

1. 10. 21.



Date/Time: 07.02.2022 09:02

Page : 1

am: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: 4170492

JC NO:305504001

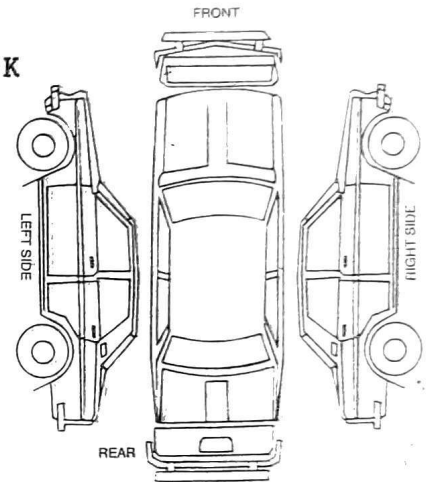
<p>OMER</p> <p>S COMFORT TRANSPORTATION PTE LTD</p> <p>OMER NO. 7010045</p> <p>ESS 383 SIN MING DRIVE</p> <p>Singapore SINGAPORE 575717</p> <p>(R) 65508755 (O)</p> <p>(P)</p> <p>DUNT CARD NO.</p>	REGN NO:	SHA7729K	MILEAGE
	MAKE:	HYUNDAI	FUEL
	MODEL	IONIQ(G3)	DATE/TIME IN
	YR OF MANU.	22.10.2019	TARGET DATE
	CHASSIS CODE	KMHC851CVLU186758	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 30.01.2022  
NATURE: 3P 30.01.2022

/NO LABOR CODE  
00010 PB

DESCRIPTION  
LUMP SUM REPAIR-SHA7729K



CKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No.: SHA7729K

LIMITS

Vehicle No.:

SHA7729K

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection.

To be kept by Security Guard



REPAIR ESTIMATE

LKK-

DATE: 7-Feb-22

INSURANCE: NTUC (LIS)

MODEL: Hyundai Ioniq

MVA: LIM T S

VEHICLE NO.: SHA7729K

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumpor	1		\$459.40 X
	Rear Bumper Centre Moulding Assy	1		\$451.25 X SUC
	Rear Bumper Lower Moulding Assy	1		\$155.00 X SUC
	Rear Bumper Cover Clips	10	\$2.20	\$22.00 X SUC
	Rear Bumper FogLamp	1		\$201.50 X SUC
	<b>SUB TOTAL</b>			\$1,289.15
	<b>LESS 20%</b>			\$257.83
	<b>DISCOUNTED TOTAL</b>			\$1,031.32
	Rear No.Plake With Trim Cover	1		\$55.00 X SUC
	Rear Bumper Reverse Sensor	1		\$180.00 X SUC
	<b>S/NETT SUB</b>			\$235.00
	<b>LESS 10%</b>			\$23.50
	<b>S/NETT TOTAL</b>			\$211.50
	Rear Bumper Mat			\$50.00 SUC
	<b>SPARE PARTS TOTAL</b>			\$1,292.82
	<b>Labour Charge</b>			\$400.00 350
	Panel Beating			\$300.00 250
	Spray Painting Charge			\$120.00 200
	Remove/Refix Reverse Sensor			
	<b>TOTAL LABOUR</b>			\$820.00
	<b>ESTIMATE TOTAL</b>			\$2,112.82

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.

Thuan 82235769

7/2/22 1715

Labour only no - 20/0

for delays wp

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:



# 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	31/01/2022 16:30 (SGT)
Date of Accident	30/01/2022 17:50 (SGT)
Exact Location of Accident	Tampines Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7729K
-----------------------------	----------

### 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) +65-96334697
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	SUPRANG BIN SELAMAT
NRIC No	SXXXX230H



Date Of Birth	01/04/1955
Occupation	Outdoor
Date Of Driving Pass	04/01/1979
Driving experience	43 YEARS
Gender	Male
Mobile Number	(Phone) +65-96334697
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	234 HOUGANG AVENUE 1 #10-266
Address complement	-
Postcode	530234
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 - 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)	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 30/01/2022 AT AROUND 1750HRS. I VEHICLE A(SHA7729K) WAS TRAVELLING ALONG TAMPINES ROAD INTENDING TO TURN LEFT TO UPPER SERANGOON ROAD. AS I APPROACHED A FILTER LANE, I CHECKED FOR TRAFFIC AND SINCE MAJOR ROAD IS BUSY, I PROCEEDED TO STOP AND WAIT. SHORTLY AFTER, I FELT AN IMPACT ON MY REAR AND REALISED THAT VEHICLE B(SJQ8849H) HAS 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	SJQ8849H
Vehicle Manufacturer	Hyundai
Vehicle Model	Avante
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 Authorised Driver.
  3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may affect insurance companies in 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 kept on file by the insurers of the T&A Reporting Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will be made available for application by interested parties.
  7. By the completion 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 elsewhere.
  8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
- (a) My insurer, my relationship 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 processed 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 firm/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.
  - (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.

*[Signature]*

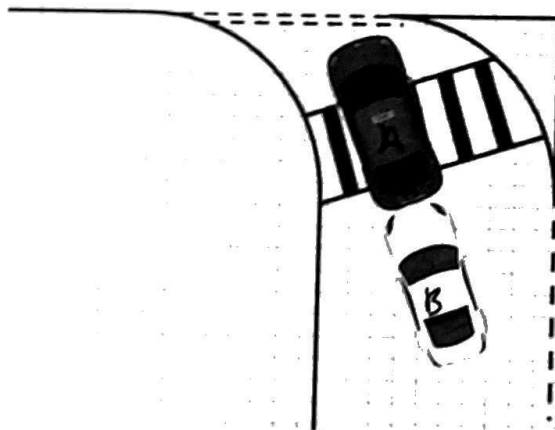
Dahnial

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
31/01/2022 0900

Witnessed by Reporting Centre Personnel

Sketch Plan



Tampines Road

A - SHA 7729K

B - SJQ 8849H



Describe Circumstances of the Accident

ON THE 30/01/2022 AT AROUND 1750HRS. I VEHICLE A(SHA7729K) WAS TRAVELLING ALONG TAMPINES ROAD INTENDING TO TURN LEFT TO UPPER SERANGOON ROAD. AS I APPROACHED A FILTER LANE, I CHECKED FOR TRAFFIC AND SINCE MAJOR ROAD IS BUSY, I PROCEEDED TO STOP AND WAIT. SHORTLY AFTER, I FELT AN IMPACT ON MY REAR AND REALISED THAT VEHICLE B(SJQ8849H) HAS 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 0900

Witnessed by Reporting Centre Personnel