

China (Usun)

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 13.06.2023
Time: 09:27:22
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305557496
REGN NO : SHA3308T
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 30.04.2019
DATE/TIME IN : 13.06.2023 08:00
ACCIDENT DATE : 13.06.2023

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2538-G MIRROR ASSY-O/S RR VIEW R 1 1,391.70 20.00 1,113.36

SUB-TOTAL : 1,113.36

JOB NATURE

0000 L PANEL BEAT 120.00 ✓
0001 SP SPRAYPAINT CHARGE 120.00 ✓

SUB-TOTAL : 240.00

TOTAL : 1,353.36

MVA NAME & SIGNATURE
DATE:

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE:

Tanphir 97445749
up 13/6/23 @ 10am
L/S Resurvey after repair
Tanphir @ 11h45 - 10am
01 day

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: 13.06.2023 09:25

Page : 1

Item: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5899996

JC NO305557496

OWNER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)	REGN NO.: SHA3308T	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G2)	DATE/TIME IN 13.06.2023 08:00
	YR OF MANU. 30.04.2019	TARGET DATE
	CHASSIS CODE KMHC851CVKU146164	COMPLETION DATE/TIME:

OUNT CARD NO.

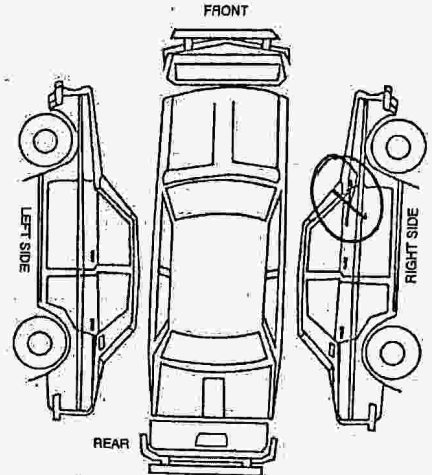
Accident Date: 13.06.2023
ATURE: 3P.12.06.23

JOB DESCRIPTION

SMP 6685X

NO LABOR CODE
0020 L
0030 SP

DESCRIPTION
PANEL BEAT
SPRAYPAINT CHARGE



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

lo.: SHA3308T

JU CHINA

Exit Pass

Vehicle No.:

SHA3308T

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned 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 13/06/2023 09:33 (SGT)
Reported by Actual Driver
Date of Accident 12/06/2023 21:55 (SGT)
Exact Location of Accident 416 Geylang Rd, Singapore 389393
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA3308T

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) +65-92393818
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 SEAH SEAK CHAY
NRIC No SXXXX346A
Date Of Birth 01/08/1970
Occupation Outdoor

Date Of Driving Pass 13/01/1989
 Driving experience 34 YEARS AND 5 MONTHS
 Gender Male
 Mobile Number (Phone) +65-92393818
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 223 LORONG 8 TOA PAYOH # 16 - 753
 Address complement -
 Postcode 310223
 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 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) 4
 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

PASSENGER 2

Name UNKNOWN
 Gender Female

PASSENGER 3

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 12.06.2023 AT ABOUT 2155HRS I STOP VEHICLE A SHA3308T ON THE MOST LEFT LANE OF 416 GEYLANG ROAD TO WAIT FOR MY ON CALL PASSENGERS.
 VEHICLE B SMP6685X THEN DROVE PAST ON MY RIGHT AND COLLIDED ONTO STATIONARY VEHICLE A RIGHT WING MIRROR.
 MY PASSENGERS ARE NOT INJURED AND I PROCEEDED TO SEND THEM TO DESTINATION AT M HOTEL.
 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 NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number SMP6685X
Vehicle Manufacturer Honda
Vehicle Model Freed
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private hire
Name of Driver AZMIN BIN ABDUL RAHMAN
NRIC No SXXXX061H
Contact Number (Phone) +65-92385606
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage LEFT
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorized 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 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.

[Signature]

FLASH ACCIDENT
REPORTING OFFICER
KYMI



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 13.06.2023. 0855HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SHA3308T	UNIT 416	NO SIGN BOARD RESTAURANT
B - SMP6685X	GEYLANG ROAD	

Describe Circumstances of the Accident

ON 12.06.2023 AT ABOUT 2155HRS I STOP VEHICLE A SHA3308T ON THE MOST LEFT LANE OF 416 GEYLANG ROAD TO WAIT FOR MY ON CALL PASSENGERS.
VEHICLE B SMP6685X THEN DROVE PAST ON MY RIGHT AND COLLIDED ONTO STATIONARY VEHICLE A RIGHT WING MIRROR.
MY PASSENGERS ARE NOT INJURED AND I PROCEEDED TO SEND THEM TO DESTINATION AT M HOTEL.
SCENE PHOTOS TAKEN.
PARTICULARS EXCHANGED.

Declaration

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
13.06.2023. 0900HRS

FLASH ACCIDENT
REPORTING OFFICER
KYMI
Witnessed by Reporting Centre Personnel