

! זכור

Date/Time: 08.02.2022 15:18

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4172022

JC NO.305504343

CUSTOMER

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

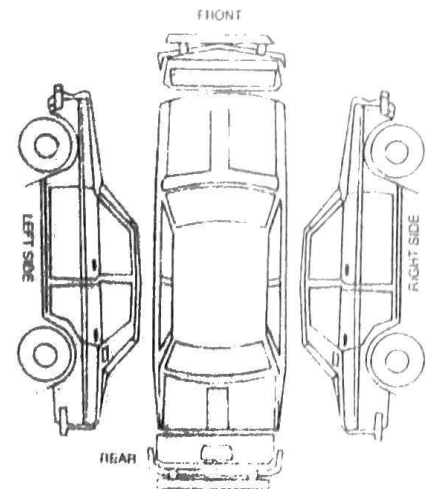
SCOUT CARD NO.

| | |
|-----------------------------------|----------------------------------|
| REGN NO: SH 6693T | MILEAGE |
| MAKE: HYUNDAI | FUEL E.....1/2.....F |
| MODEL I-40 | DATE/TIME IN 08.02.2022 13:55 |
| YR OF MANU. 15.09.2016 | TARGET DATE |
| CHASSIS CODE KMHLB41UMGU093511 | COMPLETION DATE/TIME: |

Accident Date: 07.02.2022
NATURE: 3P 07.02.22

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No. SH 6693T YY

Exit Pass

Vehicle No.: SH 6693T

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SH 6693T

Date 08/02/2022

Make : HYUNDAI

Insurance: NTUC

Model : I-40

MVA MS YY

| Qty | Parts Description / Labour | Type | Unit Price | Amount |
|------------------|------------------------------------|---------|------------|------------|
| 1 | REAR BUMPER COVER | | | \$553.00 |
| 1 | REAR BUMPER CLIPS | | | \$22.00 |
| 1 | REAR BUMPER SIDE BRACKET RH | | | \$35.60 |
| 1 | REAR BUMPER REFLECTOR LAMP RH | | | \$32.00 |
| 1 | REAR BUMPER LOWER COVER | | | \$228.00 |
| 1 | REAR BUMPER REINFORCEMENT | | | \$428.40 |
| 1 | RR BUMPER REINFORCEMENT BRACKET RH | | | \$160.60 |
| 1 | REAR BUMPER SPONGE | | | \$119.50 |
| 1 | EXHAUST SILENCER RH | | | \$967.70 |
| 1 | EXHAUST PIPE CENTRE | | | \$730.10 |
| 1 | EXHAUST PIPE HANGER | | | \$117.10 |
| SUB TOTAL | | | | \$3,394.00 |
| LESS 20% | | | | \$678.80 |
| DISCOUNTED TOTAL | | | | \$2,715.20 |
| | REAR BUMPER ADVERTISEMENT LOGO | | | \$50.00 |
| | REAR FENDER ADVERTISEMENT LOGO LH | | | \$100.00 |
| | REAR FENDER ADVERTISEMENT LOGO RH | | | \$100.00 |
| | REAR BUMPER REVERSE SENSOR | -10.00% | | \$135.70 |
| | REAR BUMPER RUBBER MAT | | | \$50.00 |
| | | | | \$435.70 |
| Labour Charge | | | | |
| | PANEL BEATING | | | \$700.00 |
| | SPRAY PAINTING CHARGE | | | \$600.00 |
| | REMOVE/ REFIX EXHAUST PIPE | | | \$150.00 |
| | REMOVE/ REFIX REVERSE SENSOR | | | \$60.00 |
| TOTAL LABOUR | | | | \$1,510.00 |
| ESTIMATE TOTAL | | | | \$4,660.90 |

Thuan 82235269
 9/2/22 1645
 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 | 08/02/2022 17:12 (SGT) |
| Date of Accident | 07/02/2022 20:15 (SGT) |
| Exact Location of Accident | TPE, Singapore |
| Additional Location Information | EXIT 3C TOWARDS PASIR RIS DRIVE 8 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SH6693T |
| 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) +65-98977600 |
| 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 | SER CHONG MENG |
| NRIC No | SXXXX708I |

| | |
|--|--|
| Date Of Birth | 24/04/1959 |
| Occupation | Outdoor |
| Date Of Driving Pass | 20/06/1980 |
| Driving experience | 41 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98977600 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | APT BLK 438 CHOA CHU KANG AVENUE 4 #09-483 |
| Address complement | - |
| Postcode | 680438 |
| 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 | DRIZZLE |
| Road Surface | Wet |

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 | STEVEN |
| Gender | Male |

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 7/2/22 AT ABOUT 2015HRS, I WAS IN VEHICLE A, SH6693T DRIVING AT THE SLIP ROAD OF TPE EXIT 3C GOING TOWARDS PASIR RIS DRIVE 8. MY VEHICLE WAS STATIONARY AND I CHECKED MY RIGHT BLINDSPOT FOR ANY ONCOMING TRAFFIC WHEN SUDDENLY VEHICLE B, SKP4466Z REAR ENDED MY VEHICLE. THE IMPACT WAS HUGE, IT TOOK MOMENTS FOR ME AND MY PASSENGER TO BE OKAY. 1 POB. NO INJURY. CONTACTS AND PARTICULARS EXCHANGED. DAX AND PAX MIGHT GO TO CLINIC TOMORROW.

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 | SKP4466Z |
| Vehicle Manufacturer | Volkswagen |

| | |
|---|----------------------|
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | Black |
| Vehicle Category | Private car |
| Name of Driver | RICHARD WONG |
| Contact Number | (Phone) +65-91826089 |
| 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

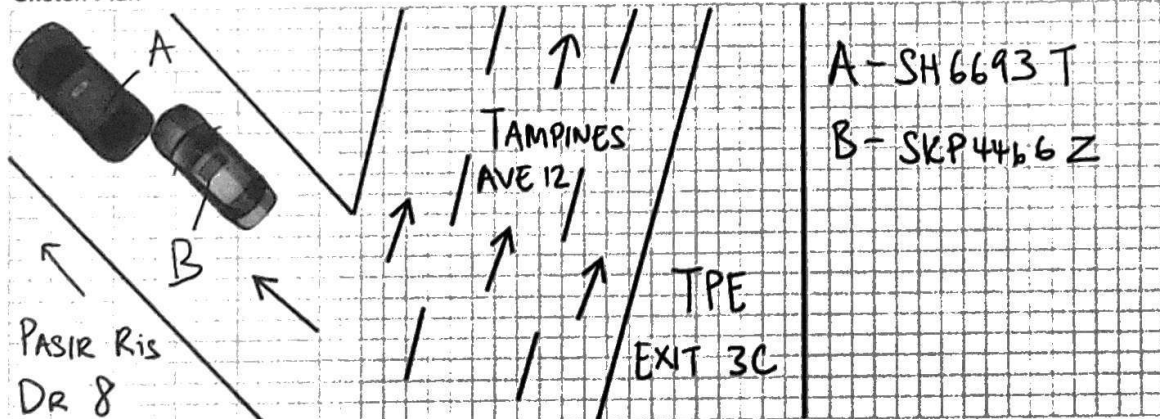
1. Please report correctly the details of the accident to speed up the claims process
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 7/2/22 AT ABOUT 2015HRS, I WAS IN VEHICLE A, SH6693T DRIVING AT THE SLIP ROAD OF TPE EXIT 3C GOING TOWARDS PASIR RIS DRIVE 8. MY VEHICLE WAS STATIONARY AND I CHECKED MY RIGHT BLINDSPOT FOR ANY ONCOMING TRAFFIC WHEN SUDDENLY VEHICLE B, SKP4466Z REAR ENDED MY VEHICLE. THE IMPACT WAS HUGE, IT TOOK MOMENTS FOR ME AND MY PASSENGER TO BE OKAY. 1 POB. NO INJURY. CONTACTS AND PARTICULARS EXCHANGED. DAX AND PAX MIGHT GO TO CLINIC TOMORROW.

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

Witnessed by Reporting Centre Personnel

7/2/22 @ 205h

Amar