

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Effective Date: 1 Nov 2020

SAS-KIV

LKK - Thevan

DATE: 9-Dec-21MODEL: Hyundai IoniqVEHICLE NO.: SHC3309EINSURANCE: CHINA TAIPINGMVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper	1		\$459.40 X
	Rear Bumper Centre Moulding	1		\$451.25 X
	Rear Bumper Clips	10	\$2.20	\$22.00 /
	Rear Wheel Cap LH	1		\$346.40 /
				✓
	SUB TOTAL			\$1,279.05
	LESS 20%			\$255.81
	DISCOUNTED TOTAL			\$1,023.24
	Rear Fender Adv.Sticker RH / LH	2	\$100.00	\$200.00 /
				✓
	SUB S/NETT TOTAL			\$200.00
	SPARE PARTS TOTAL			\$1,223.24
	Labour Charge			
	Panel Beating			\$400.00 350
	Spray Painting Charge			\$300.00 250
	Remove/Refix Reverse Sensor			\$120.00 30
				✓
	TOTAL LABOUR			\$820.00
	ESTIMATE TOTAL			\$2,043.24

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.

Thevan@Chhauto.com

82235769

9/12/21 1645

p/p bfr paint photo
2clays up

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: 09.12.2021 15:01

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4150188

JC NO 305497436

OMER
 IS COMFORT TRANSPORTATION PTE LTD
 OMER NO 7010045
 ESS 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 (R) 65508755
 (P) (O)

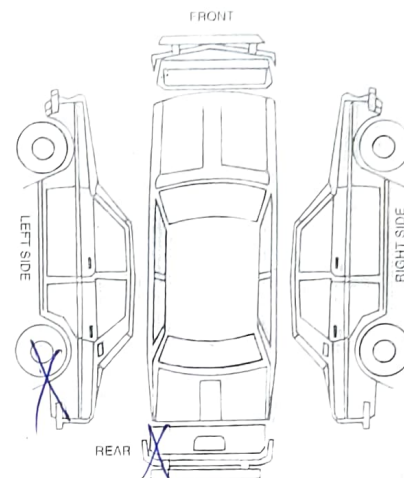
REGN NO: SHC3309E	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 09.12.2021 12:40
YR OF MANU 07.11.2019	TARGET DATE
CHASSIS CODE KMHC851CVLU188107	COMPLETION DATE/TIME:

DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 09.12.2021
 ATURE: 3P 09.12.2021

NO LABOR CODE
 00010 PB DESCRIPTION
 PANEL BEATING-SHC3309E



WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

No.: SHC3309E LIMITS

Vehicle No.: SHC3309E

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	09/12/2021 15:28 (SGT)
Date of Accident	09/12/2021 11:20 (SGT)
Exact Location of Accident	267 Tampines St. 21, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3309E
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) +65-96157416
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	CHEW CHEE CHUAN
NRIC No	SXXXX376H

Occupation	Driver
Date Of Driving Pass	17/06/1975
Driving experience	46 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96157416
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	365 TAMPINES STREET 34 #06-147
Address complement	-
Postcode	520365
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 - Major/Minor Rd
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

12/2021 AT ABOUT 1120HRS I WAS DRIVING MY VEHICLE A SHC3309E AT BLOCK 267 TAMPINES STREET 21 OSCP. VEHICLE B SMT1403E FAIL TO STOP AT STOP LINE AND COLLIDED ONTO HER VEHICLE B FRONT INTO MY VEHICLE A LEFT REAR. MY PASSENGER IS NOT 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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMT1403E
Vehicle Manufacturer	Honda
Vehicle Model	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ELISE
Contact Number	(Phone) +65-96900885
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 willful 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 - SHC 3309E

B - SMT 1403E L

TAMPINES STREET 21
OSCP

VEH B

BLOCK
267

VEH B

VEH A


Describe Circumstances of the Accident

ON 09/12/2021 AT ABOUT 1120HRS I WAS DRIVING MY VEHICLE A SHC3309E AT BLOCK 267 TAMPINES STREET 21 OSCP. VEHICLE B SMT1403E FAIL TO STOP AT STOP LINE AND COLLIDED ONTO HER VEHICLE B FRONT INTO MY VEHICLE A LEFT REAR. MY PASSENGER IS NOT 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

09.12.2021

1330HRS



Witnessed by Reporting Centre
Personnel

Ko Yag