



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305518548  
Date : 10.06.2022

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

## FINALIZATION FORM

To : LKK Fax : \_\_\_\_\_  
Attn : THEVAN  
Vehicle Reg No. : SHC8624L 01.06.2022

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

Z The repair job shall bill to: NTUC PC460A

2. The finalized amount shall be:

(a) Spare Parts after List discount \_\_\_\_\_

(b) Labour Charges \_\_\_\_\_

**Total for Part-By-Part Repair Cost** \_\_\_\_\_

(c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: \_\_\_\_\_  
**Final Lumpsum Repair cost** \$4,000.00

3. Estimated normal period for repairs: 3 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature :   
Name : CHIANG  
Tel : 62148314  
Fax : 65468156

Signature :   
Name : \_\_\_\_\_  
Date : \_\_\_\_\_

### For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid	-	N		
3. Survey Fees	-	-		
4. LTA Search Fee	\$7.49/\$2.00	YES		
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

\_\_\_\_\_

\_\_\_\_\_

**COMFORTDELGRO ENGINEERING PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO SHC8624L

DATE 01.06.2022

MAKE/REG 13.09.2018

MODEL : HYUNDAI IONIQ G2

CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER			\$459.40
1	REAR BUMPER BRACKET LH			\$55.80
1	REAR WHEEL COVER LH			\$346.40
1	REAR DOOR PANEL LH			\$2,147.90
1	REAR DOOR HANDLE LH			\$125.30
1	REAR FENDER LH			\$1,768.30
	<b>SUB TOTAL</b>			<b>\$4,903.10</b>
	<b>LESS 20%</b>			<b>\$980.62</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$3,922.48</b>
1	PETRO STICKER			\$25.00
1	REAR DOOR COMFORT APP			\$80.00
				<b>\$94.50</b>
	<b>Labour Charge</b>			
	Panel Beating			\$900.00
	Spray Painting Charge			\$600.00
	Remove/refix upholstery			\$90.00
	Check Wiring			\$60.00
	<b>TOTAL LABOUR</b>			<b>\$1,650.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$5,666.98</b>

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.

Thyvan  
 22235769  
 6/6/22 1555  
 C/S 3 days swp

**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:

Date/Time: 06.06.2022 12:44

Page : 1

Team: ABC Repair TP(CLS0)1

JOB CARD Sales Order: 4253915

JC NO 305518548

WMS **COMFORT TRANSPORTATION PTE LTD**  
 CUSTOMER NO. 7010045  
 ADDRESS 383 SIN MING DRIVE  
 Singapore SINGAPORE 575717  
 L R 65502755  
 P.

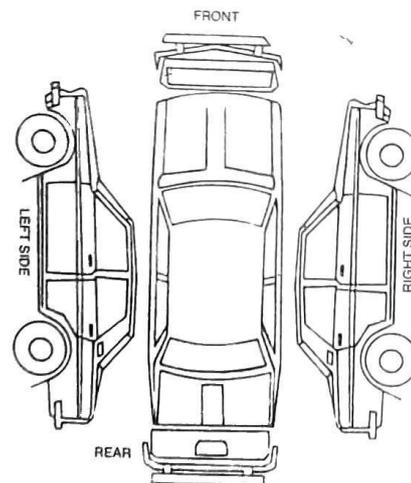
REGN NO: <b>SHC8624L</b>	MILEAGE
MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
MODEL <b>IONIQ(G2)</b>	DATE/TIME IN 06.06.2022 11:30
YR OF MANU. <b>13.09.2018</b>	TARGET DATE
CHASSIS CODE <b>KMHC851CVKU107553</b>	COMPLETION DATE/TIME:

ACCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 01.06.2022  
 NATURE: 3P 01.06.2022

S/NO                      LABOR CODE                      DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgment Slip

Exit Pass

Vehicle No.: **SHC8624L**

CHIANG

Vehicle No.: **SHC8624L**

Signature/Date

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

## SINGAPORE ACCIDENT STATEMENT

### NOTICE

Report correctly the details of the accident to speed up the claims process.  
This report must be completed by the Policyholder and/or the Authorised Driver.  
Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate liability.  
The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.  
If false reporting may be referred to the Police for investigation.  
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.  
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	02/06/2022 16:22 (SGT)
Date of Accident	01/06/2022 13:45 (SGT)
Exact Location of Accident	Exeter Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8624L
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#### 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) +65-91597520
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
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

#### DRIVER

Name of Driver	LAU YIOK KWANG
NRIC No	SXXXX997G

Date Of Birth 27/07/1955  
 Occupation Outdoor  
 Date Of Driving Pass 15/12/1980  
 Driving experience 41 YEARS AND 6 MONTHS  
 Gender Male  
 Mobile Number (Phone) +65-91597520  
 Alt. Phone Number  
 Email Address fleetsafety@cdqtaxi.com.sg  
 Address BLK 496E TAMPINE S AVE 9 #11-520  
 Address complement  
 Postcode 521496  
 Is the driver the policyholder? No  
 If No, Relationship of the Driver with the Insured Hired  
 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 Side Swipe  
 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) 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 01.06.2022 AT ABOUT 1345HRS I WAS DRIVING MY VEHICLE A SHC8624L ALONG EXETER ROAD INTENDING TO TURN LEFT INTO COM CENTRE. VEHICLE B PC460A WHICH WAS STATIONARY ON THE LEFT LANE BESIDE SINGTEL BUILDING SUDDENLY MOVE OFF WHEN MY VEHICLE A WAS ENTERING COM CENTRE. HENCE VEHICLE B RIGHT FRONT SIDE SWIPE MY VEHICLE A LEFT REAR. NO ONE WAS INJURED. PARTICULARS EXCHANGED

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 NOT SUITABLE  
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC460A  
 Vehicle Manufacturer -

nt .....  
any Name .....  
age .....  
perty damaged in accident .....  
enger (Including Driver) .....

-  
-  
-  
Bus  
GURBAJ SINGH  
(Phone) +65-85095304  
-  
-  
-

RIGHT FRONT  
-  
1

claims process.  
Any willful misrepresentation or withholding of material fact.  
of policy liability on the part of the insurance  
by the General Insurance Association  
application by interested parties.  
centre and to copies of the  
disclose  
of  
er(s)

Circumstances of the Accident

ON 01.06.2022 AT ABOUT 1345HRS I WAS DRIVING MY VEHICLE A  
3HC8624L ALONG EXETER ROAD INTENDING TO TURN LEFT INTO  
COM CENTRE. VEHICLE B PC460A WHICH WAS STATIONARY ON THE  
LEFT LANE BESIDE SINGTEL BUILDING SUDDENLY MOVE OFF WHEN  
MY VEHICLE A WAS ENTERING COM CENTRE. HENCE VEHICLE B  
RIGHT FRONT SIDE SWIPE MY VEHICLE A LEFT REAR. NO ONE WAS  
INJURED. PARTICULARS EXCHANGED

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  
02.06.2022 1410HRS

Witnessed by Reporting Centre Personnel  
Lynne Yong

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.
  - (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.

Circumstances  
 N 01.06.2022 A  
 SHC8624L AL  
 COM CENTRE  
 LEFT LANE  
 MY VE  
 IN

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

*[Handwritten Signature]*

02-06-2022 1355HRS

*[Handwritten Signature]*

Kyan Yong

A - SHC8624L  
 B - PC 460A

