



Date/Time: 07.02.2022 14:00

Page : 1

ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4170614

JC NO 305504061

COMFORT TRANSPORTATION PTE LTD  
R NO. 7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755 (D)

REGN NO: SH 7653C  
MAKE: HYUNDAI  
MODEL: IONIQ(G2)  
YR OF MANU: 18.04.2019  
CHASSIS CODE: KMHC851CVKU141654

MILEAGE  
FUEL E.....1/2.....F  
DATE/TIME IN: 05.02.2022 11:50  
TARGET DATE  
COMPLETION DATE/TIME:

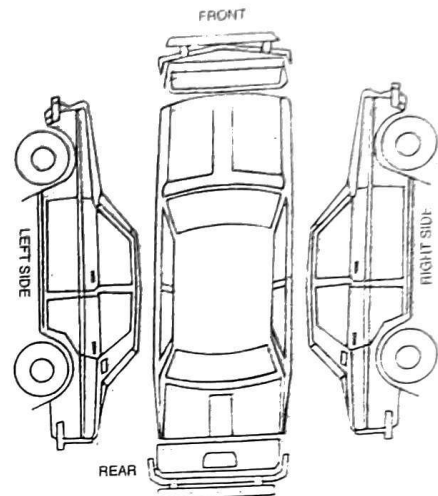
CARD NO.

JOB DESCRIPTION

dent Date: 05.02.2022  
RE: 3P 05.02.2022

LABOR CODE

DESCRIPTION



& PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nent Slip

Exit Pass

SH 7653C

CHIANG

Vehicle No.:

SH 7653C

ce Advisor

Signature/Date

Name of Service Advisor

Date

l to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO SH7653C

05/02/22

MAKE REG 18.04.2018

CHIANG/NTUC

MODEL IONIQ G2

Qty	Parts Description/ Labour	Type	Amount	
1	REAR BUMPER		\$459.40	XV
1	REAR BUMPER SIDE BRACKET LH		\$55.80	nec
1	REAR BUMPER REINFORCEMENT		\$394.80	7.
1	REAR BUMPER CENTRE MOULDING		\$451.25	scr
1	REAR BUMPER REFLECTOR LH		\$41.45	XSVc
2	NUMBER PLATE LAMP LH/RH		\$85.30	XSVc
1	REAR FOG LAMP		\$201.50	XSVc
10	REAR BUMPER CLIPS		\$22.00	nec
	<b>SUB TOTAL</b>		<b>\$1,711.50</b>	
	<b>20.00%</b>		<b>\$342.30</b>	
	<b>DISCOUNTED TOTAL</b>		<b>\$1,369.20</b>	
2	REAR FENDER ADVERTISEMENT LH/RH		\$200.00	nec
1	REAR BUMPER MAT		\$50.00	XSVc
1	REAR NUMBER PLATE W/HOLDER		\$55.00	refu
1	REAR REVERSE SENSOR		\$180.00	cut
			<b>\$461.50</b>	
	<b>Labour Charge</b>			
	Panel Beating		\$500.00	350
	Spray Painting Charge		\$300.00	250
	Check Lighting and Wiring		\$60.00	20
	Tuff Kote		\$60.00	20
	Remove/refix Reverse sensor		\$60.00	20
	<b>TOTAL LABOUR</b>		<b>\$980.00</b>	
	<b>ESTIMATE TOTAL</b>		<b>\$2,810.70</b>	
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.				

Thavan 822 3 5769  
 7/2/22 1745  
 L/S after repair photo  
 2 days 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 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	05/02/2022 20:01 (SGT)
Date of Accident	05/02/2022 03:55 (SGT)
Exact Location of Accident	Dairy Farm Ln, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7653C
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### 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) +65-97778800
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	YEO BENG BENG (YANG MINGMING)
NRIC No	SXXXX780G

Date Of Birth	21/09/1973
Occupation	Outdoor
Date Of Driving Pass	26/01/1995
Driving experience	27 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97778800
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 209 YISHUN STREET 21 #11-129
Address complement	-
Postcode	760209
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT  
T/20220206/2023

#### 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	GBD420B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-97331516
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	YEO BENG BENG (YANG MINGMING)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FELT GIDDY, NECK FELT STIFF AND GIVEN 3 DAYS MC
Injured person in which vehicle?	SH7653C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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

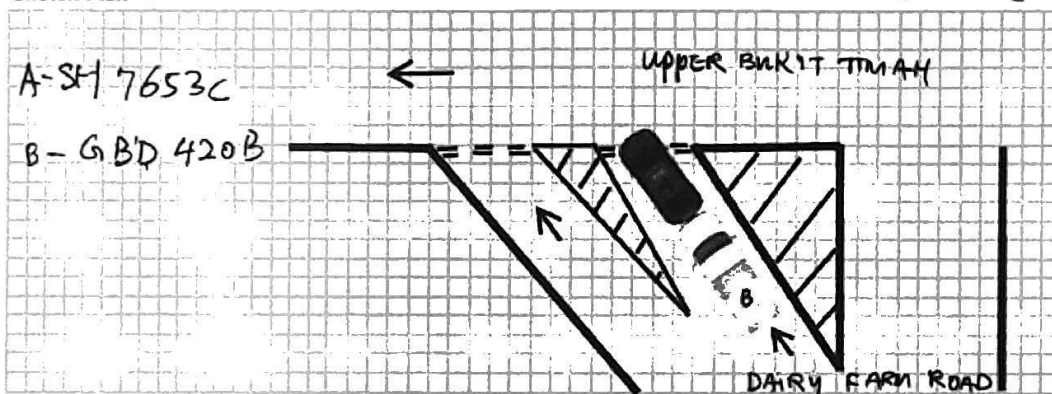
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

05-02-2022 1315HRS

Kynin Yong



Describe Circumstances of the Accident

REFER TO POLICE REPORT  
T/20220206/2023

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 05-02-2022 1320hrs

Witnessed by Reporting Centre  
Personnel Ngan Yung