

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

LKK-

DATE: 04.08.2022

INSURANCE: NTUC CYS

MODEL: Hyundai Ioniq

MVA: LIM T S

VEHICLE NO.: SHD6505E

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Front Bumper	1		\$ 481.10
	Front Bumper Clips	10	\$ 2.20	\$ 22.00
	Front Bumper Upper Moulding	1		\$ 368.50
	Frt Fender Shield RH	1		\$ 588.80
	Frt Wheel Cap RH	1		\$ 346.40
	Headlamp RH	1		\$ 2,110.30
	DayLight RH	1		\$ 642.50
	DayLight Grille RH	1		\$ 93.45
	SUB TOTAL			\$ 4,653.05
	LESS 20%			\$ 930.61
	TOTAL SPARE PARTS			\$ 3,722.44
	Front WestLake Tyre RH	1		\$ 216.00
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting			\$ 600.00
	Check Wirings			\$ 40.00
	Wheel Alignment			\$ 120.00
	TOTAL LABOUR			\$ 1,160.00
	ESTIMATE TOTAL			\$ 5,098.44

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:

Taylor 92495749
 4/8/22 4pm
 62 days
 4/8/22 Resurvey after repair
 Taylor C. Chua

Date/Time: 04.08.2022 10:51

Page : 1

m: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4507987

JC NO 05525492

COMER

AS COMFORT TRANSPORTATION PTE LTD
COMER NO 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

OUNT CARD NO.

REGN NO:

SHD6505E

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

TONIQ(G3)

04.08.2022 10:00

DATE/TIME IN

YR OF MANU.

23.01.2020

TARGET DATE

CHASSIS CODE

KMHC851CVLU188934

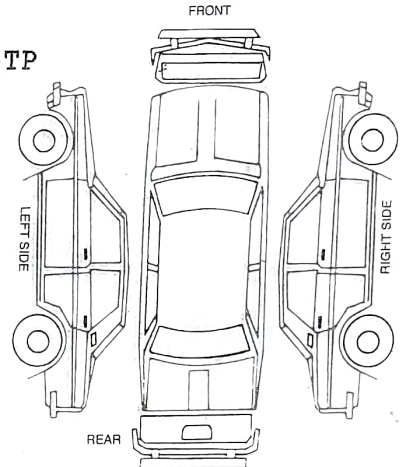
COMPLETION DATE/TIME:

JOB DESCRIPTION

ident Date: 31.07.2022
TURE: 3P 31.07.2022

JO LABOR CODE
0010 PB

DESCRIPTION
PANEL BEATING-SHD6505E-TP



ED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

Vehicle No.:

SHD6505E

: SHD6505E

LIMITS

Service Advisor

Signature/Date

Name of Service Advisor

Date

ed 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	01/08/2022 09:46 (SGT)
Reported by	Driver
Date of Accident	31/07/2022 00:30 (SGT)
Exact Location of Accident	291C Compassvale St, Singapore 543291
Additional Location Information	RUBBISH CHUTE AREA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD6505E

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) +65-98361186
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	LAI MENG CHIOU
NRIC No	SXXXX153Z
Date Of Birth	31/08/1962
Occupation	Outdoor

Date Of Driving Pass	11/04/1984
Driving experience	38 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98361186
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	165B PUNGGOL CENTRAL #03-165
Address complement	-
Postcode	822165
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 31/07/2022 AT ABOUT 0030 HOURS, I WAS DRIVING VEHICLE A (SHD6505E) PICKING UP A PASSENGER ALONG 291C COMPASSVALE STREET RUBBISH CHUTE AREA IN STATIONARY POSITION WHEN VEHICLE B (SMY2412X) WAS EXECUTING A 3-POINT TURN AND HIT HIS REAR AGAINST MY FRONT RIGHT PORTION OF MY BUMPER WHILE HE WAS REVERSING. NOBODY IS INJURED.

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	SMY2412X
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private hire
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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 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. 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

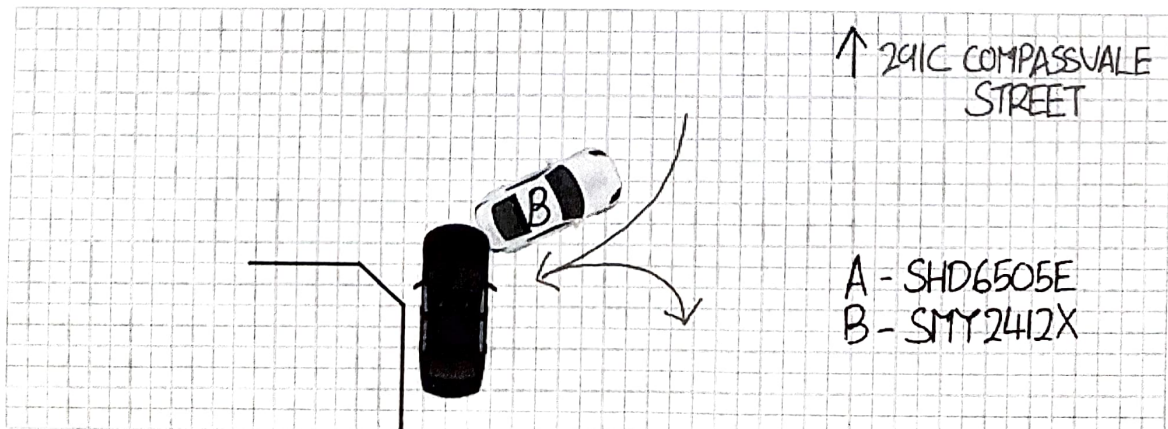
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

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Declaration

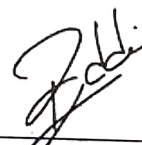
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel


31/07/22 0305


Zodi