

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

DATE: **14-Feb-22**

MODEL: **Hyundai Ioniq**

VEHICLE NO.: **SHA3553B**

INSURANCE: **NTUC**

MVA: **LIM T S**

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Front Fender Blue-Drive RH	1		\$26.60 / nec
	Front Wheel Cap RH	1		\$346.40 / scr
	Front Door Lower Protector RH	1		\$186.20 / scr
	SUB TOTAL			\$559.20
	LESS 20%			\$111.84
	DISCOUNTED TOTAL			\$447.36
	Frt Door ComfortDelGro RH	1		\$75.00 / nec
	S/NETT			\$75.00
	LESS 10%			\$7.50
	S/NETT TOTAL			\$67.50
	TOTAL SPARE PARTS			\$514.86
	Labour Charge			
	Panel Beating – Frt Door RH Etc			\$400.00 350
	Spray Painting – Frt Bumper Etc			\$900.00 750
	TOTAL LABOUR			\$1,300.00
	ESTIMATE TOTAL			\$1,814.86

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 82235769
14/2/22 16/5
P/p b/r paint 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:

Date/Time: 14.02.2022 08:33 Page : 1

am: ARC Repair TP(CLSO)1 JOB CARD Sales Order: 4173423 JC NO 305504772

COMER	REGN NO: SHA3553B	MILEAGE
S COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
7010045	MODEL IONIQ(G3)	E.....1/2.....F
383 SIN MING DRIVE	12.02.2022 08:00	DATE/TIME IN
Singapore SINGAPORE 575717	YR OF MANU 27.08.2020	TARGET DATE
65508755 (O)	CHASSIS CODE KMHC851CVLU188876	COMPLETION DATE/TIME:
(P)		

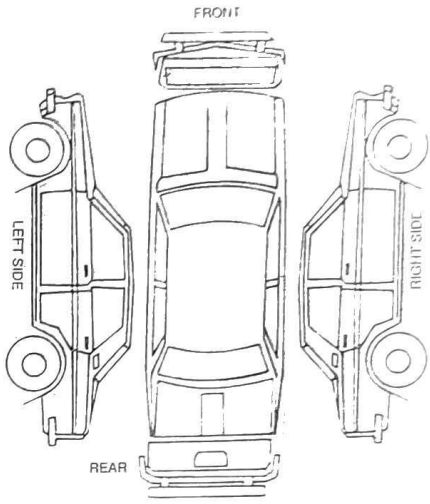
UNIT CARD NO.

cident Date: 11.02.2022
TURE: 3P 11.02.2022

NO LABOR CODE
0010 PB

JOB DESCRIPTION

DESCRIPTION
PANEL BEATING-SHA3553B



ED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

gement Slip	Exit Pass
SHA3553B LTMTS	Vehicle No.: SHA3553B
Service Advisor:	Name of Service Advisor
Signature/Date	Date
ned 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	12/02/2022 09:56 (SGT)
Date of Accident	11/02/2022 21:25 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3553B
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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) +65-84447444
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	STEVEN TANG YU XIANG
NRIC No	SXXXX160J

Date Of Birth	16/04/1979
Occupation	Outdoor
Date Of Driving Pass	05/05/2001
Driving experience	20 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +248-84447444
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	271D PUNGGOL WALK #06-555
Address complement	-
Postcode	824271
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	Side Swipe
Weather Conditions	DRIZZLING
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/2022021/2000

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	FBB5324Z
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ABRASION
Injured person in which vehicle?	FBB5324Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	PILLION
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ABRASION
Injured person in which vehicle?	FBB5324Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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 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 to 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 As 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 be 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 insurers 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 purposes 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 insurers who have insured vehicle(s) involved in this accident and the Insurers' law firms/law firms, may be 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.

Policyholder's Signature: Date & Time

Sketch Plan

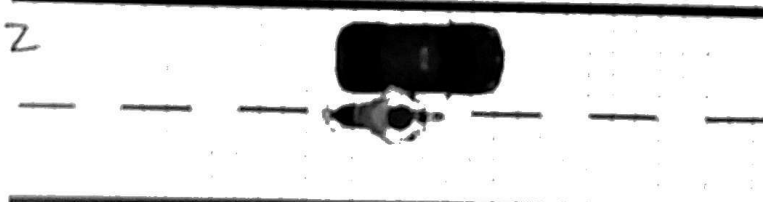
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

A - SHA353B

B - FBB5324Z

LAMP POST 217 S34/1



CTE / TPE

Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20220212/2000

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

Pen

G.

12.022022

0855HRS

Kyari Yang



**SINGAPORE
POLICE FORCE**



T/20220212/2000

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No. 1800-343 8999

Report No. T/20220212/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2022 00:05	Vide Report No.: F/20220211/0180	Station Diary No.: 1
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Informant's Particulars			
Name of Informant: STEVEN TANG YU XIANG		Address: APT BLK 271D PUNGGOL WALK #06-555 SINGAPORE 824271	
ID Type / ID No.: NRIC NO / S7911160J		Contact No.: Home/Office: Mobile: 84447444	
Nationality: SINGAPORE CITIZEN		Email: steventyx123@gmail.com	
Sex: Male	Age: 42	Date of Birth: 16/04/1979	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/02/2022 21:25	Type of Location: EXPRESSWAY
Location: TAMPINES EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB5324Z	Motorcycle					1
SHA3553B	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220212/2000

2 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20220212/2000

CONTINUATION OF REPORT

Driver			
Name	STEVEN TANG YU XIANG	ID No.	S7911160J
Related Vehicle	SHA3553B (Car)	Contact No.	84447444
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 11/02/2022 at about 2125hrs, I was driving my taxi bearing plate number SHA3553B together with a passenger sitting at the rear passenger seat along TPE exit Jalan Kayu. At that point of time my vehicle was travelling at the left lane of a two lane road and my speed was moderate adhere with the speed limit. As I was driving, I came to see and discover from my right side mirror there was a silver coloured motorcycle from a distance was wobbling. The rider were not able to control his motorcycle and subsequently collided on my driver door side area. Upon the impact both the rider and pillion fell off the motorcycle and onto the road.

Immediately, I stopped my taxi to the side and assist the rider by calling 999 and 995 at about 2127hrs. Both rider and pillion was conscious and soon after ambulance and traffic police arrived. Both the rider and pillion were conveyed by the ambulance to SKGH as they suffer from abrasion. Both me and my passenger was not injured during the accident.

Traffic police came down and seize my SD card from my in car camera for further investigation. No other vehicle or government property damage. After the incident attended by the traffic police, I send my passenger back home at Fernvale. My vehicle did not have any serious damages during the accident.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20220212/2000

3 of 3

Report No. T/20220212/2000

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report

F /

STAFF SGT MUHAMMAD
FADHLULLAH BIN
SHARIFFUDIN

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

12/02/2022 00:05

Officer In Charge Of Case:

TP / GIT /

SGT 2 DAVID YAP

Contact No.: 65476138

Classification Of Case:

Authentication Stamp
NP168

