

China (HS)

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 20.06.2022
Time: 08:45:10
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305520160
REGN NO : SHB2196A
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 06.10.2016
DATE/TIME IN : 18.06.2022 00:15
ACCIDENT DATE : 18.06.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	COVER ASSY-RR BUMPER# <i>de</i>	1	553.00	20.00	442.40
0002	04-01-0101-0111-G	BUMPER COVER CLIP REAR <i>ne</i>	10	22.00	20.00	17.60
0003	04-01-0103-1150-A	PROTECTOR MAT <i>ne</i>	1 N	50.00	2.00-	50.00
0004	04-01-0103-0574-A	PANEL-FENDER LH+ <i>buc</i>	1	2,171.40	20.00	1,737.12
0005	04-01-0103-0658-G	CAP ASSY-WHEEL HUB <i>ca</i>	1	214.20	20.00	171.36
0006	03-01-0103-0098-G	WHEEL ASSY-STEEL ?	1	650.30	20.00	520.24
0007	03-01-0103-0112-G	ARM + BUSH ASSY-SUSP UPR ?	1	355.75	20.00	284.60
0008	03-01-0103-0114-G	ARM COMPLETE-RR LWR RH ?	1	353.80	20.00	283.04
0009	03-01-0103-0116-G	ARM ASSY-RR TRAILING ARM ?	1	384.00	20.00	307.20
0010	03-01-0103-0118-G	SHOCK ABSORBER ASSY-RR ?	1	341.85	20.00	273.48
0011	03-01-0103-0127-G	COVER-RR SHOCK ABSORBER ?	1	81.30	20.00	65.04
0012	03-01-0103-0125-G	BAR ASSY-FR STABILIZER ?	1	199.60	20.00	159.68
0013	05-01-0199-0032-A	WINDSCREEN AHESIVE-310MLC <i>ne</i>	2 N	46.00	2.00-	46.00

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QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 4,357.76

JOB NATURE

0000 PB	PANEL BEATING	1200.00 840
0001 SP	SPRAYPAINT CHARGE	600.00 500
0002 17-01	CHECK ALL LIGHTING	520.00 30
0003 20-00	TUFF COAT ON AFFECTED PARTS.	530.00 40
0004 20-204	REMOVE/REFIX UPHOLSTERY ASST REPAIR	120.00 60
0005 L	REMOVE/REFIX REVERSE SENSOR	50.00 40
0006 L	REMOVE/REFIX REAR WINDSCREEN	120.00 /
0007 20-12	REMOVE/REFIX REAR SUSPENSION	120.00 100 ² /
0008 20-08	ADJUST FRONT WHEEL ALIGNMENT	100.00 60

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QTY IND UNIT-PRICE DISC% AMOUNT

0009 23-01

TOWING FEE

~~reco~~

60.00

~~1111~~

SUB-TOTAL : 3,420.00

TOTAL : 7,777.76

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

- 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:

Renu

Hy 900 100 68

6 days

4/8

20/06/22 @ 1610

Resy after repair

Date/Time: 18.06.2022 11:07

Page : 1

ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO 305520160

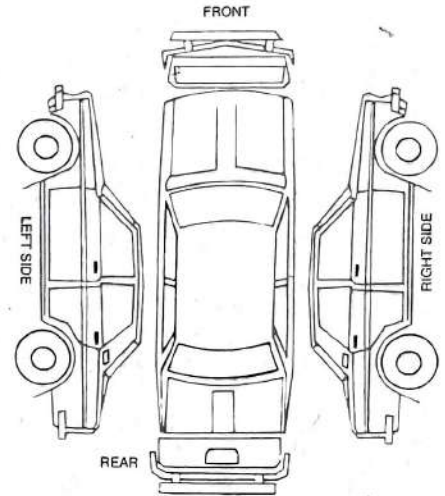
CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P)	REGN NO.: SHB2196A	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40 18.	DATE/TIME IN 06.2022 00:15
	YR OF MANU. 06.10.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMHU095318	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 18.06.2022
 ATURE: 3P 18.06.2022

/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: **SHB2196A** **JU**

Vehicle No.: **SHB2196A**

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

26-05-2022
11:15:11



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Requisition	
1. Date: 18/6/22 Time Received: 0120	
2. ☐ New ☐ SPARK Kakis Name of Customer: M R Lee Contact No.: SHB 2196A Vehicle No.: 9781/1533 Make/Model/Colour: Isuzu Email:	
3. Vehicle Type: ☐ Private ☒ Taxi (CTPL/CCPL) ☐ Fleet ☐ STK (Boon Lay)	
4. Type of Towing: ☒ Normal Tow ☐ King Dolly ☐ Flat Bed ☐ Crane-up	
5. Nature of Service: ☐ Jumpstart ☐ Recovery ☐ Change Tyre / Battery	
6. Parts Replaced/Remarks:	
7. Location: 310 mandai Rd	
8. Vehicle Tow - In Workshop: ☐ Smoky Exhaust ☐ Wheel Jammed ☐ Overheating ☐ Steering Faulty ☐ Brake Faulty ☐ Alternator Faulty ☐ Starting Problem ☐ Loss Power ☒ Accident ☐ Engine Stalled ☐ Return Taxi	
9. Preferred Workshop: ☐ Braddell ☒ Loyang ☐ Pandan ☐ Sin Ming ☐ Sungei Kadut ☐ Ubi ☐ Komoco (UBI / Leng Kee) ☐ Cycle & Carriage (PD) ☐ Others:	
10. Odometer Reading: Fuel Level: F 1/4 1/2 3/4 E	
11. Radio / CD Player ☐ OK ☐ Faulty ☐ Not tested	
Job Attended	
12. Tow Truck / Recovery Van: ☐ VRS ☐ QA ☒ GAO ☐ OTHERS Name of Driver: Vehicle No.: Time Dispatch: 0120 Time of Arrival: 0200 Time Completed: 0300	
 #: Cracked X: Dented /: Scatched O: Missing Signature of Customer	

Cash Invoice Details (if applicable)

13. Cash Invoice No.:

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

Date

Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/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	18/06/2022 15:03 (SGT)
Date of Accident	18/06/2022 00:15 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2196A
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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) +65-97811533
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	LEE CHOO HOCK
NRIC No	SXXXX377H

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Manufacturer	SKH7067P
Vehicle Model	BMW
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJS1430S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR TAN
Contact Number	(Phone) +65-94885422
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT, REAR AND RIGHT SIDE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLD3493C
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ADRIAN
Contact Number	(Phone) +65-96189247
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly 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 repudiate policy liability.
4. The issue and acceptance of this Family 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 and 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/postal 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/are 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SHB 2196A C - SKH 7067P B - SJS 1430S D - SLD 3413C	SLE BEFORE RANDAI EXIT
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Describe Circumstances of the Accident

ON 18.06.2022 AT ABOUT 0015HRS I WAS DRIVING MY VEHICLE A SHB2196A
 FETCHING MY PASSENGERS TO WOODLANDS. MY VEHICLE A WAS ON THE
 1ST LANE OF SLE/WOODLANDS. BEFORE MANDAI EXIT, VEHICLE C SKH7067P
 WHICH WAS IN FRONT STOP. I SLOW DOWN AND VEHICLE B SJS1430S REAR
 ENDED MY VEHICLE A. AFTER VEHICLE B HIT MY VEHICLE A, VEHICLE B SURGE
 AHEAD AND SIDE SWIPE VEHICLE C. GOT DOWN VEHICLE TO REALISE THAT I
 WAS A 4 CAR CHAIN. VEHICLE D SLD3493C WAS THE LAST CAR. NO ONE WAS
 INJURED AT THAT POINT OF TIME. PARTICULARS EXCHANGED WITH VEHICLE
 B AND D ONLY

Declaration

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

[Signature]

16.06.2022

1005HRS

[Signature]

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	839G
Vehicle No.:	SHB2196A
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Jun 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Yellow
Manufacturing Year:	2016
Engine No.:	D4FDGU701167
Chassis No.:	KMHLB41UMHU095318
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$18,986.00
Original Registration Date:	06 Oct 2016
First Registration Date:	06 Oct 2016
Transfer Count: -	0
Actual ARF Paid:	\$18,986.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 Oct 2024
PARF Rebate Amount:	\$13,290.00
COE Expiry Date:	05 Oct 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$41,687.00
COE Rebate Amount:	\$11,924.00
Total Rebate Amount:	\$25,214.00

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

OK