



**REPAIR ESTIMATE\***

VEHICLE NO SHC3122B

DATE 26.07.2021

MAKE :

MODEL : IONIQ G2

CHIANG/AIG

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR RH FENDER			<del>Ry</del> \$1,768.30
1	REAR FENDER SHIELD RH			<del>X</del> \$173.60
1	WHEEL CAP RH			<del>cut</del> \$346.40
	<b>SUB TOTAL</b>			<b>\$2,288.30</b>
	<b>LESS 20%</b>			<b>\$457.66</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$1,830.64</b>
1	REAR DOOR ADVERTISEMENT			<del>cut</del> \$100.00
1	REAR FENDER ADVERTISEMENT			<del>cut</del> \$100.00
1	REAR DOOR COMFORT APP			<del>cut</del> \$80.00
				<b>\$280.00</b>
	<b>Labour Charge</b>			
	Panel Beating			<del>525</del> \$850.00
	Spray Painting Charge			<del>500</del> \$600.00
	Tuff coat			<del>X</del> \$90.00
	Remove/refix rear upholstery			<del>X</del> \$90.00
	<b>TOTAL LABOUR</b>			<b>\$1,630.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$3,740.64</b>
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.				

Tanp'm 97495749  
'wp' 27/7/21 @ 4pm  
p/p Resurvey new parts  
2-3 days  
tanp'm @ mbaup.com

**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.: 305480029

OMER  
IS  
OMER NO.  
IESS  
(R)  
(P)  
OUNT CARD NO.

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

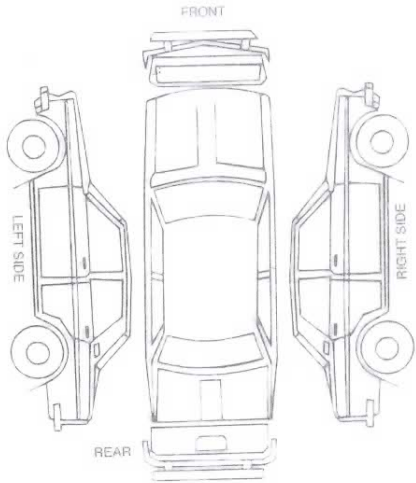
REGN NO.: SHC3122B	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 26.07.2021 15:40
YR OF MANU 12.03.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU141515	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 26.07.2021  
NATURE: 3P 26.07.2021

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Vehicle No.: SHC3122B CHIANG

Exit Pass

Vehicle No.: SHC3122B

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

26/07/2021 20:09 (SGT)  
26/07/2021 12:25 (SGT)  
18 Upper Boon Keng Rd, Singapore 380018  
-  
Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC3122B

#### 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) +65-97975282  
(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

FRANCIS LEE CHERNG CHIA  
SXXXX640D

Date Of Birth	12/01/1953
Occupation	Outdoor
Date Of Driving Pass	10/04/1975
Driving experience	46 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97975282
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 2A UPPER BOON KENG ROAD #05-694
Address complement	-
Postcode	381002
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	Collided into Parked Vehicle
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 vehicle 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 26/07/2021 AT ABOUT 1225HRS, I WAS PARK VEH (A) SHC3122B AT PARKING LOT OF BLOCK 18 UPPER BOON KENG ROAD. WHILE VEHICLE A ENGINE ON AND WAS STATIONARY, VEH (B) GBJ7009D WAS REVERSE AND COLLIDED ONTO VEHICLE A RIGHT SIDE. 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	GBJ7009D
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM THOU SENG
NRIC No	SXXXX243A
Contact Number	(Phone) +65-97719862
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 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")

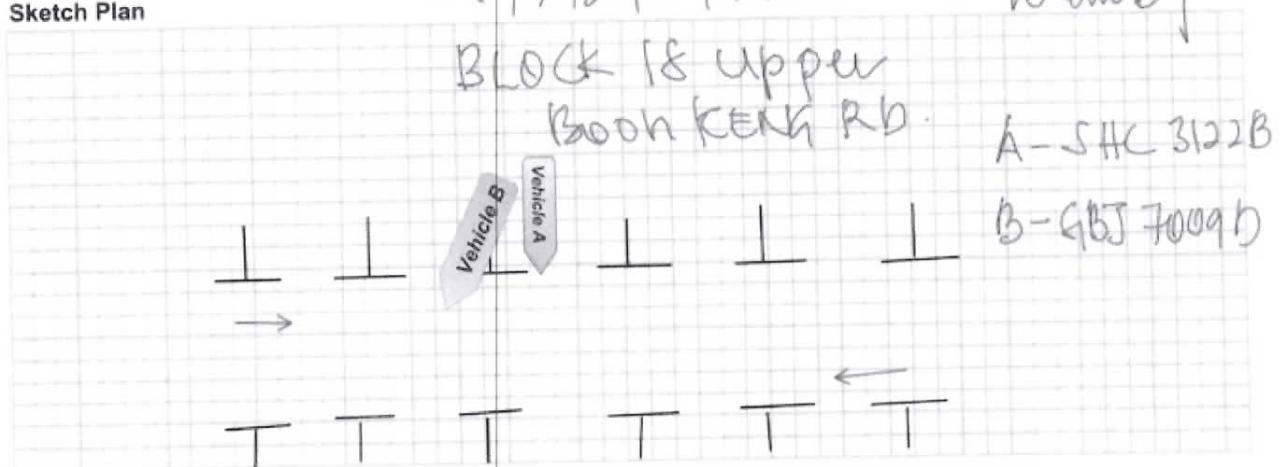
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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 26/07/2021 AT ABOUT 1225HRS, I WAS PARK VEHICLE A ( SHC3122B) AT PARKING LOT OF BLOCK 18 UPPER BOON KENG ROAD. WHILE VEHICLE A ENGINE ON AND WAS STATIONARY, VEHICLE B ( GBJ7009D) WAS REVERSE AND COLLIDED ONTO VEHICLE A RIGHT SIDE. NOBODY WAS INJURED.

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

26/7/21-1620H

Hawaziy