



Date/Time: 19.04.2022 13:15

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4197789

JC NO.305513116

CUSTOMER

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

COUNT CARD NO.

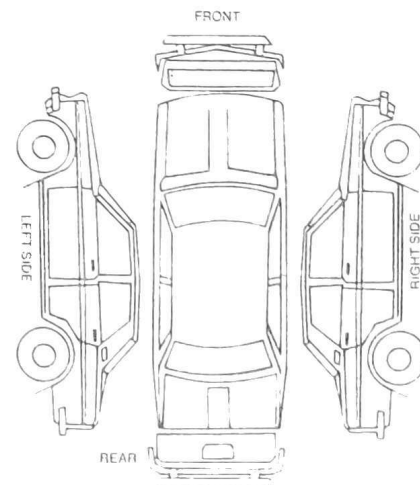
REGN NO. SH 6114Z	MILEAGE
MAKE HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 18.04.2022 11:30
YR OF MANU 16.06.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU091350	COMPLETION DATE/TIME:

## JOB DESCRIPTION

Accident Date: 19.04.2022

NATURE: 3P 13.04.2022

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 6114Z CHIANG

Vehicle No.: SH 6114Z

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

## COMFORT DELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO SH6114Z  
MAKE HYUNDAI  
MODEL I-40

DATE 13.04.2022  
MVA CHIANG/CHINA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT DOOR PANEL LH			\$2,707.70
1	REAR DOOR PANEL LH			\$2,204.10
	<b>SUB TOTAL</b>			<b>\$4,911.80</b>
	20.00%			<b>\$982.36</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$3,923.44</b>
1	FRONT DOOR ADVERTISEMENT LH			\$100.00
1	REAR DOOR ADVERTISEMENT LH			\$100.00
1	FRONT DOOR COMFORT STICKER			\$75.00
1	REAR DOOR COMFORT APP STICKER			\$80.00
				<b>\$355.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$600.00
	Spray Painting Charge			\$600.00
	Remove/Refix door part front & rear.			\$180.00
	Tuff coat			\$90.00
	<b>TOTAL LABOUR</b>			<b>\$1,470.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$5,754.44</b>
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.				

Thuan  
82235769  
19/4/22 1700  
LIS 3day 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	13/04/2022 19:37 (SGT)
Date of Accident	13/04/2022 13:05 (SGT)
Exact Location of Accident	44 Jln Merah Saga, Singapore 278116
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6114Z
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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) +65-94684465
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	JUBREE BIN SAAD
NRIC No	SXXXX489E

Date Of Birth	02/06/1967
Occupation	Outdoor
Date Of Driving Pass	28/10/1993
Driving experience	28 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94684465
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 641 YISHUN STREET 61 #02-214
Address complement	-
Postcode	760641
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 - Major/Minor Rd
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	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 13/04/2022 AT ABOUT 1305HRS I WAS DRIVING MY SH6114Z ALONG JALAN MERAH SAGA. VEHICLE B SJM5786X THEN DROVE OUT FROM UNIT 44 AND COLLIDED HER VEHICLE B ONTO MY VEHICLE A LEFT SIDE DOORS. MY PASSENGER IS NOT INJURED. PARTICULARS EXCHANGED

#### 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	SJM5786X
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-94507007
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

# 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 Authorized Driver.
3. Information provided must be as **truthful and accurate as possible**. Any act of misrepresentation or withholding of material facts may cause insurance companies to **repudiate policy liability**.
4. The false 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 free entry by the insurers of the GIA Personal Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will be made available upon application by interested parties.
7. By the submission 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 elsewhere.
8. Consent under the Personal Data Protection Act (PDPA)
9. I understand and acknowledge, agree and consent that:
  - (a) My insurer, my relationship 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' 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/are 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

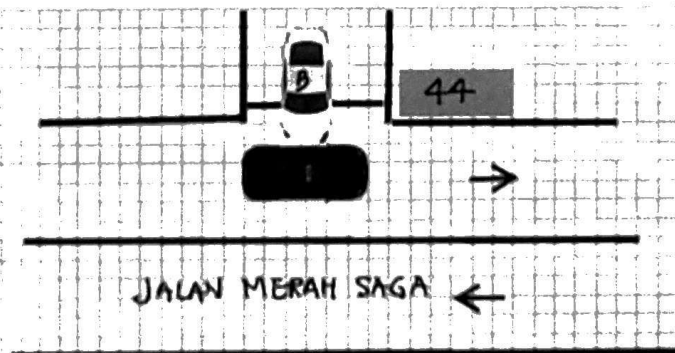
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SH61142

B - SJM5786X



Describe Circumstances of the Accident

ON 13/04/2022 AT ABOUT 1305HRS I WAS DRIVING MY SH6114Z  
ALONG JALAN MERAH SAGA. VEHICLE B SJM5786X THEN DROVE  
OUT FROM UNIT 44 AND COLLIDED HER VEHICLE B ONTO MY  
VEHICLE A LEFT SIDE DOORS. MY PASSENGER IS NOT INJURED.  
PARTICULARS EXCHANGED

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



13-04-2022 1705HRS



Yong Yung