



Chsma-CP(P)

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATEDate: 04.08.2021  
Time: 13:47:13  
Page: 1JH  
=COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755JOB NO : 305481384  
REGN NO : SHA2312L  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G3)  
DATE OF REGN : 22.10.2019  
DATE/TIME IN : 03.08.2021 09:00  
ACCIDENT DATE : 02.08.2021

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0104-2282-G COVER-RR BUMPER# 1 459.40 20.00 367.52 RY

0002 04-01-0104-2533-G MOULDING ASSY-RR BUMPER C 1 451.25 20.00 361.00 dl-

0003 04-01-0101-0111-G BUMPER COVER CLIP REAR 10 L 22.00 20.00 17.60 net

SUB-TOTAL : 746.12

## JOB NATURE

0000 PB PANEL BEATING 400.00 350

0001 SP SPRAYPAINT CHARGE 300.00 250

0002 L REMOVE/REFIX REVERSE SENSOR 80.00 30

0003 20-05 ADVERTISEMENT STICKER- FENDER 200.00 net

0004 20-05 ADVERTISEMENT STICKER-BUMPER 50.00 net

SUB-TOTAL : 1,030.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

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Page: 2

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MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G3)  
DATE OF REGN : 22.10.2019  
DATE/TIME IN : 03.08.2021 09:0  
ACCIDENT DATE : 02.08.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,776.12

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

DATE: 4/8/21

SURVEYOR NAME & SIGNATURE

DATE:

Tamplin 9744 849  
'WP' 4/8/21 @ 230pm  
2 days  
Resurvey new parts  
tamplin@lkkauto.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: 4105111 JC NO.: 305481384

MEMBER

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

MEMBER NO.

SS

R)

P)

JNT CARD NO.

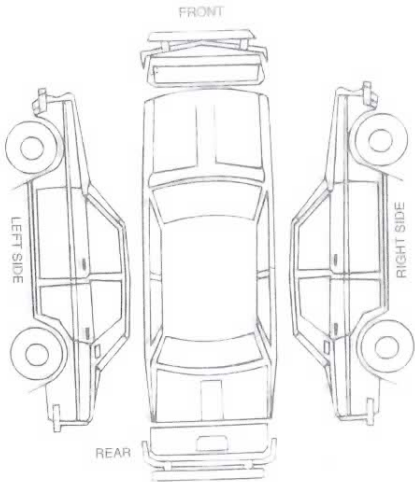
REGN NO.: SHA2312L	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 03.08.2021 09:00
YR OF MANU. 22.10.2019	TARGET DATE
CHASSIS CODE KMHC851CVLU186553	COMPLETION DATE/TIME:

Accident Date: 02.08.2021  
NATURE: 3P 02.08.2021

S/NO LABOR CODE

JOB DESCRIPTION

DESCRIPTION



MAILED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: SHA2312L JU CHINA

Vehicle No.: SHA2312L

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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

04/08/2021 11:46 (SGT)

Date of Accident

02/08/2021 08:30 (SGT)

Exact Location of Accident

CTE, Singapore

Additional Location Information

EXIT YIO CHU KANG AT THE SLIP ROAD

Country/State of Loss

Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHA2312L

#### 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) +65-97390035

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

GOH KENG SIANG

NRIC No

SXXXX381F

Date Of Birth	11/05/1956
Occupation	Outdoor
Date Of Driving Pass	21/06/1983
Driving experience	38 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97390035
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 503 JELAPANG ROAD #09-364
Address complement	-
Postcode	670503
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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 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?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 02/08/2021 AT ABOUT 0830HRS I WAS DRIVING MY VEHICLE A SHA2312L FROM CTE EXIT YIO CHU KANG. AT THE SLIP ROAD I STOP MY VEHICLE A TO CHECK ON TRAFFIC. VEHICLE B SKK1000E THEN REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGER IS NOT INJURED. AS FOR ME I FEEL NECK AND BACK PAIN. WILL SEE DOCTOR

#### 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	SKK1000E
-----------------------------	----------

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

NRIC No

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

BMW

-

-

-

Private car

KWAN MING FENG KELVIN

SXXXX305H

(Phone) +65-90116943

BLK 327 RIVER VALLEY #22-03

-

238359

-

-

-

1

## INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Gender

Phone No

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

GOH KENG SIANG

Male

(Phone) +65-97390035

APT BLK 503 JELAPANG ROAD #09-364

-

670503

65

NECK AND BACK PAIN

SHA2312L

Yes

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**.
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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.

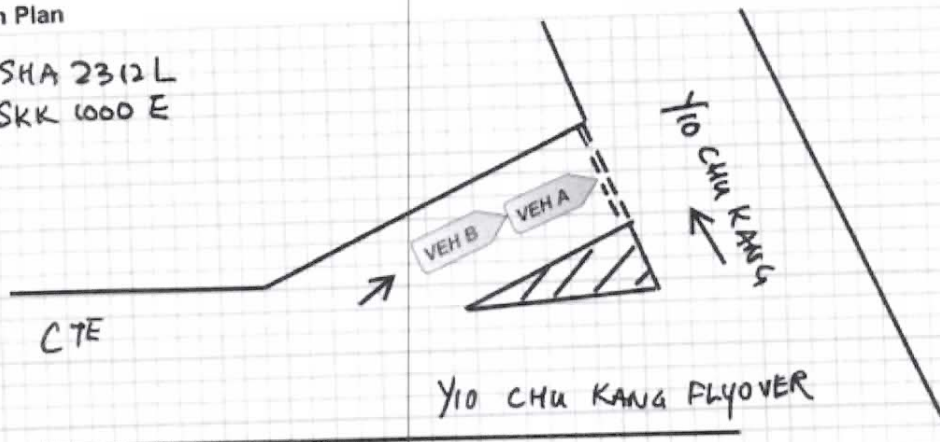
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## **Sketch Plan**

A - SHA 2312 L  
B - SKK 6000 E





Describe Circumstances of the Accident

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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 03.08.2021 1020HRS

Witnessed by Reporting Centre Personnel Kyri Yong