



China (L/S)

COMFORTDELGRO ENGINEERING PTE LTD

Date: 11.03.2022

REPAIR ESTIMATE

Time: 15:14:28

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010070  
ADDRESS : CITYCAB PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65551188

JOB NO : 305508457  
REGN NO : SHD8629T  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 04.12.2018  
DATE/TIME IN : 11.03.2022 11:40  
ACCIDENT DATE : 11.03.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2256-G	PANEL ASSY-TAIL GATE#	1	2,480.40	20.00	1,984.32	bt
0002	04-01-0104-2270-G	EMBLEM-HYBRID	1	24.30	20.00	19.44	net
0003	04-01-0104-2271-G	EMBLEM-IONIQ	1	31.30	20.00	25.04	net
0004	28-01-0103-0009-A	REAR BOOT LOGO CCTPL	1 N	30.00	2.00-	30.00	net
0005	28-01-0103-0010-A	REAR BOOT TEL NUMBER CCTP	1 N	30.00	0.20	30.00	net
0006	28-01-9999-2024-A	APP LOGO REAR DOOR L/R CC	1 N	40.00	0.02-	40.00	net
0007	04-01-0104-2282-G	COVER-RR BUMPER#	1	459.40	20.00	367.52	net
0008	04-01-0104-2533-G	MOULDING ASSY-RR BUMPER C	1	451.25	20.00	361.00	net
0009	04-01-0104-2288-G	BEAM-RR BUMPER	1	394.80	20.00	315.84	net
0010	04-01-0104-2370-G	LAMP ASSY-REAR FOG	1	201.50	20.00	161.20	?
0011	09-01-0104-2133-G	ANTENNA ASSY-SMARTKEY	1	40.50	20.00	32.40	?
0012	04-01-0104-2257-G	GLASS ASSY-TAIL GATE LOWE	1	384.90	20.00	307.92	* ?
0013	28-01-0104-2029-A	VEHICLE NUMBER PLATE REAR	1 N	50.00	2.00-	50.00	net

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 REGN NO : SHD8629T  
 MILEAGE : 000000000  
 MAKE : HYUNDAI  
 MODEL : IONIQ(G2)  
 DATE OF REGN : 04.12.2018  
 DATE/TIME IN : 11.03.2022 11:4  
 ACCIDENT DATE : 11.03.2022

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0014 04-01-0104-2346-G PANEL ASSY-BACK	1		532.00	20.00	425.60 <i>Rx</i>
0015 04-01-0101-0111-G BUMPER COVER CLIP REAR	10		22.00	20.00	17.60 <i>key</i>
0016 04-01-0104-1150-A PROTECTOR MAT	1	N	50.00	2.00-	50.00 <i>net</i>
0017 05-01-0199-0032-A WINDSCREEN AHESIVE-310MLC	2	N	46.00	0.20	46.00
SUB-TOTAL :					4,263.88

## JOB NATURE

0000 PB	PANEL BEATING	1200.00	<i>700</i>
0001 SP	SPRAYPAINT CHARGE	800.00	<i>750</i>
0002 17-01	CHECK ALL LIGHTING	50.00	<i>30</i>
0003 20-00	TUFF COAT ON AFFECTED PARTS.	50.00	<i>30</i>
0004 20-05	RENEW ADVERTISEMENT STICKER-BOOT	100.00	<i>net</i>

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MAKE : HYUNDAI  
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ACCIDENT DATE : 11.03.2022

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0005 L REMOVE/REFIX REVERSE SENSOR	50.00		30		
0006 L REMOVE/REFIX RR WINDSCREEN GLASS	120.00		✓		
SUB-TOTAL :					2,370.00
TOTAL :					6,633.88

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Tanpin 97495747  
'WP' 11/3/22 @ 330pm  
c/s Repair after repair  
23day  
Tanpin Chuan

**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:

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Acknowledged by Repairer  
Signature:  
Date:

am: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO305508457

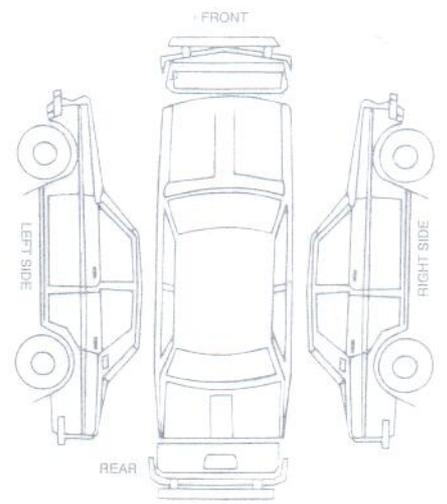
OWNER AS CITYCAB PTE LTD OWNER NO. 7010070 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (O) (P)	REGN NO.: SHD8629T	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G2)	DATE/TIME IN 11.03.2022 11:40
	YR OF MANU. 04.12.2018	TARGET DATE
	CHASSIS CODE KMHC851CVKU121752	COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

cident Date: 11.03.2022  
TURE: 3P.11.03.2022

NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
SERVICE ADVISOR

\_\_\_\_\_  
CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Vehicle No.: SHD8629T JU CHINA

Vehicle No.: SHD8629T

\_\_\_\_\_  
Service Advisor Signature/Date

\_\_\_\_\_  
Name of Service Advisor Date

Returned 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	11/03/2022 14:43 (SGT)
Date of Accident	11/03/2022 09:00 (SGT)
Exact Location of Accident	Pioneer Rd North, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8629T
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-90361847
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/P2419140
Cover Note Number	-

#### DRIVER

Name of Driver	TAN CHIANG TONG
NRIC No	SXXXX503A

Date Of Birth	01/05/1949
Occupation	Outdoor
Date Of Driving Pass	18/04/1969
Driving experience	52 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90361847
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	454 FAJAR ROAD #07-588
Address complement	-
Postcode	670454
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	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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 11/03/2022 AT ABOUT 09:00HRS, I WAS DRIVING VEHICLE A (SHD8629T) I WAS DRIVING VEHICLE A (SHD8629T) ALONG PIONEER ROAD NORTH. WHILE TRAVELLING STRAIGHT, SUDDENLY VEHICLE B ( PC8852A) COLLIDED ONTO VEHICLE A REAR BUMPER. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

#### 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	PC8852A
Vehicle Manufacturer	Toyota
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	AZMEE BIN ABDUL RAHIM
NRIC No	SXXXX797A
Contact Number	(Phone) +65-81723443
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 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.

*[Handwritten Signature]*

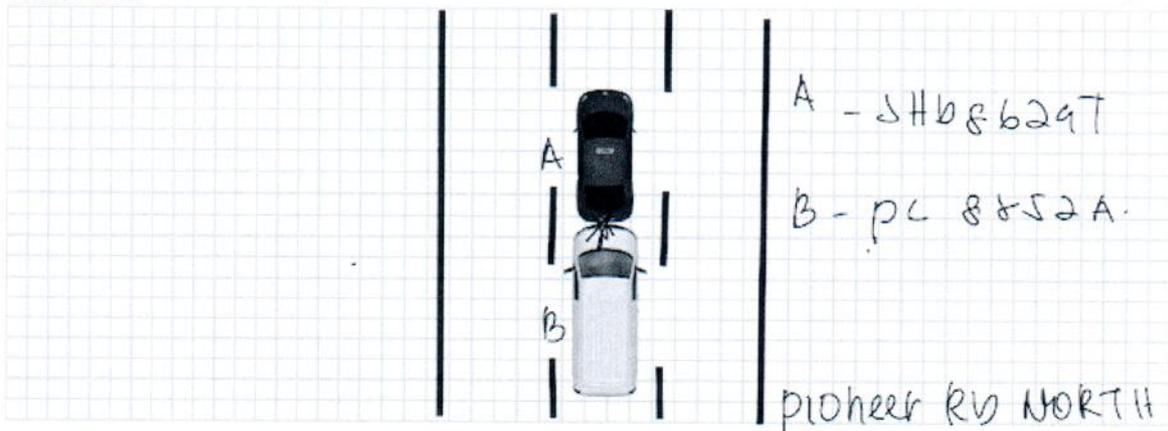
*[Handwritten Signature]*

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 11/3/22 @ 12:20H

Witnessed by Reporting Centre Personnel *[Handwritten Signature]*

**Sketch Plan**



Describe Circumstances of the Accident

ON 11/03/2022 AT ABOUT 09:00HRS, I WAS DRIVING VEHICLE A (SHD8629T) I WAS DRIVING VEHICLE A (SHD8629T) ALONG PIONEER ROAD NORTH. WHILE TRAVELLING STRAIGHT, SUDDENLY VEHICLE B ( PC8852A) COLLIDED ONTO VEHICLE A REAR BUMPER. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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 11/3/22 @ 1220H

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel 