



**COMFORT TRANSPORTATION PTE LTD**

**REPAIR ESTIMATE**

Vehicle No. : SHD4059P  
 Make : HYUNDAI  
 Model : IONIQ(G3)

Date: 17.09.2022  
 Insurance: *Income*  
 MVA: MS. LOKE YY

*LS*

Qty	Parts Description / Labour	Type	Unit Price	Amount	
1	RADIATOR GRILLE			\$ 1,409.10	<i>del</i>
1	FRT BUMPER SIDE GRILLE MOULDING LH			\$ 93.45	<i>del</i>
1	DAY LIGHT LH			\$ 642.50	<i>del</i>
1	FRT BUMPER			\$ 481.10	<i>del</i>
1	FRT BUMPER REINFORCEMENT			\$ 1,136.70	<i>?</i>
1	FRT BUMPER MOULDING CENTRE UPPER			\$ <del>368.50</del>	<i>del</i>
2	FRT BUMPER SIDE BRACKET LH			\$ <del>56.00</del>	<i>del</i>
10	FRT BUMPER CLIPS			\$ 22.00	<i>del</i>
1	FRT BUMPER CENTRE GRILLE			\$ 318.80	<i>del</i>
1	FRT BUMPER LOWER GRILLE MOULDING			\$ 127.60	<i>del</i>
1	HEADLAMP SUPPORT PANEL ASSY			\$ 949.30	<i>x</i>
1	HEADLAMP LH			\$ 2,110.30	<i>x</i>
1	FRT BUMPER LOWER STIFFNER			\$ 285.10	<i>?</i>
1	FRT FENDER SHIELD LH			\$ 164.70	<i>x</i>
1	FRT UNDER COVER LH			\$ 225.00	<i>?</i>
	<b>SUB TOTAL</b>			\$ 8,390.15	
	<b>LESS 20%</b>			\$ 1,678.03	
	<b>DISCOUNTED TOTAL</b>			\$ 6,712.12	
1	FRT NUMBER PLATE WITH TRIM COVER			\$ <del>55.00</del>	<i>bt</i>
				\$ 55.00	Nett
					nett
	<b>Labour Charge</b>				
	PANEL BEATING			\$ 1,050.00	<i>250</i>
	SPRAY PAINTING CHARGE			\$ 300.00	<i>250</i>
	CHECK ALL LIGHTING			\$ 60.00	<i>30</i>
	<b>TOTAL LABOUR</b>			\$ 1,350.00	
	<b>Emblem-Blue Drive (LH/RH)</b>				
	<b>ESTIMATE TOTAL</b>			\$ 8,117.12	

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.

*Tanfkin 97495749*  
*17/10/22 @ 3pm*  
*cls passing after repair*  
*2 days*  
*Tanfkin C Wharfedale*

**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:

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: 5034966

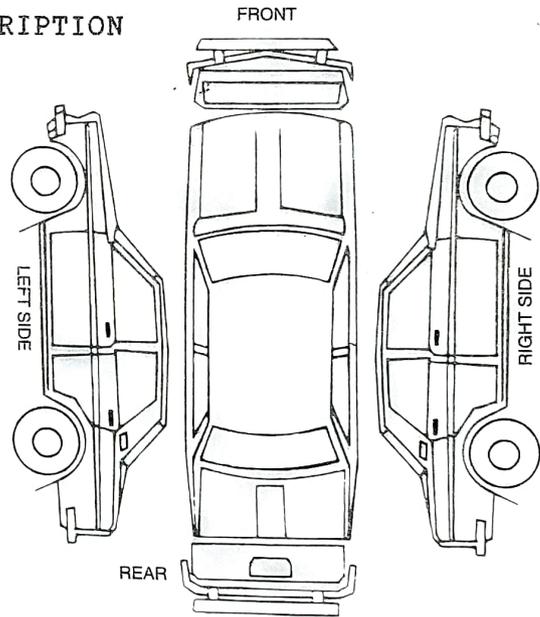
JC NO305533353

CUSTOMER VR/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. <b>SHD4059P</b>	MILEAGE
	MAKE <b>HYUNDAI</b>	FUEL E.....1/2.....
	MODEL <b>IONIQ(G3)</b>	DATE/TIME IN <b>15.10.2022 11:35</b>
	YR OF MANU <b>30.10.2019</b>	TARGET DATE
	CHASSIS CODE <b>KMHC851CVLU187731</b>	COMPLETION DATE/TIME:

Accident Date: 15.10.2022  
NATURE: 3P 15.10.2022

JOB DESCRIPTION

S/NO                      LABOR CODE                      DESCRIPTION



CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

me:  
No.:  
Vehicle No.: **SHD4059P**                      **YY**

Vehicle No.:  
**SHD4059P**

Signature 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 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. 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 ..... 17/10/2022 08:40 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 15/10/2022 11:35 (SGT)  
Exact Location of Accident ..... Alexandra Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD4059P

### 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) +65-96556285  
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 - Reporting only  
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 ..... KAMARUDIN BIN AHAMAD  
NRIC No ..... SXXXX785C  
Date Of Birth ..... 13/09/1962  
Occupation ..... Outdoor

Date Of Driving Pass ..... 28/05/1982  
 Driving experience ..... 40 YEARS AND 5 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-96556285  
 Alt. Phone Number ..... -  
 Email Address ..... fleetsafety@cdgtaxi.com.sg  
 Address ..... BLK 429 PASIR RIS DRIVE 6 #02-13  
 Address complement ..... -  
 Postcode ..... 510429  
 Is the driver the policyholder? ..... No  
 If No, Relationship of the Driver with the Insured ..... RELIEF DRIVER  
 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 - Cross Junction  
 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) ..... 3  
 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 ..... -

PASSENGER 1

Name ..... UNKNOWN  
 Gender ..... Female

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

REFER TO POLICE REPORT T/20221015/2050

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 .....	FBS7408M
Vehicle Manufacturer .....	Yamaha
Vehicle Model .....	Aerox
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	LIEW HIN WEY
NRIC No .....	SXXXX157E
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 .....	LIEW HIN WEY
Gender .....	Male
Phone No .....	(Phone) +65-96556285
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	ABRASION ON LEG
Injured person in which vehicle? .....	FBS7408M
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

#### INJURED 2

Name of injured person .....	KAMARUDIN BIN AHAMAD
Gender .....	Male
Phone No .....	-
Address .....	BLK 429 PASIR RIS DRIVE 6 #02-13
Address Complement .....	-
Post Code .....	510429
Approximate Age Years Old .....	60
Injuries Sustained .....	LEFTT SHOULDER PAIN
Injured person in which vehicle? .....	SHD4059P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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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.
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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.

FLASH ACCIDENT REPORTING OFFICER

FRO BALAJI



Policyholder's Signature / Date & Time

Sketch Plan

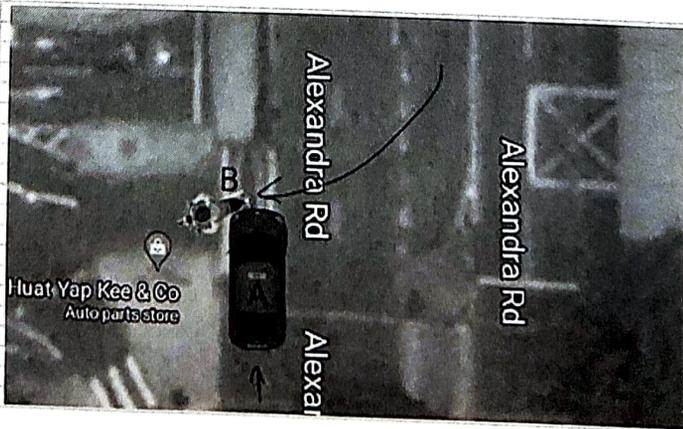
Driver's Signature (if driver is not the policyholder) / Date & Time

1340hrs 15/10/22

Witnessed by Reporting Centre Personnel

A. SHD4059P  
B. FBS7408M

ALEXANDRA ROAD



Describe Circumstances of the Accident

REFER TO POLICE REPORT.

**Declaration**

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

**FLASH ACCIDENT  
REPORTING OFFICER**

FRO BALAJI



\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

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

1340hrs 15/10/22

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel