





## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO SHD3631T

16.06.2022

MAKE 07/04/16

MODEL HYU- I40

CHIANG/ CHINA

Qty	Parts Description/ Labour	TYPE	Unit Price	Amount
1	REAR BUMPER COVER <i>de</i>			\$1,106.00
2	REAR BUMPER BRACKET SIDE LH/RH <i>X</i> <i>nn</i>		\$35.60	\$71.20
10	REAR BUMPER CLIPS <i>de</i>		\$2.20	\$22.00
1	REAR BUMPER REINFORCEMENT <i>?</i> <i>nn</i>			\$428.40
1	REAR BUMPER UNDER COVER <i>sa</i>			\$228.00
1	REAR EXHAUST SILENCER <i>X</i>			\$1,935.40
	<b>SUB TOTAL</b>			<b>\$3,791.00</b>
	<b>20.00%</b>			<b>\$758.20</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$3,032.80</b>
1	BUMPERRUBBER MAT <i>de</i>			\$50.00
1	REVERSE SENSOR <i>?</i> <i>nn</i>			\$180.00
				<b>\$185.70</b>
	<b>Labour Charge</b>			
	Panel Beating		280	<del>\$500.00</del>
	Spray Painting Charge		250	<del>\$300.00</del>
	Remove/refix reverse sensor		40	<del>\$60.00</del>
	Remove/refix rear exhaust		<i>X</i>	\$60.00
	Tuff Kote		<i>X</i>	\$60.00
	Check Lighting		<i>X</i>	\$60.00
	<b>TOTAL LABOUR</b>			<b>\$1,040.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$4,258.50</b>
This is an initial estimate based on a visual inspection of the <u>above vehicle</u> . 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:

*Rashid*  
*Hp 900100680*  
*3 days*  
*4/8*  
*20/06/22 @ 1550*  
*Ready after repair*

Date/Time: 20.06.2022 08:54

Page : 1

Am: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: 4298484

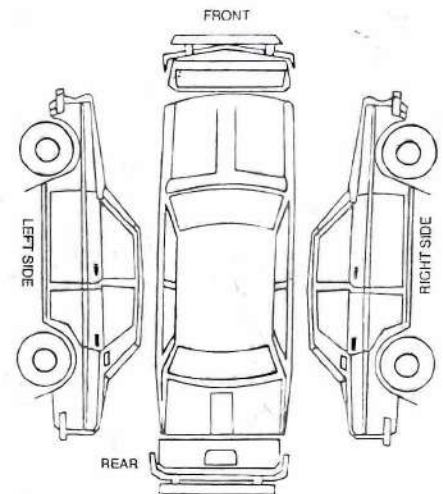
JC NO 305520163

OWNER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO: <b>SHD3631T</b>	MILEAGE
MS CUSTOMER NO: ADDRESS L (R) (-)	MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
	MODEL <b>I-40</b>	DATE/TIME IN <b>20.06.2022 08:15</b>
	YR OF MANU. <b>29.09.2016</b>	TARGET DATE
SCOUT CARD NO.	CHASSIS CODE <b>KMHLB41UMGU093678</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 16.06.2022  
NATURE: 3P 16.06.20212

S/NO      LABOR CODE      DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHD3631T**

**CHIANG**

Vehicle No.:

**SHD3631T**

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	17/06/2022 14:56 (SGT)
Date of Accident	16/06/2022 13:40 (SGT)
Exact Location of Accident	Sengkang E Dr, Singapore
Additional Location Information	TOWARDS BUANGKOK DR
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD3631T

### 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) +65-97317362
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	CHUA CHEE WHEY
NRIC No	SXXXX362E



Date Of Birth ..... 07/04/1966  
 Occupation ..... Outdoor  
 Date Of Driving Pass ..... 05/08/1985  
 Driving experience ..... 36 YEARS AND 10 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-97317362  
 Alt. Phone Number ..... -  
 Email Address ..... fleetsafety@cdgtaxi.com.sg  
 Address ..... 178C RIVERVALE CRESCENT #14-421  
 Address complement ..... -  
 Postcode ..... 543178  
 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 ..... Raining  
 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 ..... 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 16/06/2022 AT ABOUT 13:40HRS, I WAS DRIVING VEHICLE A (SHD3631T) ALONG SENGKANG EAST DR TOWARDS BUANGKOK DR. AS VEHICLE A WAS STATIONARY DUE TO RED TRAFFIC LIGHT, VEHICLE B ( YP8143P) COLLIDED ONTO VEHICLE A REAR BUMPER. MY PASSANGER CLAIM HEADACHE DUE TO THE IMPACT.

#### 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 ..... YP8134P  
 Vehicle Manufacturer ..... Isuzu  
 Vehicle Model ..... -

Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	BARANITHARAN NAIDU SRI RAMALA
Passport No/FIN	GXXX9607
Contact Number	(Phone) +65-88231827
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	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD3631T
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.
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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.

FLASH ACCIDENT  
REPORTING OFFICER

FRO KHAMARAJ



Policyholder's Signature / Date &  
Time

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

17/6/22 @ 1120H

Witnessed by Reporting Centre  
Personnel

#### Sketch Plan



A - SHD 3631T

B - YP 8134P

Describe Circumstances of the Accident

ON 16/06/2022 AT ABOUT 13:40HRS, I WAS DRIVING VEHICLE A (SHD3631T) ALONG SENGKANG EAST DR TOWARDS BUANGKOK DR. . AS VEHICLE A WAS STATIONARY DUE TO RED TRAFFIC LIGHT, VEHICLE B ( YP8143P) COLLIDED ONTO VEHICLE A REAR BUMPER. MY PASSANGER CLAIM HEADACHE DUE TO THE IMPACT.

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

17/6/22 @ 1120H.

FLASH ACCIDENT  
REPORTING OFFICER

FRO KHAMARAJ



Witnessed by Reporting Centre  
Personnel



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	821R
Vehicle No.:	SHD3631T
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Jun 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/LAT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	D4FDEU463479
Chassis No.:	KMHLB41UMGU093678
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$18,899.00
Original Registration Date:	29 Sep 2016
First Registration Date:	29 Sep 2016
Transfer Count: -	0
Actual ARF Paid:	\$18,899.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Sep 2024
PARF Rebate Amount:	\$13,229.00
COE Expiry Date:	28 Sep 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$42,672.00
COE Rebate Amount:	\$12,105.00
Total Rebate Amount:	\$25,334.00

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 21 Jun 2022

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