



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO SHA6115M

21.04.2022

MAKE REG: 23.06.2016

MODEL HYU- I40

Type

CHIANG/ NTUC

Qty	Parts Description/ Labour	Unit Price	Amount
1	REAR BUMPER COVER		\$553.00
1	REAR BUMPER LOWER COVER		\$228.00
10	REAR BUMPER CLIPS	\$2.20	\$22.00
1	REAR BUMPER BRACKET RH		\$35.60
1	REAR BUMPER REINFORCEMENT	Cre <del>100</del>	\$428.40
2	REAR BUMPER REFLECTOR (L/RH)	\$32.00	\$64.00
<b>SUB TOTAL</b>			<b>\$1,331.00</b>
<b>20.00%</b>			<b>\$266.20</b>
<b>DISCOUNTED TOTAL</b>			<b>\$1,064.80</b>
1	REAR BUMPER ADVERTISEMENT		\$50.00
1	REAR BUMPER MAT		\$50.00
1	REAR REVERSE SENSOR		\$135.70
			<b>\$222.13</b>
<b>Labour Charge</b>			
Panel Beating			\$560.00
Spray Painting Charge			\$300.00
Remove/refix reverse sensor			\$60.00
Check Lighting & Wiring			\$40.00
<b>TOTAL LABOUR</b>			<b>\$960.00</b>
<b>ESTIMATE TOTAL</b>			<b>\$2,246.93</b>

DT  
SCV  
Mx  
SUC  
KSC  
rac  
rd  
cu  
280  
250  
30  
20

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.

**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:

Thuan  
82235964  
21/4/22 1630  
415 2 days swp

Team: ARC Repair TP(CLS0)1

**JOB CARD** Sales Order: 4199348

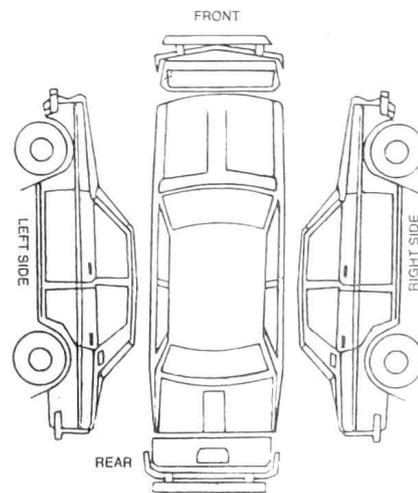
JC NO.305513202

CUSTOMER  R/MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL. (R) 65508755 (O) (P)  DISCOUNT CARD NO.	REGN NO.: <b>SHA6115M</b>	MILEAGE
	MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
	MODEL <b>I-40</b>	DATE/TIME IN <b>20.04.2022 15:55</b>
	YR OF MANU. <b>23.06.2016</b>	TARGET DATE
	CHASSIS CODE <b>KMHLB41UMGU091491</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 19.04.2022  
NATURE: 3P 19.04.2022

S/NO                      LABOR CODE                      DESCRIPTION



CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Vehicle No.: **SHA6115M**                      **CHIANG**

Vehicle No.: **SHA6115M**

Name 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	20/04/2022 17:27 (SGT)
Date of Accident	19/04/2022 20:05 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA6115M

### 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) +65-97758296
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	CHAN KIM SENG
NRIC No	SXXXX316J

Date Of Birth	15/06/1955
Occupation	Outdoor
Date Of Driving Pass	26/08/1975
Driving experience	46 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97758296
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 320D ANCHORVALE DRIVE #05-176
Address complement	-
Postcode	544320
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	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?	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 19/04/2022 AT ABOUT 2005HRS I STOP MY VEHICLE A SHA6115M AT THE TRAFFIC JUNCTION OF UPPER SERANGOON ROAD AND HOUGANG AVE 8. VEHICLE B SFM6866P THEN REAR ENDED MY STATIONARY VEHICLE A. AFTER IMPACT MY FEMALE PASSENGER COMPLAIN NECK AND BACK PAIN. AS FOR MYSELF I KNOCKED MY HEAD AGAINST THE SUN SHADE. 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	SFM6866P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	(Phone) +65-96977750
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	PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SHA6115M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### INJURED 2

Name of injured person	CHAN KIM SENG
Gender	Male
Phone No	(Phone) +65-97758296
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	INJURIES ON HEAD
Injured person in which vehicle?	SHA6115M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

**IMPORTANT NOTICE**

1. Please report **accurately** 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 willful misrepresentation or withholding of material facts may allow insurance companies to **rescind the 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 filed under 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 lodging 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.
- 6. 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 firm/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 firm/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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firm/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

<p>Policyholder's Signature / Date &amp; Time                  _____                  Sketch Plan</p>	<p>Driver's Signature (if driver is not the policyholder) / Date &amp; Time                   _____                  20.04.2022 1640HRS</p>	<p>Witnessed by Reporting Centre Personnel                   _____                  Kyan Yong</p>
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A - SHA 615 M

B - SFM 6866 P

UPPER SERANGOON ROAD

TOWARDS HOUGANG AVE 8

Describe Circumstances of the Accident

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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

20042022 1645HRS

Ngan Yong