

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

DATE: 16/06/21

3P INSURANCE: AIG ASIA *cp/p)*

MODEL: HYUNDAI IONIQ

SURVEYOR: NA

VEH NO.: SHA2202X

MVA: LIM T S

| PART NO. | DESCRIPTION | QTY | LIST PRICE | REMARKS |
|----------|-------------------------------------|-----|------------|-------------------------|
| | Rear Bumper | 1 | | \$459.40 <i>ok</i> |
| | Rear Bumper Centre Moulding | 1 | | \$451.25 <i>ok</i> |
| | Rear Bumper Side Bracket RH | 1 | | \$55.80 <i>?</i> |
| | Rear Bumper Cover Clips | 10 | \$2.20 | \$22.00 <i>ok</i> |
| | Rear Bumper Reflector RH | 1 | | \$41.45 <i>X</i> |
| | Rear Wheel Cap RH | 1 | | \$346.40 <i>ok</i> |
| | Rear Fender Shield RH | 1 | | \$73.60 <i>X</i> |
| | SPARE PARTS SUB TOTAL | | | \$1,449.90 |
| | LESS 20% | | | \$289.98 |
| | DISCOUNTED SPARE PARTS TOTAL | | | \$1,159.92 |
| | Panel Beating – Rear Fender RH | | | \$800.00 <i>525</i> |
| | Spray Painting | | | \$600.00 <i>500</i> |
| | R/I Reverse Sensor | | | \$120.00 <i>30</i> |
| | Wheel Alignment | | | \$120.00 <i>80</i> |
| | LABOUR TOTAL | | | \$1,640.00 |
| | ESTIMATE TOTAL | | | \$2,799.92 |

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.

Tanjin 97411749
up' A 17/6/21 @ 4:15 pm
p/p Resury before paint
Tanjin @ 11h antour
2-3 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:

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305473824

| | | |
|--|---|---|
| OWNER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P) | REGN NO.: SHA2202X MAKE: HYUNDAI MODEL: IONIQ(G3) YR OF MANU: 14.11.2019 CHASSIS CODE: KMHC851CVLU188830 | MILEAGE FUEL E.....1/2.....F DATE/TIME IN 16.06.2021 13:30 TARGET DATE COMPLETION DATE/TIME: |
|--|---|---|

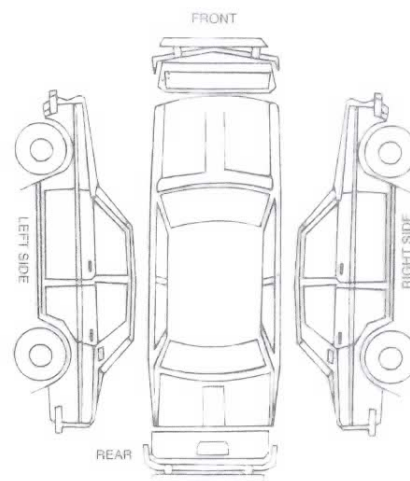
COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 16.06.2021
NATURE: 3P 16.06.2021

S/NO LABOR CODE

DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist Slip

Exit Pass

No.: **SHA2202X** LIMITS

Vehicle No.: **SHA2202X**

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 | 16/06/2021 15:05 (SGT) |
| Date of Accident | 16/06/2021 08:30 (SGT) |
| Exact Location of Accident | Bendemeer Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHA2202X |
| 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) +65-97863377 |
| 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 | LIM MING TON |
| NRIC No | SXXXX058D |

| | |
|--|-----------------------------|
| Date Of Birth | 04/10/1959 |
| Occupation | Outdoor |
| Date Of Driving Pass | 17/07/1991 |
| Driving experience | 29 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97863377 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | 5A LORONG 26 GEYLANG #06-04 |
| Address complement | - |
| Postcode | 398504 |
| 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 - Change/cross lane |
| 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) | 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? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

ON 16.06.2021 AT ABOUT 0830HRS, I WAS DRIVING MY VEHICLE A ALONG BENDEMEER ROAD. WHILE TRAVELLING ON THIRD LANE, VEHICLE B FROM SECOND LANE CHANGE LANE AND HIT ONTO MY VEHICLE. NOBODY WAS INJURED AT THE POINT OF ACCIDENT.

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 | SMJ1716E |
| Vehicle Manufacturer | Mercedes |
| 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) | - |

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 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

Handwritten sketch plan on grid paper showing the accident scene. The sketch includes the following details:

- Vehicle B** (a car) is positioned in the center, facing right.
- Vehicle A** (a car) is positioned below Vehicle B, facing left.
- BUS LANE** is marked on the right side of the road.
- Beneluxer Rd** is written vertically on the left side of the road.
- A - SHA 2202X** and **B - SMJ 1716E** are written on the right side of the sketch.

Describe Circumstances of the Accident

ON 160621 AT ABOUT 0830HRS I WAS DRIVING MY VEHICLE A ALONG BENDEMEER ROAD. WHILE TRAVELLING ON THIRD LANE, VEHICLE B FROM SECOND LANE CHANGE LANE AND HIT ONTO MY VEHICLE. NOBODY WAS INJURED AT THE POINT OF ACCIDENT.

Declaration

I/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

Witnessed by Reporting Centre Personnel

[Signature]

16/6/2021 - 1355H

[Signature]

[Signature]