

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SH7916U

Date: 25/03/2022

Make : HYUNDAI

Insurance: CHINA TAIPING

Model : I-40

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			\$ 1,106.00
1	REAR BUMPER CLIPS			\$ 22.00
1	REAR BUMPER REINFORCEMENT			\$ 428.40
2	RR BUMPER REINFORCEMENT BRACKET RH LH		\$ 160.60	\$ 321.20
1	REAR BUMPER UNDER COVER			\$ 228.00
1	BOOTLID			\$ 2,609.48
1	BOOTLID 'H' EMBLEM			\$ 63.10
1	BOOTLID CRDI PLATE			\$ 52.40
1	BOOTLID I40 EMBLEM			\$ 67.90
1	LICENSE LAMP			\$ 56.10
1	REAR PANEL			\$ 526.70
1	REAR PANEL GARNISH			\$ 57.70
1	EXHAUST SILENCER LH			\$ 967.70
1	EXHAUST PIPE CENTRE			\$ 730.10
1	EXHAUST PIPE HANGER			\$ 117.10
	SUB TOTAL			\$ 7,353.88
	LESS 20%			\$ 1,470.78
	DISCOUNTED TOTAL			\$ 5,883.10
	BOOTLID ADVERTISEMENT LOGO			\$ 100.00
	BOOTLID CITYCAB LOGO & TEL NO STICKER			\$ 60.00
	REAR BUMPER REVERSE SENSOR			\$ 135.70
				\$ 295.70
	Labour Charge			
	PANEL BEATING			\$ 900.00
	SPRAY PAINTING CHARGE			\$ 750.00
	CHECK ALL LIGHTING			\$ 60.00
	TUFF KOTE			\$ 60.00
	REMOVE/REFIX REVERSE SENSOR			\$ 60.00
	TOTAL LABOUR			\$ 1,830.00
	ESTIMATE TOTAL			\$ 8,008.80

Tanpin 97495745
 WP, 28/3/22 @ 440
 23 days
 4/5 Resurvey after repair
 tanpin@lkhauto.com

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: 25.03.2022 16:01

Page : 1

Team: ARC Repair TP(CLSO)1

Sales Order: 4188424

305510250

JOB CARD

SH 7916U

JC NO.:

CUSTOMER COMFORT TRANSPORTATION PTE LTD
7010045

3/MS 383 SIN MING DRIVE
CUSTOMER Singapore SINGAPORE 575717
ADDRESS 65508755

L. (R) (O)
(P)

SCOUNT CARD NO.

REGN NO.:

HYUNDAI

MILEAGE

MAKE :

I-40

FUEL

MODEL

22.12.2016

DATE/TIME IN

YR OF MANU.

KMHLB41UMHU097241

TARGET DATE

CHASSIS CODE

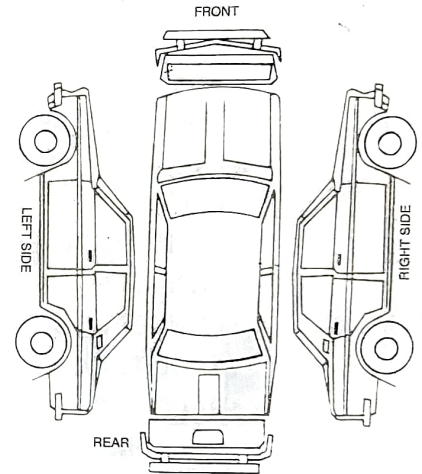
COMPLETION DATE/TIME:

Accident Date: 25.03.2022

NATURE: 3P 25.03.2022

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SH 7916U YY
Plate No.:

Exit Pass

Vehicle No.: SH 7916U

Signature of 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	25/03/2022 16:25 (SGT)
Date of Accident	25/03/2022 11:15 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7916U
-----------------------------------	---------

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) +65-96583235
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	GOH LOON KOON
NRIC No	SXXXX913E

Date Of Birth	21/07/1962
Occupation	Outdoor
Date Of Driving Pass	10/05/1980
Driving experience	41 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96583235
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 838 YISHUN STREET 81 #10-310
Address complement	-
Postcode	760838
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)	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 25/03/2022 AT ABOUT 1115HRS, I WAS DRIVING VEHICLE A (SH7916U) ALONG BKE SLIP ROAD TO MANDAI ROAD. IT WAS A TWO LANE STRAIGHT ROAD AND I WAS DRIVING ON THE RIGHT LANE. DUE TO RED LIGHT TRAFFIC JUNCTION, I STOPPED MY VEHICLE. VEHICLE B (YL3406J) COLLIDED ONTO MY REAR. MY VEHICLE HAS SLIGHT DAMAGES ON THE REAR. I SUSTAINED MINOR INJURIES.

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	YL3406J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-



Contact Number	(Phone) +65-97642368
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	GOH LOON KOON
Gender	Male
Phone No	(Phone) +65-96583235
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON NECK
Injured person in which vehicle?	SH7916U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT NOTICE

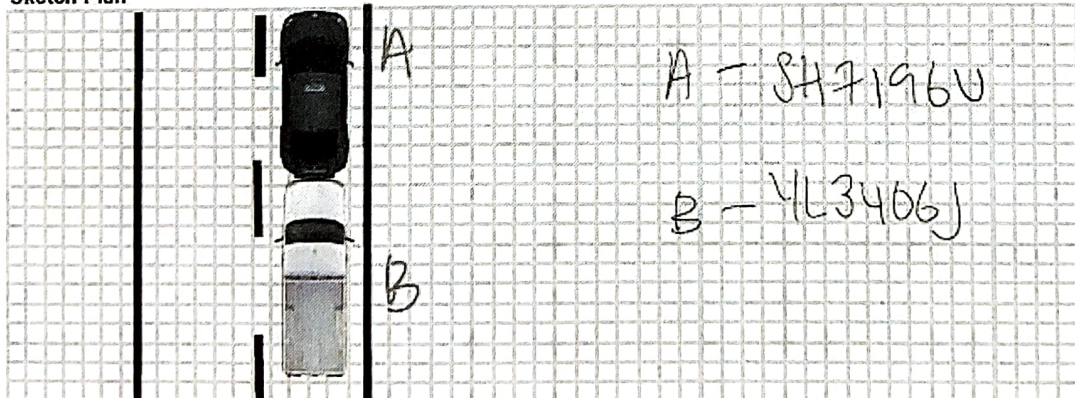
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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



BKE SLIP ROAD TO MANDAI ROAD

Describe Circumstances of the Accident

ON 25/03/2022 AT ABOUT 1115HRS, I WAS DRIVING VEHICLE A(SH7916U) ALONG BKE SLIP ROAD TO MANDAI ROAD. IT WAS A TWO LANE STRAIGHT ROAD AND I WAS DRIVING ON THE RIGHT LANE. DUE TO RED LIGHT TRAFFIC JUNCTION, I STOPPED MY VEHICLE. VEHICLE B(YL3406J) COLLIDED ONTO MY REAR. MY VEHICLE HAS SLIGHT DAMAGES ON THE REAR. I SUSTAINED MINOR INJURIES.

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
25/03/2022 1220

Witnessed by Reporting Centre Personnel
UAT/FF