



Our Job Ref No : 305518541  
 Date : 08/06/22

**COMFORTDELGRO**  
 ENGINEERING

ComfortDelGro Engineering Pte Ltd  
 30, Ayer Rajah Crescent, Singapore 639064  
 Fax: 6342 8158

**FINALIZATION FORM**

To : LKK Fax :  
 Attn : Mr Thevsn  
 Vehicle Reg No : SHC8363P 01.06.2022

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

1. The repair job shall bill to: NTUC - SLR6594B
2. The finalized amount shall be:
 

|  |                 |
|--|-----------------|
| (a) Spare Parts after List discount                  | \$17.60         |
| (b) Labour Charges                                   | \$880.00        |
| <b>Total for Part-By-Part Repair Cost</b>            | <b>\$897.60</b> |
|  |                 |
| (c.) Lumpsum Repair (if applicable)                  |                 |
| Total for Lumpsum repair cost after Less: <u>20%</u> | -----           |
| Final Lumpsum Repair cost                            | -----           |

3. Estimated normal period for repairs: 2 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 : Ms. Loke YY  
 Tel : 62148355  
 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                               |                 | NO                          |                        |         |
| 3. Survey Fees                                       |                 |                             |                        |         |
| 4. LTA Search Fee                                    | \$7.49 / \$2.00 |                             |                        |         |
| 5. Medical Fees (on behalf of driver, if applicable) |                 |                             |                        |         |
| 6. Overrun   |                 |                             |                        |         |

Remarks:

\_\_\_\_\_

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: 4253891

JC NO 305518541

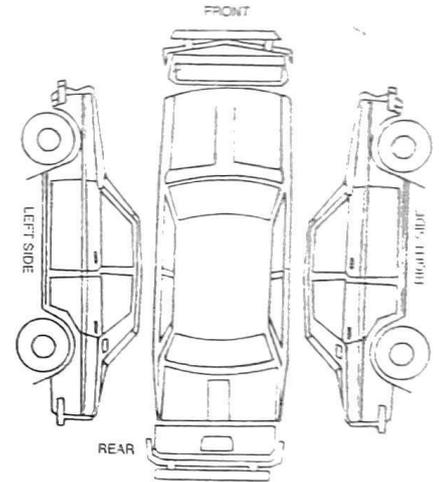
|   |   |   |
|---|---|---|
| CUSTOMER<br>NAME: COMFORT TRANSPORTATION PTE LTD<br>CUSTOMER NO. 7010045<br>ADDRESS 383 SIN MING DRIVE<br>Singapore SINGAPORE 575717<br>TEL (R) 65508755 (O)<br>(P) | REGN NO:<br><b>SHC8363P</b>               | RELEASE                                 |
|   | MAKE:<br><b>HYUNDAI</b>                   | FUEL<br>E 12 F                          |
|   | MODEL:<br><b>IONIQ(G3)</b>                | DATE/TIME IN<br><b>06.06.2022 10:20</b> |
|   | YR OF MANU:<br><b>28.09.2021</b>          | TARGET DATE                             |
|   | CHASSIS CODE:<br><b>KMHC851CVLU183747</b> | COMPLETION DATE/TIME                    |

SCOUNT 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 \_\_\_\_\_

Acknowledgement Slip  
 No.: **SHC8363P**                      **YY**  
 Signature/Date  
 returned to Service Reception upon collection

Exit Pass  
 Vehicle No.: **SHC8363P**  
 Name of Service Advisor \_\_\_\_\_  
 Date \_\_\_\_\_  
 To be kept by Security Guard

**COMFORT TRANSPORTATION PTE LTD**

**REPAIR ESTIMATE**

Vehicle No. : SHC8363P  
 Make : HYUNDAI  
 Model : IONIQ(G3)

Date: 06/06/22  
 Insurance: NTUC  
 MVA: MS. LOKE YY

| Qty | Parts Description / Labour   | Type | Unit Price | Amount      |
|-----|------------------------------|------|------------|-------------|
| 1   | EMBLEM - HYBRID              |      |            | \$ 26.60    |
| 10  | REAR BUMPER CLIPS            |      |            | \$ 22.00    |
|     | <b>SUB TOTAL</b>             |      |            | \$ 48.60    |
|     | <b>LESS 20%</b>              |      |            | \$ 9.72     |
|     | <b>DISCOUNTED TOTAL</b>      |      |            | \$ 38.88    |
|     |                              |      |            | \$ -        |
|     | <b>Labour Charge</b>         |      |            |             |
|     | PANEL BEATING                |      |            | \$ 400.00   |
|     | SPRAY PAINTING CHARGE        |      |            | \$ 600.00   |
|     | REMOVE/ REFIX REVERSE SENSOR |      |            | \$ 60.00    |
|     | <b>TOTAL LABOUR</b>          |      |            | \$ 1,060.00 |
|     | <b>ESTIMATE TOTAL</b>        |      |            | \$ 1,098.88 |

X SVC  
 / N.C

350  
 500  
 30

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.

Thavan  
 82235769  
 6/6/22 1615  
 P/P 2 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:

# 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              | 01/06/2022 18:53 (SGT)                |
| Date of Accident                | 01/06/2022 15:50 (SGT)                |
| Exact Location of Accident      | Balestier Rd, Singapore               |
| Additional Location Information | BALESTIER ROAD TOWARDS SERANGOON ROAD |
| Country/State of Loss           | Singapore                             |

## DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHC8363P                       |
| 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) +65-92256883           |
| 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 | CHAY CHEE KONG |
| NRIC No        | SXXXX134J      |

|  |                                   |
|--|-----------------------------------|
| Date Of Birth  | 13/01/1969                        |
| Occupation   | Outdoor                           |
| Date Of Driving Pass   | 27/11/1999                        |
| Driving experience   | 22 YEARS AND 7 MONTHS             |
| Gender   | Male                              |
| Mobile Number  | (Phone) +65-92256883              |
| Alt. Phone Number  | -                                 |
| Email Address  | fleetsafety@cdgtaxi.com.sg        |
| Address  | BLK 426D YISHUN AVENUE 6 #13-1075 |
| Address complement   | -                                 |
| Postcode   | 764462                            |
| Is the driver the policyholder?                              | No                                |
| If No, Relationship of the Driver with the Insured           | RELIEF                            |
| 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   | Hit and run / Vandalism / Damaged whilst parked |
| 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)   | 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?  | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom?                     | -  |

CIRCUMSTANCES OF ACCIDENT

ON 01.06.2022 AT ABOUT 1550HRS I WAS DRIVING MY VEHICLE A SHC8363P ON THE 2ND LANE OF BALESTIER ROAD TOWARDS SERANGOON ROAD. VEHICLE B SLR6594B OVER TOOK ME FROM BEHIND SIDE SWIPE MY VEHICLE A RIGHT REAR. I HONK VEHICLE B BUT DID NOT STOP. MY PASSENGERS ARE NOT 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 NOT SUITABLE |
| Was there any audio recorded?                     | No                |

DETAILS OF OTHER VEHICLE PROPERTY 1

|   |             |
|---|-------------|
| Vehicle Registration Number             | SLR65948    |
| Vehicle Manufacturer                    | Toyota      |
| Vehicle Model                           | -           |
| Vehicle Variant                         | -           |
| Vehicle Colour                          | -           |
| Vehicle Category                        | Private car |
| 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)     | 1           |

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.

*Handwritten signature*

*Handwritten signature*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

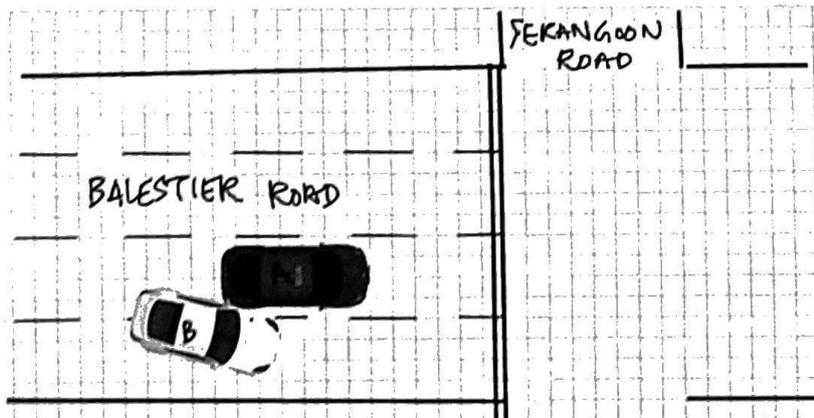
Sketch Plan

01-06-2022

1710HRS

Kyan Yang

A - SHC 8363P  
 B - SLR 6594B



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

*AW*  
\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time  
01.06.2022 1725HRS

*[Signature]*  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
*[Signature]*