

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHC2375U

Make : HYUNDAI

Model : IONIQ

Date: 19/07/2021

Insurance: AIG

MVA: MS. LOKE YY

P/P

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			de \$459.40
10	REAR BUMPER CLIPS			nee \$22.00
1	REAR FENDER LH			Bo \$1,768.30
1	REAR BUMPER SIDE BRACKET LH			de \$55.80
1	REAR WHEEL HUB CAP LH			aut \$346.40
	SUB TOTAL			\$2,651.90
	LESS 20%			\$530.38
	DISCOUNTED TOTAL			\$2,121.52
1	REAR FENDER PETROL STICKER			nee \$15.00 Nett
				\$15.00
	Labour Charge			
	PANEL BEATING			700. \$1,050.00
	SPRAY PAINTING CHARGE			500 \$600.00
	TUFF KOTE			30. \$60.00
	TOTAL LABOUR			\$1,710.00
	ESTIMATE TOTAL			\$3,846.52

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.

Tanphi 97495749
 WP 21/7/21 81140
 P/P Resurvey before paint
 tanphi c/hhandson
 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
COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

JOB CARD

Sales Order: 4099775 JC NO.: 305478903

REGN NO.: SHC2375U	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: IONIQ(G3)	DATE/TIME IN 17.07.2021 09:45
YR OF MANU. 19.12.2019	TARGET DATE
CHASSIS CODE KMHC851CVLU190055	COMPLETION DATE/TIME:

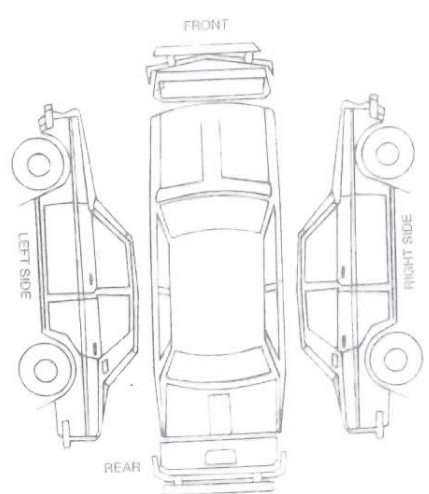
DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 17.07.2021
NATURE: 3P 17.07.2021

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Vehicle No.: SHC2375U YY

Exit Pass

Vehicle No.: SHC2375U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

Vehicle returned to Service Reception upon collection

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

19/07/2021 11:15 (SGT)
17/07/2021 08:53 (SGT)
Tampines Walk, Singapore
TOWARDS BLK 859 TAMPINES AVENUE 5
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC2375U

INSURED/POLICYHOLDER

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

Yes
COMFORT TRANSPORTATION PTE LTD
1XXXXX821R
fleetsafety@cdgtaxi.com.sg
(Phone) +65-97847057
(Office) +65-65508768

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

Hyundai
Ae ioniq
-
Private hire
No - Claiming third party
Taxi
Auto
1580

INSURANCE COMPANY

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

AXA Insurance Pte Ltd
ThirdPartyFireTheft
Yes
VFX/P2419138
-

DRIVER

Name of Driver
NRIC No

KOH TIONG HOCK
SXXXX664Z

Date Of Birth	17/06/1951
Occupation	Outdoor
Date Of Driving Pass	05/10/1968
Driving experience	52 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97847057
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 862 TAMPINES STREET 83 #05-406
Address complement	-
Postcode	520862
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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 17/07/2021 AT ABOUT 0853HRS, I WAS DRIVING VEH (A) SHC2375U ALONG TAMPINES WALK TOWARDS BLOCK 859 TAMPINES AVE 5. BEFORE TURN TO CARPARK, I NOTICED VEH (B) SKK6833K WAS STATIONARY ALONG ROAD SIDE WITHOUT INDICATE ANY SIGNAL LIGHT. AS I TURNING LEFT TO CARPARK ENTRANCE, VEHICLE B SUDDENLY OUT FROM STATIONARY AND GRAZED ONTO VEHICLE A REAR LEFT BUMPER. I SUSTAINED PAIN ON MY SHOULDER 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 1

Vehicle Registration Number	SKK6833K
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	SEAH SIEW YING
NRIC No	SXXXX049I
Contact Number	-
Address	-
Address complement	-
Postcode	-
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	KOH TIONG HOCK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON SHOULDER
Injured person in which vehicle?	SHC2375U
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 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

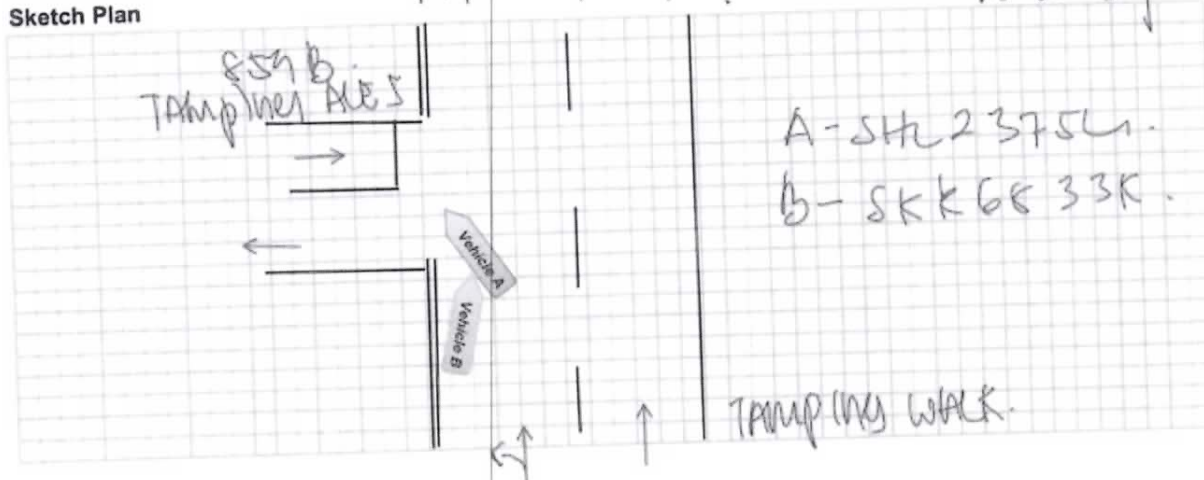
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 17/07/2021 AT ABOUT 0853HRS, I WAS DRIVING VEHICLE A (SHC2375U) ALONG TAMPINES WALK TOWARDS BLOCK 859 TAMPINES AVE 5. BEFORE TURN TO CARPARK, I NOTICED VEHICLE B (SKK6833K) WAS STATIONARY ALONG ROAD SIDE WITHOUT INDICATE ANY SIGNAL LIGHT. AS I TURNING LEFT TO CARPARK ENTRANCE, VEHICLE B SUDDENLY OUT FROM STATIONARY AND GRAZED ONTO VEHICLE A REAR LEFT BUMPER. I SUSTAINED PAIN ON MY SHOULDER DUE TO THE IMPACT.

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



