

Date/Time: 03.02.2022 11:24

Page : 1

Job: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4170115

JC NO 305503444

CUSTOMER

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

REGN NO.: SHD7160J	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 31.01.2022 14:07
YR OF MANU. 17.11.2016	TARGET DATE
CHASSIS CODE KMHLB41UMHU096364	COMPLETION DATE/TIME:

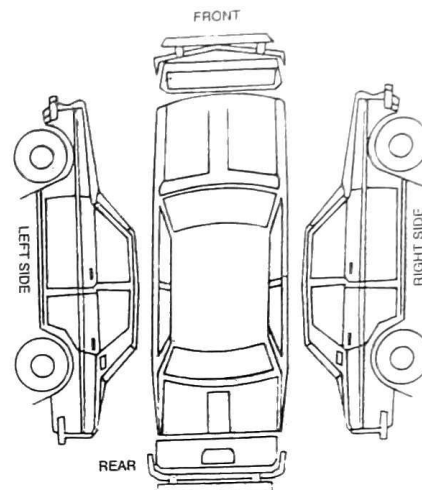
COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 31.01.2022
NATURE: 3P 31.01.2022

NO LABOR CODE
00010 PB

DESCRIPTION
PANEL BEATING-SHD7160J



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acceptance Slip

Exit Pass

No.: SHD7160J LIMITS

Vehicle No.: SHD7160J

Service Advisor

Signature/Date

Name of Service Advisor

Date

Handed to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

LKK-

DATE: 3-Feb-22INSURANCE: NTUC CLSMODEL: Hyundai i40MVA: LIM T SVEHICLE NO.: SHD7160J

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper	1		\$553.00 / cut
	Rear Bumper Under Cover	1		\$228.00 / scv
	Rear Bumper Clips	10	\$2.20	\$22.00 / nec
	SUB TOTAL			\$803.00
	LESS 20%			\$160.60
	DISCOUNTED TOTAL			\$642.40
	Rear Fender Adv.Sticker RH / LH	2	\$100.00	\$200.00 / nec
	Reverse Sensors	1		\$135.70 / cut
	Rear Bumper Mat	1		\$50.00 / nec
	NETT TOTAL			\$385.70
	SPARE PARTS TOTAL			\$1,028.10
	Labour Charge			
	Panel Beating			\$300.00 280
	Spray Painting Charge			\$300.00 250
	R/I Reverse Sensors			\$120.00 30
	Towing Fee			NIL
	TOTAL LABOUR			\$720.00
	ESTIMATE TOTAL			\$1,748.10

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.

Thevanal auto. len

872 35769

3/2/22 1 \$800

2/5 after repair photo
2 days up

LKK Auto Consultants hence notify the Repairer of the following:

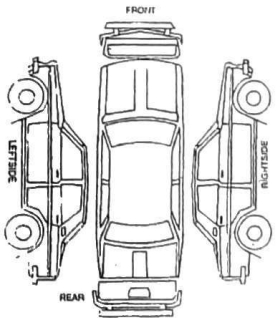
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: <u>31/01/22</u> Time Received: <u>1407</u>		4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input checked="" type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>TAN</u> Contact No.: <u>97434433</u> Vehicle No.: <u>SHD7160J</u> Make / Model / Colour: <u>1110</u> Email: _____		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	
7. Location: <u>792 YOUNG RING RD</u>		6. Parts Replaced/Remarks: _____ _____ _____	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
10. Odometer Reading: _____ Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> OTHERS Name of Driver: <u>STEVEN</u> Vehicle No.: <u>1407</u> Time Dispatch: <u>1510</u> Time of Arrival: <u>1610</u> Time Completed: _____		 #: Cracked X: Dented /: Scatched O: Missing Signature of Customer: _____	

Cash Invoice Details (if applicable)

13. Cash Invoice No. _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

Date	Time	Signature of Customer
14. WORKSHOP		
Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/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 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. 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 01/02/2022 14:42 (SGT)
Date of Accident 31/01/2022 11:35 (SGT)
Exact Location of Accident Yishun Ave 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD7160J

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) +65-97434433
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 TAN BOON THIAM
NRIC No SXXXX154D

Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

Outdoor
16/05/1985
36 YEARS AND 8 MONTHS
Male
(Phone) +65-97434433
-
fleetsafety@cdgtaxi.com.sg
BLK 795 YISHUN RING ROAD #12-3402
-
760795
No
Hirer
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
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

ON THE 31/01/2022 AT AROUND 1135HRS. I VEHICLE A(SHD7160J) WAS TRAVELLING ALONG YISHUN AVENUE 2 ON THE RIGHT LANE WITH A PASSENGER ON BOARD. AS I WAS DRIVING, TRAFFIC LIGHT TURNED RED AND I STOP. SHORTLY AFTER, I FELT AN IMPACT AND REALISED THAT VEHICLE B(PC5314G) HAD REAR ENDED ME. NO ONE WAS INJURED AT THAT POINT OF TIME.

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 PC5314G
Vehicle Manufacturer -

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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

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 Authorized 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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]

[Signature]

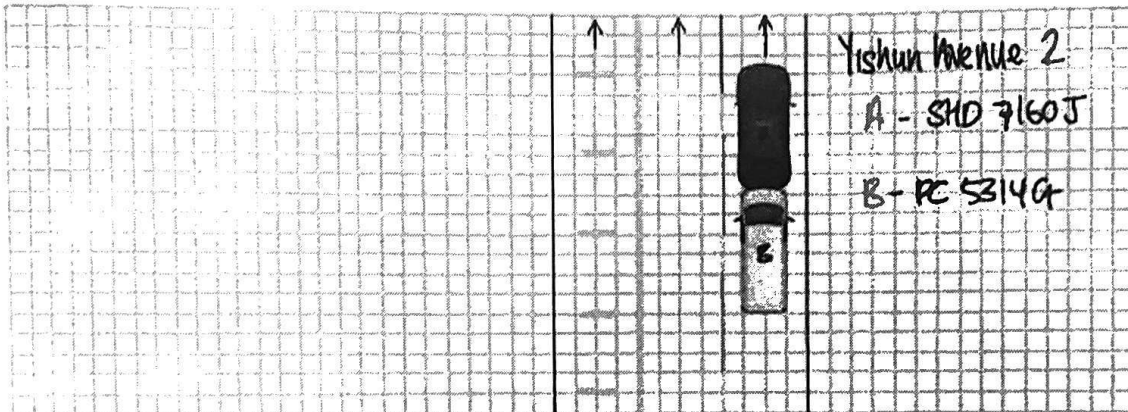
Dahnial

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 31/01/2022 1400

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE 31/01/2022 AT AROUND 1135HRS. I VEHICLE A(SHD7160J) WAS TRAVELLING ALONG YISHUN AVENUE 2 ON THE RIGHT LANE WITH A PASSENGER ON BOARD. AS I WAS DRIVING, TRAFFIC LIGHT TURNED RED AND I STOP. SHORTLY AFTER, I FELT AN IMPACT AND REALISED THAT VEHICLE B(PC5314G) HAD REAR ENDED ME. NO ONE WAS INJURED AT THAT POINT OF TIME.

Declaration

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



Dahnial

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 31/01/2022 1400

Witnessed by Reporting Centre Personnel