

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO SH 6033Z
 MAKE REG 09.062016
 MODEL I-40

DATE 06.06.2022
 MVA CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT DOOR PANEL RH			KY \$2,707.70
1	FRONT DOOR WING MIRROR RH			RY \$760.00
1	FRONT WHEEL COVER RH			X \$217.20
1	REAR WHEEL COVER RH			X \$217.20
1	REAR DOOR PANEL RH			ht \$2,201.10
	SUB TOTAL			\$6,103.20
	20.00%			\$1,220.64
	DISCOUNTED TOTAL			\$4,882.56
1	REAR FENDER ADVERTISEMENT			rec \$100.00
1	REAR DOOR ADVERTISEMENT			int \$100.00
1	FRONT DDOR ADVERTISEMENT			int \$100.00
1	FRONT DOOR COMFORT STICKER			we \$75.00
1	REAR DOOR COMFORT APP STICKER			we \$80.00
				\$438.50
	Labour Charge			
	Panel Beating			560 \$600.00
	Spray Painting Charge			750 \$800.00
	Remove/Refix door part front & rear.			80 \$180.00
	TOTAL LABOUR			\$1,580.00
	ESTIMATE TOTAL			\$6,901.06
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.				

Tanphu 97475740
 'wp' 7/6/22 @ 540
 L/S Resurvey after repair
 Tanphu @ 16hantour
 2-3days

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:

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717

Date/Time: 06.06.2022 15:27

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4253957

JC NO 305518559

CUSTOMER

MR/MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL. (R) 65508755
(P) (O)

DISCOUNT CARD NO.

REGN NO.:

SH 6033Z

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....

MODEL

I-40

DATE/TIME IN
06.06.2022 12:45

YR OF MANU.

09.06.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU090107

COMPLETION DATE/TIM

JOB DESCRIPTION

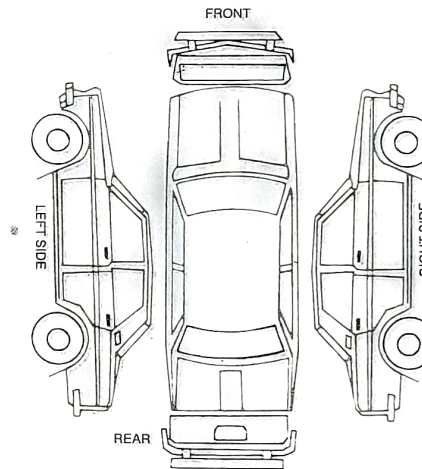
Accident Date: 06.06.2022

NATURE: 3P 06.06.2022

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

Name:

Vehicle No.:

Vehicle No.:

SH 6033Z

CHIANG

Vehicle No.:

SH 6033Z

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be 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 07/06/2022 10:26 (SGT)
Date of Accident 06/06/2022 09:25 (SGT)
Exact Location of Accident Havelock Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH6033Z

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) +65-97730155
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 ROHINI BIN AMIN
NRIC No SXXXX119A

Date Of Birth	28/09/1948
Occupation	Outdoor
Date Of Driving Pass	20/12/1982
Driving experience	39 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97730155
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	448B SENGKANG WEST WAY #08-321
Address complement	-
Postcode	792448
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20220606/2030

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	SMY7971R
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE JIAN KUN
NRIC No	SXXXX126G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLU2646X
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AZMAN
NRIC No	SXXXX936A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHC1187C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
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	-
Gender	-
Phone No	-
Address	-

Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLU2646X
Were seat belts worn?	-
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 willful 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' 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.

Policyholder's Signature / Date & Time

Sketch Plan

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

06.06.2002

15754PS

Witnessed by Reporting Centre Personnel

Kyan Yung

<p>A - SH6033X</p> <p>B - SMY7971R</p> <p>C - SLU2646X</p> <p>D - SHC1187C</p>	<p>HAVELOCK ROAD</p>
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