

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 18.04.2022

Time: 11:52:43

Jumar:

Page: 1

MENC (LRS)

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

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:

JOB NO : 305512612
 REGN NO : SHA9590D
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 08.12.2016
 DATE/TIME IN : 15.04.2022 12:25
 ACCIDENT DATE : 14.04.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0593-G	DEP PANEL ASSY-FR DR LH# RH	1	2,707.70	20.00	2,166.16	✓ / Acc
0002	04-01-0103-0595-G	DEP PANEL ASSY-RR DR RH#	1	2,416.80	20.00	1,933.44	X Acc Repair
0003	04-01-0103-0810-G	DEP MOULDING ASSY-SIDE SI	1	732.80	20.00	586.24	X n n
0004	04-01-0103-0658-G	CAP ASSY-WHEEL HUB	1	216.00	20.00	172.80	✓ /
0005	03-01-0103-0098-G	WHEEL ASSY-STEEL	1	650.60	20.00	520.48	✓ /
0006	28-01-0103-0007-A	FRT DOOR LOGO CCTPL MOQ30	1 N	75.00	10.00	67.50	✓ / Sub.
0007	28-01-0103-0008-A	DEP REAR DOOR TEL NUMBER	1 N	80.00	10.00	72.00	✓ /

SUB-TOTAL : 5,518.62

JOB NATURE

0000	PB	PANEL BEATING	900.00	560
0001	SP	SPRAYPAINT CHARGE	1300.00	1250
0002	20-05	RENEW ADVERTISMENT STICKER-DOOR	200.00	✓
0003	20-05	RENEW ADVERTISMENT STICKER-FENDER	200.00	✓

REPAIR ESTIMATE

COMPANY : THIRD PARTY'S CLAIMS (CAS)

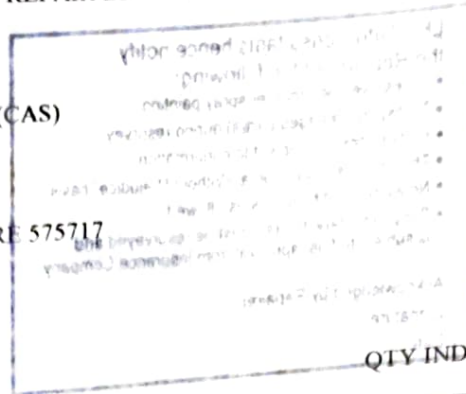
CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188



JOB NO	: 305512612
REGN NO	: SHA9590D
MILEAGE	: 0000000000
MAKE	: HYUNDAI
MODEL	: I-40
DATE OF REGN	: 08.12.2016
DATE/TIME IN	: 15.04.2022 12:2
ACCIDENT DATE	: 14.04.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0004 20-05 RENEW ADVERTISEMENT STICKER-ROCKER

100.00

0005 L TRANSFER DOOR PART

240.00

SUB-TOTAL : 2,940.00

TOTAL : 8,458.62

MVA NAME & SIGNATURE
DATE :AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

4 Days.
L/S
After repair photo:
Gina QAP
18/4/22
4pm

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	16/04/2022 15:58 (SGT)
Date of Accident	14/04/2022 18:40 (SGT)
Exact Location of Accident	Yishun Ave 8, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9590D
-----------------------------	----------

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) +65-97572790
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/P2419140
Cover Note Number	-

DRIVER

Name of Driver	RAIYAN BIN MOHD SALEH
NRIC No	SXXXX545E

Date Of Birth	12/05/1971
Occupation	Outdoor
Date Of Driving Pass	16/05/2003
Driving experience	18 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97572790
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 557 BEDOK NORTH STREET 3 #07-1006
Address complement	-
Postcode	460557
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 - Change/cross lane
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	Female

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 14/04/2022 AT AROUND 1840HRS, I WAS DRIVING MY VEHICLE A ON THE CENTER LANE ALONG YISHUN AVENUE 8 SLOWING DOWN MY VEHICLE AND WAS ABOUT TO MOVE OFF AT THE CONTROLLED T-JUNCTION WITH YISHUN STREET 44. SUDDENLY VEHICLE B GBB5580A MADE A LANE CHANGE FROM THE RIGHT LANE INTO MY LANE AND COLLIDED ONTO THE REAR RIGHT PORTION OF MY VEHICLE. THERE WAS SOME DAMAGES. MY PASSANGER INFORMED ME THAT SHE HAS SUSTAINED NECK INJURIES. I HAVE NO 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	GBB5580A
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
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	PASSANGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK INJURIES
Injured person in which vehicle?	SHA9590D
Were seat belts worn?	Yes
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 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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]

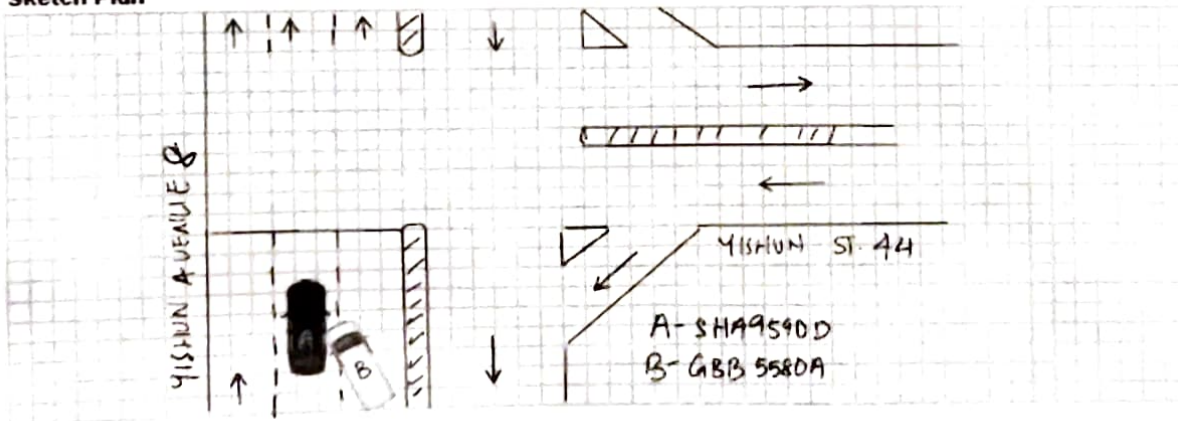
[Signature]

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 16/4/22 1130

Witnessed by Reporting Centre Personnel KHARUC

Sketch Plan



Describe Circumstances of the Accident

ON 14/04/2022 AT AROUND 1840HRS, I WAS DRIVING MY VEHICLE A ON THE CENTER LANE ALONG YISHUN AVENUE 8 SLOWING DOWN MY VEHICLE AND WAS ABOUT TO MOVE OFF AT THE CONTROLLED T-JUNCTION WITH YISHUN STREET 44. SUDDENLY VEHICLE B GBB5580A MADE A LANE CHANGE FROM THE RIGHT LANE INTO MY LANE AND COLLIDED ONTO THE REAR RIGHT PORTION OF MY VEHICLE. THERE WAS SOME DAMAGES. MY PASSANGER INFORMED ME THAT SHE HAS SUSTAINED NECK INJURIES. I HAVE NO 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 16/4/22 1130

Witnessed by Reporting Centre Personnel RIA/RU: