(P)
COUNT CARD NO.

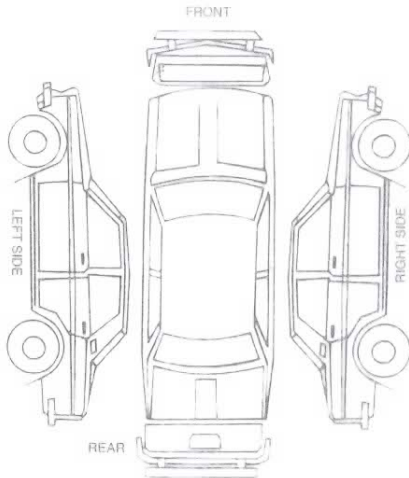
| | |
|-----------------------------------|----------------------------------|
| REGN NO.: SHB3065M | MILEAGE |
| MAKE : HYUNDAI | FUEL E.....1/2.....F |
| MODEL IONIQ(G2) | DATE/TIME IN 03.06.2021 09:20 |
| YR OF MANU. 10.07.2019 | TARGET DATE |
| CHASSIS CODE KMHC851CVKU164754 | COMPLETION DATE/TIME |

Accident Date: 01.06.2021
NATURE: 3P 01.06.2021

S/NO LABOR CODE

JOB DESCRIPTION

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHB3065M YY AIG

Vehicle No.: SHB3065M

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 | 01/06/2021 17:24 (SGT) |
| Date of Accident | 01/06/2021 10:00 (SGT) |
| Exact Location of Accident | Crane Rd, Singapore |
| Additional Location Information | Before Onan Road junction |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHB3065M |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------------|
| Is company? | Yes |
| Name Of Registered Owner | CITYCAB PTE LTD |
| Company Reg No | 1XXXXX839G |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Mobile Phone No | (Phone) +65-96363429 |
| 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/P2419140 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|------------------------------------|
| Name of Driver | MOHAMED RAFFIUDEEN S/O MOHAMED ALI |
| NRIC No | SXXXX171G |

| | |
|--------------------------------------------------------------|---------------------------------------|
| Date Of Birth | 24/05/1971 |
| Occupation | Outdoor |
| Date Of Driving Pass | 20/10/1994 |
| Driving experience | 26 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96363429 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 134 BEDOK RESERVOIR ROAD #09-1225 |
| Address complement | - |
| Postcode | 470134 |
| 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 | Side Swipe |
| 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

ON 01/06/2021 AT ABOUT 1000HRS, I PARKED MY VEHICLE SHB3065M ALONG PARALLEL PARKINT LOT (4) AT CRANE ROAD. WHILE MY VEHICLE WAS STATIONARY, VEHICLE B - GBF6848B WAS REVERSING INTO PARKING LOT NUMBER 3 AND HIT ONTO MY VEHICLE. EXCHANGED PARTICULARS. NOBODY WAS INJURED.

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 | GBF6848B |
| Vehicle Manufacturer | Nissan |
| Vehicle Model | Cabstar |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | LOH ING CHEE @ ENG CHEE |

| | |
|-----------------------------------------|----------------------|
| NRIC No | SXXXX669F |
| Contact Number | (Phone) +65-93899949 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

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.

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:

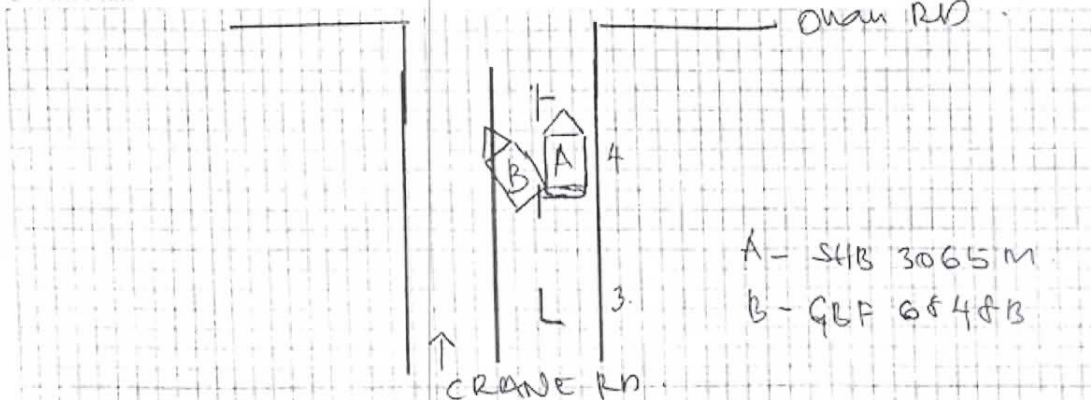
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could 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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 1/6/2021 at about 1000hrs, I
was parked my vehicle ~~along~~ SHB 30654 along
parallel parking lot (4) at Crane road. While my
vehicle was stationary, vehicle B - GBF 6545B
was reversing into parking lot number 3 and
hit onto my vehicle. Exchanged particulars. Nobody
was injured.

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 1/6/2021 - 1210H

Witnessed by Reporting Centre
Personnel

W. Kwan