



COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

DATE: 25.10.21

INSURANCE: AIG ASIA

MODEL: Hyundai Ioniq

MVA: LIM T S

VEHICLE NO.: SHA1145J

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper <i>de ✓</i>	1		\$459.40
	Rear Bumper Reflector RH ?	1		\$41.45
	Rear Bumper Centre Moulding-Black <i>SC ✓</i>	1		\$451.25
	Rear Bumper Side Bracket RH ?	1		\$138.10
	Rear Bumper Clips <i>me ✓</i>	10	\$2.20	\$22.00
	<b>SUB TOTAL</b>			\$1,112.20
	<b>LESS 20%</b>			\$222.44
	<b>DISCOUNTED TOTAL</b>			<b>\$889.76</b>
	<b>S/NETT TOTAL</b>			\$-
	<b>SPARE PARTS TOTAL</b>			<b>\$889.76</b>
	<b>Labour Charge</b>			
	Panel Beating			<del>\$400.00</del>
	Spray Painting Charge-Rear Fender RH			<del>\$600.00</del>
	Remove/Refix Reverse Sensor			<del>\$120.00</del>
	<b>TOTAL LABOUR</b>			<b>\$1,120.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$2,009.76</b>

*350  
500  
400*

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.

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:

*Rasul  
Hp 90010068  
3 days  
P/P  
25/10/21 @ 1630  
Resy before paint*

Job: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO305491930

CUSTOMER MS: COMFORT TRANSPORTATION PTE LTD CUSTOMER NO: 7010045 ADDRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (F) COUNT CARD NO.	REGN NO: <b>SHA1145J</b>	MILEAGE
	MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
	MODEL: <b>IONIQ(G3)</b>	DATE/TIME IN <b>23.10.2021 10:20</b>
	YR OF MANU. <b>30.03.2021</b>	TARGET DATE
	CHASSIS CODE <b>KMHC851CVLU192900</b>	COMPLETION DATE/TIME:

Ident Date: 22.10.2021  
 Date: 3P 22.10.2021

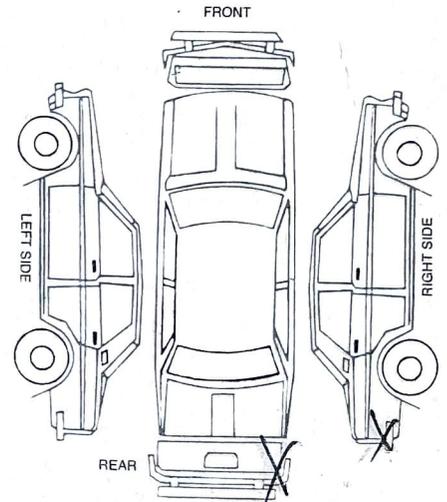
JOB DESCRIPTION

LABOR CODE

DESCRIPTION

TAKE PHOTOGRAPH  
 BEFORE / AFTER  
 SPRAY PAINTING

PP  
 Aig  
 EZ  
 20X



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: **SHA1145J**

LIMITS

Vehicle No.: **SHA1145J**

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 ..... 25/10/2021 08:35 (SGT)  
Date of Accident ..... 22/10/2021 16:10 (SGT)  
Exact Location of Accident ..... Jln Bukit Ho Swee, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHA1145J

### 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) +65-91382923  
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 ..... LOW CHU KAWIN  
NRIC No ..... SXXXX844C

Date of Birth ..... 13/04/1963  
 Location ..... Outdoor  
 Date of Driving Pass ..... 02/09/1991  
 Driving experience ..... 30 YEARS AND 1 MONTH  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-91382923  
 Alt. Phone Number ..... -  
 Email Address ..... fleetsafety@cdgtaxi.com.sg  
 Address ..... BLK LA CANTONMENT ROAD #04-05  
 Address complement ..... -  
 Postcode ..... 085101  
 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? ..... No  
 Was any injured conveyed to hospital by ambulance? ..... -  
 Was any other vehicle or property damaged? ..... Yes  
 Number of Passengers (Including Driver) ..... 4  
 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

PASSENGER 3

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 22/10/2021 AT ABOUT 1610HRS I WAS DRIVING MY VEHICLE A (SHA1145J) ALONG JALAN BUKIT HO SWEE INTENDING TO TURN LEFT ONTO LOWER DELTA ROAD. I STOP MY VEHICLE A AT THE STOP LINE, VEHICLE B (E220X) THEN REAR ENDED MY STATIONARY VEHICLE A. NO ONE WAS INJURED. PARTICULARS EXCHANGED

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

Were any audio recorded? ..... No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number .....	EZ20X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-96731818
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2



× COMFORT T...EPORT (9)    × SHC1188A C...EPORT (9)    × COMFORT T...EPORT (8)

**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.

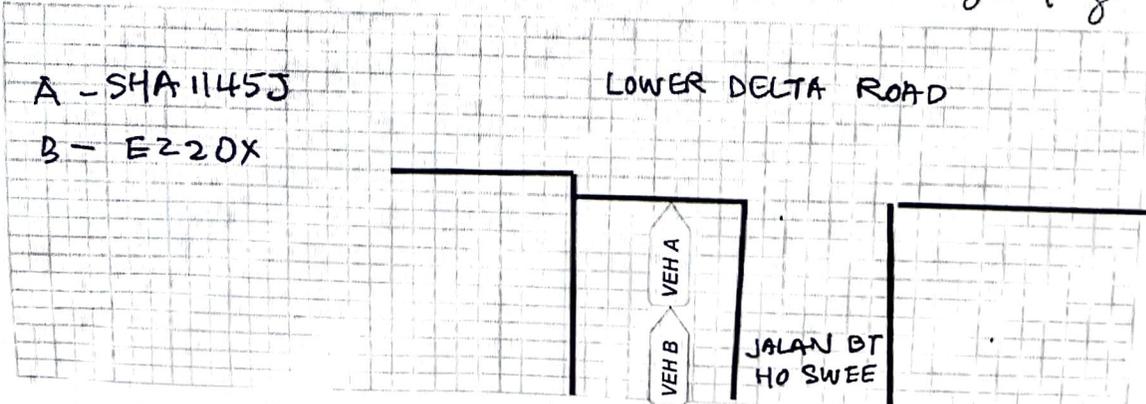
Policyholder's Signature / Date & Time

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

28.10.2021

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

ON 22/10/2021 AT ABOUT 1610HRS I WAS DRIVING MY VEHICLE A SHA1145J ALONG JALAN BUKIT HO SWEE INTENDING TO TURN LEFT ONTO LOWER DELTA ROAD. I STOP MY VEHICLE A AT THE STOP LINE, VEHICLE B EZ20X THEN REAR ENDED MY STATIONARY VEHICLE A. NO ONE WAS INJURED. PARTICULARS EXCHANGED

**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  
23-10-2021 1115 HRS

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
as-405

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	821R
Vehicle No.:	SHA1145J
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Oct 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEKU421511
Chassis No.:	KMHC851CVLU192900
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,072.00
Original Registration Date:	30 Mar 2021
First Registration Date:	30 Mar 2021
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Mar 2029
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	29 Mar 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$33,118.00
COE Rebate Amount:	\$30,736.00
Total Rebate Amount:	\$34,486.00

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 26 Oct 2021

OK