



## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Anina-C

Date: 07.09.2021

Time: 10:53:40

Page: 1

CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305485979  
REGN NO : SHD3985Y  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 06.08.2019  
DATE/TIME IN : 06.09.2021 10:55  
ACCIDENT DATE : 05.09.2021

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0104-0593-G	PANEL ASSY-FRONT DOOR LH#	1	1,797.20	20.00	1,437.76	bt
0002 04-01-0104-0596-X	PANEL ASSY-REAR DOOR LH#	1	1,789.90	20.00	1,431.92	bt
0003 28-01-0103-0003-A	FRT DOOR LOGO SONATA CTPL	1 N	75.00	2.00-	75.00	wt
0004 28-01-9999-2023-A	APP LOGO REAR DOOR L/R CT	1 N	80.00	0.20	80.00	wt

SUB-TOTAL : 3,024.68

## JOB NATURE

0000 PB	PANEL BEATING	700.00	350
0001 SP	SPRAYPAINT CHARGE	600.00	500
0002 L	TRANSFER DOOR PARTS	240.00	120

SUB-TOTAL : 1,540.00

TOTAL : 4,564.68

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME &amp; SIGNATURE

DATE :

Tanpin 97415749  
up 8/4/21 @ 1650  
4/5 r/p resurvey before paint  
tanpin c/whatsapp  
2 days

AUTHORISED : YES / NO

**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:

Date/Time: 07.09.2021 10:50

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4116550

JC NO.: 305485979

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

REGN NO:	SHD3985Y	MILEAGE	
MAKE:	HYUNDAI	FUEL	E.....1/2.....F
MODEL	IONIQ(G2)	DATE/TIME IN	07.09.2021 10:31
YR OF MANU.	06.08.2019	TARGET DATE	
CHASSIS CODE	KMHC851CVKU165192	COMPLETION DATE/TIME:	

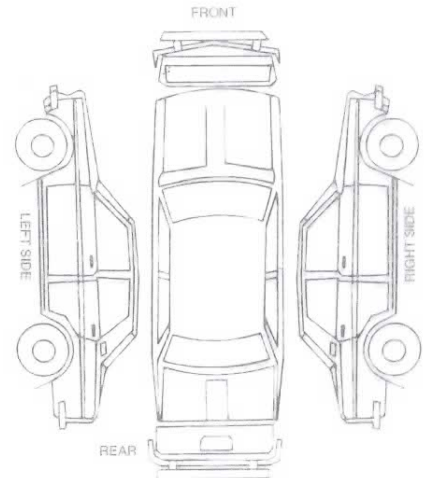
UNT CARD NO.

JOB DESCRIPTION

Accident Date: 05.09.2021  
NATURE: 3P.05.09.2021/C

/NO LABOR CODE

DESCRIPTION



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

No.: SHD3985Y JU CHINA

Vehicle No.: SHD3985Y

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	06/09/2021 11:48 (SGT)
Date of Accident	05/09/2021 14:40 (SGT)
Exact Location of Accident	125 Geylang East Ave 1, Block 125, Singapore 381125
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3985Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-98623831
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	TAY KWANG HWEE
NRIC No	SXXXX164D

Date Of Birth	27/09/1964
Occupation	Outdoor
Date Of Driving Pass	04/03/1982
Driving experience	39 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98623831
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 122B SENGKANG EAST WAY
Address complement	#02-17
Postcode	SINGAPORE 542122
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	Collision - Opening Door of 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)	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 THE 05/09/2021 AT ABOUT 14:40 HOURS, I WAS DRIVING VEHICLE A (SHD3985Y) PASSING BY THE DROP OFF POINT INFRONT OF BLOCK 125 GEYLANG EAST AVENUE 1 WHEN THE PASSENGER OF VEHICLE B (SMH7343T) SUDDENLY OPENED THE RIGHT PASSENGER DOOR AND HIT MY BOTH LEFT PASSENGER DOOR. NOBODY IS 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 NOT SUITABLE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH7343T
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHRIS

Contact Number	(Phone) +65-91247095
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

# 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



A-SHD3985Y  
B-SMH-7343T

Describe Circumstances of the Accident

ON THE 05092021 AT ABOUT 1440 HOURS, I WAS DRIVING VEHICLE A (SHD3985Y) PASSING BY THE DROP OFF POINT INFRONT OF BLOCK 125 GEYLANG EAST AVENUE 1 WHEN THE PASSENGER OF VEHICLE B (SMH7343T) SUDDENLY OPENED THE RIGHT PASSENGER DOOR AND HIT MY BOTH LEFT PASSENGER DOOR. NOBODY IS INJURED.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

7/9

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

05/09/21 1510

Witnessed by Reporting Centre Personnel