

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHC8152G

DATE 13.08.2021

MAKE :

CHIANG/AIG

MODEL I-40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT BUMPER COVER		del	\$1,052.20
1	HEAD LAMP LH		x	\$1,388.00
10	BUMPER CLIP		net	\$22.00
1	FRONT BUMPER GRILLE LH		x	\$93.60
1	FRONT BUMPER BRACKET TOP LH		?	\$22.80
1	FRONT WHEEL COVER LH		x	\$217.20
1	FRONT FENDER LH		x	\$663.00
	SUB TOTAL			\$3,458.80
	20.00%			\$69.76
				\$2,767.04
1	FRONT FENDER ADVERTISEMENT		net	\$100.00
				\$100.00
	Labour Charge			
	Panel Beating		280	\$560.00
	Spray painting		250	\$600.00
	Reset front wheel alignment		x	\$60.00
	Check Lighting		x	\$60.00
	TOTAL LABOUR			\$1,280.00
	ESTIMATE TOTAL			\$4,147.04
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 974 9744
 'up' 16/8/21 2415pm
 15 hours after repair
 2 days
 Tanpin Chhandan

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 Cor., any

Acknowledged by Repairer

Signature:

Date:

Date/Time: 14.08.2021 12:27 Page :

Team: ARC Repair TP(CLSO)

Sales Order: 4108569 3054828

SHC8152G

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

HYUNDAI

I-40 14.08.2021 09

19.05.2016

KMHLB41UMGU089771

Accident Date: 13.08.2021
NATURE: 3P 13.08.2021

S/NO	LABOR CODE	DESCRIPTION
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SHC8152G

CHIANG

SHC8152G

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

14/08/2021 12:39 (SGT)

Date of Accident

13/08/2021 16:50 (SGT)

Exact Location of Accident

14 Scotts Road, #06-00 Far East Plaza, Singapore 228213

Additional Location Information

TAXI STAND EXIT A

Country/State of Loss

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC8152G

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) +65-81956435

Alternative Phone No

(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Hyundai

Model

I40

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

1685

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

CHUA TECK HUAT

NRIC No

SXXXX443J

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91262396
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Describe Circumstances of the Accident

ON 13/08/21 AT AROUND 1650HRS, I WAS DRIVING MY VEHICLE A SHC8152G ALONG THE TAXI STAND ON FAR EAST PLAZA. I HAD JUST PICKED UP A CUSTOMER FROM THE TAXI STAND. I WAS DRIVING TOWARDS THE EXIT OF THE TAXI STAND WHEN VEHICLE B SKP8382E MADE A LEFT TURN AND HIT A KERB ON THE LEFT. SUDDENLY VEHICLE B ROLLED BACKWARDS AND HIT MY FRONT LEFT BUMPER. THERE WAS DAMAGES TO MY FRONT LEFT BUMPER. 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 13/08/21 1820

Witnessed by Reporting Centre Personnel KHAIRUL







