

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHD3464J
 Make : HYUNDAI
 Model : IONIQ(G3)

Date: 11/08/21
 Insurance: NTUC
 MVA: MS. LOKE YY

PIP
 =

| Qty | Parts Description / Labour | Type | Unit Price | Amount |
|-----|---|------|------------|-------------------|
| 1 | REAR FENDER RH | | | \$1,768.30 |
| 1 | REAR DOOR RH | | | \$1,789.90 |
| 1 | REAR DOOR OUTER MOULDING | | | \$125.30 |
| | SUB TOTAL | | | \$3,683.50 |
| | LESS 20% | | | \$736.70 |
| | DISCOUNTED TOTAL | | | \$2,946.80 |
| 1 | REAR DOOR COMFORTDELGRO & APPS STICKER RH | | | nec \$80.00 |
| | | | | \$80.00 |
| | Labour Charge | | | |
| | PANEL BEATING | | 350 | \$1,050.00 |
| | SPRAY PAINTING CHARGE | | 500 | \$600.00 |
| | REMOVE & REFIX CUSHION & UPHOLSTERY REAR | | X | \$120.00 |
| | TUFF KOTE | | X | \$60.00 |
| | TRANSFER OF DOOR | | X | \$120.00 |
| | TOTAL LABOUR | | | \$1,950.00 |
| | ESTIMATE TOTAL | | | \$4,976.80 |

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 97495749
 WP' 11/8/21 / 05pm
 = 2 days

PIP Resurvey after repair
 Tanpin@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: 4106959 JC NO.: 305482334

STOMER
/MS
STOMER NO.
DRESS
.. (R)
(P)
COUNT CARD NO.

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

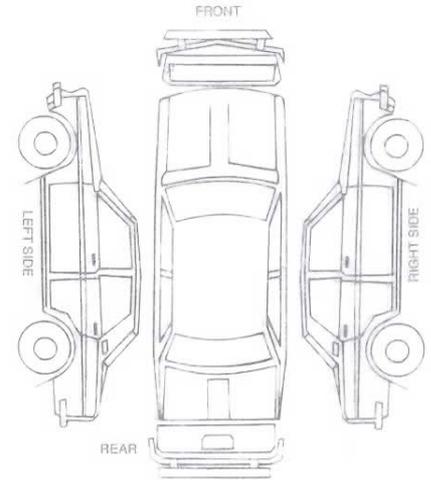
| | |
|--|---|
| REGN NO.: SHD3464J | MILEAGE |
| MAKE: HYUNDAI | FUEL E.....1/2.....F |
| MODEL IONIQ(G3) | DATE/TIME IN 11.08.2021 10:05 |
| YR OF MANU. 13.02.2020 | TARGET DATE |
| CHASSIS CODE KMHC851CVLU189417 | COMPLETION DATE/TIME: |

Accident Date: 10.08.2021
NATURE: 3P 10.08.2021

S/NO LABOR CODE

JOB DESCRIPTION

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHD3464J** **YY**

Vehicle No.: **SHD3464J**

Name 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 | 11/08/2021 14:43 (SGT) |
| Date of Accident | 10/08/2021 20:50 (SGT) |
| Exact Location of Accident | Ang Mo Kio Ave 5, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHD3464J |
| 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) +65-97929632 |
| 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 | HO TENG KWONG |
| NRIC No | SXXXX186Z |

| | |
|--|---|
| Date Of Birth | 07/06/1954 |
| Occupation | Outdoor |
| Date Of Driving Pass | 11/02/1977 |
| Driving experience | 44 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97929632 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | APT BLK 288C COMPASSVALE CRESCENT #09-351 |
| Address complement | - |
| Postcode | 543288 |
| 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 | Hit and run / Vandalism / Damaged whilst parked |
| 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) | 3 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Female |

PASSENGER 2

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|--|
| Was the accident reported to the police? | Yes |
| Police Station Name | Ang Mo Kio South Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18004519999 |
| Alt. Police Station Phone No | (Fax) +65-65535679 |
| Police Station Address | 81 Ang Mo Kio Ave 3 Singapore 569929 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

ON 10/08/21 AT AROUND 2050HRS, I WAS DRIVING MY VEHICLE A SHD3464J ALONG ANG MO KIO AVENUE 5 ON THE EXTREME LEFT LANE. SUDDENLY VEHICLE B SMT3269M DROVE THROUGH THE CENTER DIVIDER HITTING THE GREEN METAL RAILING. THE METAL RAILING FEW AND HIT THE RIGHT SIDE OF MY VEHICLE. AFTER WHICH VEHICLE B DROVE IN THE OPPOSITE DIRECTION ON THE EXTREME LEFT LANE TOWARDS VEHICLE C SMM4924K. VEHICLE B HIT THE FRONT LEFT WHEEL ARCH AREA OF VEHICLE C BEFORE DRIVING TO THE NEARBY BUS STOP AND RAN AWAY ON FOOT. THERE WAS SOME SLIGHT DAMAGES ON MY VEHICLE. THERE WAS NO INJURIES.

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 | SMT3269M |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Vios |
| 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) | 1 |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|----------------------|
| Vehicle Registration Number | SMM4924K |
| Vehicle Manufacturer | Hyundai |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private hire |
| Name of Driver | JASON FOO |
| Contact Number | (Phone) +65-88919213 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

WITNESS DETAILS

| | |
|-----------|----------------------|
| WITNESS 1 | |
| Name | SAM TOH |
| Phone | (Phone) +65-98171756 |
| Email | - |

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 :

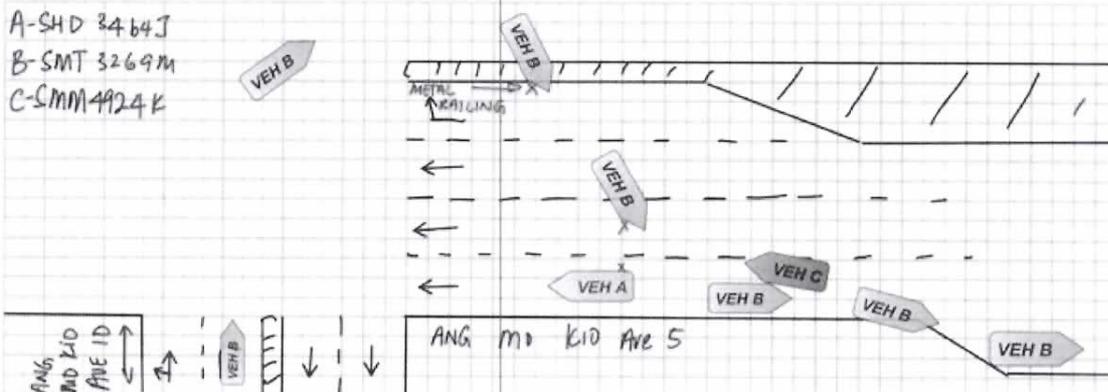
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 10/8/11 21:55

Witnessed by Reporting Centre Personnel KHAIKUL

Sketch Plan



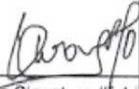
Describe Circumstances of the Accident

ON 10/08/21 AT AROUND 2050HRS, I WAS DRIVING MY VEHICLE A SHD3464J ALONG ANG MO KIO AVENUE 5 ON THE EXTREME LEFT LANE. SUDDENLY VEHICLE B SMT3269M DROVE THROUGH THE CENTER DIVIDER HITTING THE GREEN METAL RAILING. THE METAL RAILING FEW AND HIT THE RIGHT SIDE OF MY VEHICLE. AFTER WHICH VEHICLE B DROVE IN THE OPPOSITE DIRECTION ON THE EXTREME LEFT LANE TOWARDS VEHICLE C SMM4924K. VEHICLE B HIT THE FRONT LEFT WHEEL ARCH AREA OF VEHICLE C BEFORE DRIVING TO THE NEARBY BUS STOP AND RAN AWAY ON FOOT. THERE WAS SOME SLIGHT DAMAGES ON MY VEHICLE. THERE WAS NO INJURIES.

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 8/8/21 2155



Witnessed by Reporting Centre Personnel KHARAL



Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|----------------|--|-----------------------------------|
| Name | HO TENG KWONG | ID No. | S2009186Z |
| Related Vehicle | SHD3464J (Car) | Contact No. | 97929632 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On the above mention date, time and place, I was driving along the said road and I was coming to a stop as infront there is a traffic light turned red.

Out of sudden, I saw one vehicle SMT 3269M coming very fast and hit the road divider. The car came to a stop and some of the debris hit my taxi.

Police was called in and I was advised to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20210810/2111

3 of 3

Report No. T/20210810/2111

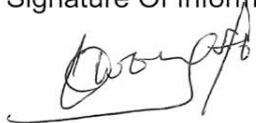
Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

| | |
|--|---|
| Signature Of Officer Recording The Report: F / SI TAN THIAM HUAT | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 10/08/2021 23:08 |
| Officer In Charge Of Case: TP / GIT / Staff Sgt QHAIRIL BIN ZULKEFLEE Contact No.: 65476187 | Classification Of Case: |

Authentication Stamp
NP168

