

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE QUOTATION

Vehicle No. : SHC1500G

Date: 04.08.2022

Make : HYUNDAI

INSURANCE: NTUC

Model : IONIQ(G2)

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			\$459.40
10	REAR BUMPER CLIPS			\$22.00
1	REAR BUMPER CENTRE MOULDING ASSY			\$451.25
1	REAR BUMPER REINFORCEMENT			\$394.80
1	REAR BUMPER SIDE UNDER COVER RH			\$108.00
1	REAR BUMPER LWR CENTRE MOULDING			\$155.00
1	REAR PANEL			\$532.00
1	REAR PANEL GARNISH			\$346.80
1	REAR BUMPER SIDE BRACKET RH			\$55.80
1	REAR FENDER SHIELD RH			\$173.60
1	EXHAUST SILENCER			\$943.50
1	ASSY BSD- BLIND SPOT RADAR RH			\$1,784.40
1	EMBLEM HYBRID			\$24.30
1	EMBLEM - IONIQ			\$31.30
	SUB TOTAL			\$5,426.55
	LESS 20%			\$1,085.31
	DISCOUNTED TOTAL			\$4,341.24
	RENEW ADVERTISEMENT LOGO (BOTH RR FENDER)			\$200.00
	REAR BUMPER RUBBER MAT			\$50.00
	BOOTLID COMFORT TEL NO STICKER			\$40.00
	BOOTLID COMFORT LOGO STICKER			\$30.00
	BOOTLID COMFORT APP STICKER			\$30.00
	REAR BUMPER REVERSE SENSOR			\$180.00
	Labour Charge			
	PANEL BEATING			\$1,200.00
	SPRAY PAINTING CHARGE			\$800.00
	CHK ALL LIGHTING			\$60.00
	REMOVE/ REFIX EXHAUST PIPE			\$120.00
	TUFF KOTE			\$60.00
	REMOVE/REFIX REVERSE SENSOR			\$80.00
	TOTAL LABOUR			\$2,320.00
	ESTIMATE TOTAL			\$7,191.24

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.

Taylor 92445747
 WP 4/8/22 @ 4pm
 3 days
 4/8/22 after repair
 Taylor e@mhands.com

Date/Time: 04.08.2022 14:13

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4508016

JC NO: 005525497

CUSTOMER

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

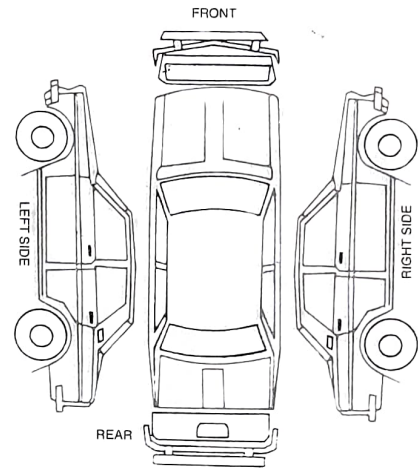
DISCOUNT CARD NO.

REGN NO.: SHC1500G	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....
MODEL IONIQ(G2)	DATE/TIME IN 04.08.2022 10:30
YR OF MANU. 08.10.2018	TARGET DATE
CHASSIS CODE KMHC851CVKU114729	COMPLETION DATE/TIME:

Accident Date: 03.08.2022
NATURE: 3P 03.08.2022

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

me:

No.:

Vehicle No.: **SHC1500G**

YY

Vehicle No.:

SHC1500G

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 Actual 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 04/08/2022 08:59 (SGT)
Reported by Driver
Date of Accident 03/08/2022 18:10 (SGT)
Exact Location of Accident Choa Chu Kang North 7, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC1500G

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) +65-98822018
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Ae ioniq
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 1580

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number VFX/P2419138

DRIVER

Name of Driver TAN EK SENG
NRIC No SXXXX477E
Date Of Birth 14/11/1952
Occupation Outdoor

Date Of Driving Pass	27/12/1972
Driving experience	49 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98822018
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 508 JELAPANG ROAD #06-90
Address complement	-
Postcode	670508
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 03/08/2022 AT ABOUT 1810HRS, I WAS DRIVING VEHICLE A (SHC1500G) ALONG CHOA CHU KANG NORTH 7. I STOPPED AT THE ROAD SIDE NEAR 615 CHOA CHU KANG NORTH 7 TO WRITE DOWN NOTES, WHEN SUDDENLY VEHICLE B (FBT4186S) HIT ME FROM THE RIGHT REAR. RIDER OF VEHICLE B CONVEYED BY AMBULANCE.

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBT4186S
Vehicle Manufacturer	Honda
Vehicle Model	ADV150

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUHAMMAD FAIZ ZULHUSNI BIN MOHD SALEH
NRIC No	SXXXX885A
Contact Number	-
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	MUHAMMAD FAIZ ZULHUSNI BIN MOHD SALEH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SUSTAIN INJURY
Injured person in which vehicle?	FBT4186S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

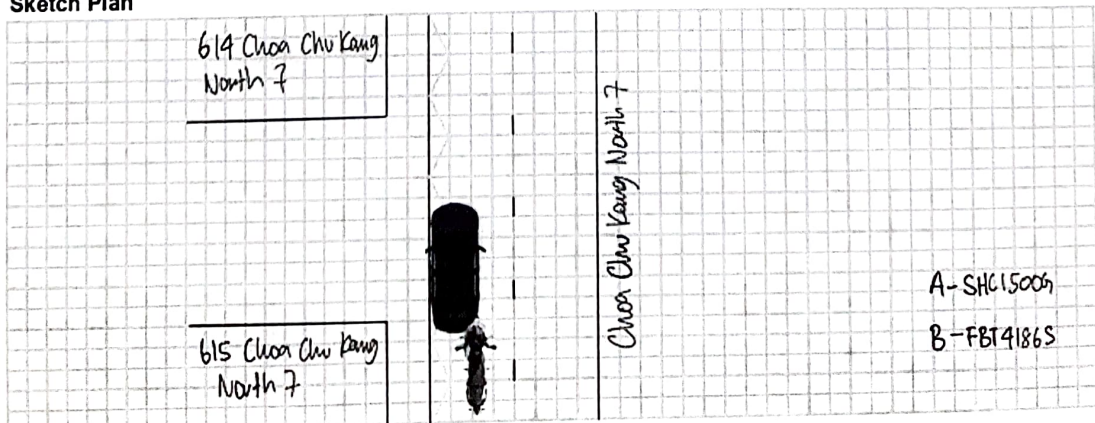
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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

Driver's Signature (If driver is not the policyholder) / Date & Time 03/08/22 1930

Witnessed by Reporting Centre Personnel Amin

Sketch Plan



Describe Circumstances of the Accident

ON 03/08/2022 AT ABOUT 1810HRS, I WAS DRIVING VEHICLE A (SHC1500G) ALONG CHOA CHU KANG NORTH 7. I STOPPED AT THE ROAD SIDE NEAR 615 CHOA CHU KANG NORTH 7 TO WRITE DOWN NOTES, WHEN SUDDENLY VEHICLE B (FBT4186S) HIT ME FROM THE RIGHT REAR. RIDER OF VEHICLE B CONVEYED BY AMBULANCE.

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 05/08/22 1430

Witnessed by Reporting Centre Personnel *hwin*