

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO **SHC2577D**

16.06.2023

MAKE **REG. 21.10.2019**

CHIANG/INCOME

MODEL **IONIQ G3**

Qty	Parts Description/ Labour	Type	Amount
1	REAR BUMPER		del ✓ \$459.40
1	REAR BUMPER SIDE BRACKET LH/RH		\$55.80 holder ✓ \$111.60 <i>RHX</i>
10	REAR BUMPER CLIPS		\$2.20 rec ✓ \$22.00
1	REAR BUMPER CENTRE MOULDING		del ✓ \$451.25
1	REAR BUMPER LOWER CENTRE MOULDING		X \$155.00
1	REAR BUMPER REINFORCEMENT		? \$394.80
2	REAR REINFORCEMEN STAY LH/RH		\$138.10 LH? ✓ \$276.20 <i>RHX</i>
1	REAR BUMPER FOG LAMP		X \$201.50
1	REAR BUMPER REFLECTOR LH		X \$41.45
1	TOWING COVER		mis ✓ \$98.80
	SUB TOTAL		\$2,212.00
	20.00%		\$442.40
	DISCOUNTED TOTAL		\$1,769.60
1	REAR NUMBER PLATE W/HOLDER		X \$55.00
1	REAR REVERSE SENSOR		now ✓ \$180.00
1	REAR BUMPER MAT		not ✓ \$50.00
			\$261.50
	Labour Charge		
	Panel Beating		250 \$600.00
	Spray Painting Charge		250 \$400.00
	Check Wiring and Lighting		X \$60.00
	Remove/refix Reverse sensor		30 \$60.00
	TOTAL LABOUR		\$1,120.00
	ESTIMATE TOTAL		\$3,151.10
<p>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.</p>			

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: _____

Tang Min 97495749
 up 12/6/23 2434
 CLS Resurvey after repair
 2 days

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 5900759

JC NO305557994

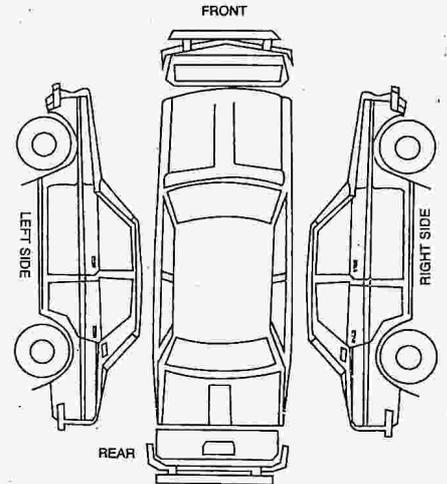
CUSTOMER MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) COUNT CARD NO.	REGN NO.: SHC2577D	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G3)	DATE/TIME IN 17.06.2023 19:30
	YR OF MANU. 30.10.2019	TARGET DATE
	CHASSIS CODE KMHC851CVLU187598	COMPLETION DATE/TIME:

Desme

JOB DESCRIPTION

Ident Date: 17.06.2023
NATURE: 3P 17.06.2023

3/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

Vehicle No.: **SHC2577D** **CHIANG**

Vehicle No.: **SHC2577D**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

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 19/06/2023 11:07 (SGT)
Reported by Actual Driver
Date of Accident 17/06/2023 18:45 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information AFTER BOUNA VISTA
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC2577D
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) +65-91869995
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 HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number VFX/P2419138

DRIVER

Name of Driver DIONG ROLAND
NRIC No SXXXX932A
Date Of Birth 28/08/1957
Occupation Outdoor

Date Of Driving Pass 15/10/1991
 Driving experience 31 YEARS AND 8 MONTHS
 Gender Male
 Mobile Number (Phone) +65-91869995
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 723 PASIR RIS STREET 72 # 11 - 129
 Address complement -
 Postcode 510723
 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) 2
 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 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 17.06.2023 AT ABOUT 1845HRS I WAS DRIVING VEHICLE A SHC2577D FETCHING MY PASSENGER TO BOAT QUAY. VEHICLE A WAS ON THE 1ST LANE OF AYE / CITY. AFTER BOUNA VISTA, TRAFFIC WAS HEAVY I SLOWED DOWN AND STOP VEHICLE A AS VEHICLES IN FRONT WERE STOPPING. VEHICLE B SMK4842Z FRONT RIGHT THEN REAR ENDED STATIONARY VEHICLE A REAR LEFT. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION. SCENE PHOTOS TAKEN. 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 IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SMK4842Z
Vehicle Manufacturer	Honda
Vehicle Model	Fit
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private hire
Name of Driver	ZULKIFLI
Contact Number	(Phone) +65-81194847
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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.**
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 lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the center 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
KYMI**

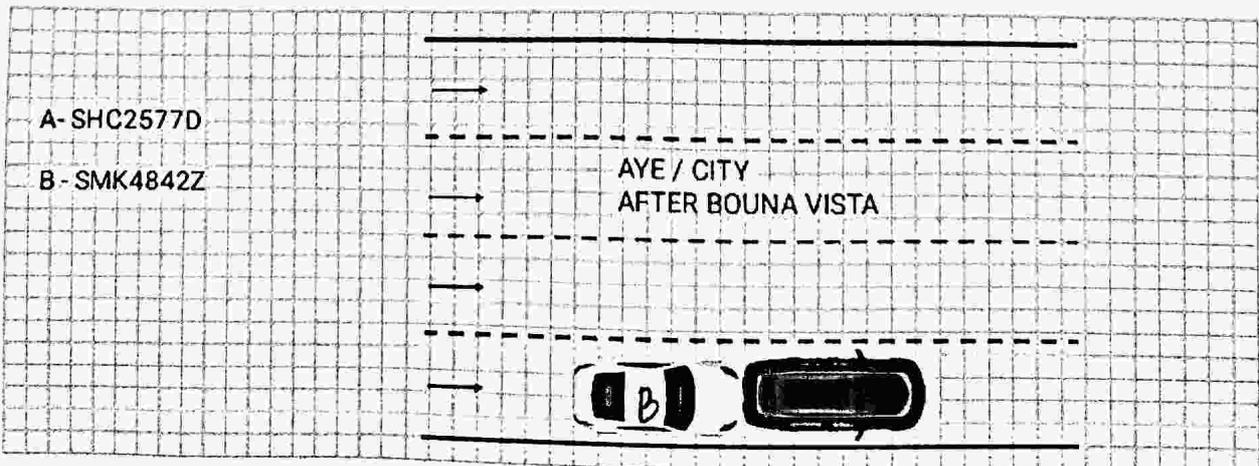


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time
19.06.2023. 0940HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

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MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION.
SCENE PHOTOS TAKEN.
PARTICULARS EXCHANGED.

Declaration

We declare the foregoing particulars are true in every respect.



**FLASH ACCIDENT
REPORTING OFFICER
KYMI**



Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time 19.06.2023. 0945HRS

Witnessed by Reporting Centre
Personnel