

## CITYCAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO SHC 831H

DATE 14.08.2024

MAKE REG. 14.01.2020

CHIANG /STRIDES/FCAP

MODEL TOYOTA PRIUS G4A

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER X R			\$551.89
1	REAR BUMPER LOWER COVER / DEF			\$654.96
1	REAR BUMPER REINFORCEMENT			\$378.32
10	REAR BUMPER CLIP X		\$2.20	\$22.00
1	REAR BUMPER REFLECTOR RH ?			\$55.00
	<b>SUB TOTAL</b>			<b>\$1,662.17</b>
	<b>25.00%</b>			<b>\$415.54</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$1,246.63</b>
1	REAR BUMPER MAT X			\$50.00
1	REAR BUMPER ADVERTISEMENT / PK			\$80.00
2	REAR FENDER ADVERTISEMENT LH/RH / PK		\$100.00	\$200.00
1	REAR REVERSE SENSOR X			\$135.70
				<b>\$465.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$760.00
	Spray Painting Charge			\$350.00
	Remove/Refix Reverse Sensor			\$60.00
	<b>TOTAL LABOUR</b>			<b>\$1,170.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$2,882.32</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.				

Steve CLKK)

15/8/24, 4.30pm

w R

L/S

L/S  
2 L/S

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 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 QIA 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 First Submission	15/08/2024 11:48 (SGT)
Reported by	Actual Driver
Date of Accident	14/08/2024 23:00 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	OUTSIDE NQEE ANN CITY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC831H
<b>INSURED/POLICYHOLDER</b>	
Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-81251686
Alternative Phone No	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	5DR HATCHBACK (AUTO)
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	1798
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	JTDKKB3FU003090411
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101860MFACT

### DRIVER

Name of Driver	LEE KOK NGEE
NRIC No	SXXXX338G
Date Of Birth	28/02/1966
Occupation	Outdoor
Driving Pass Date	19/03/1986
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	38 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81251686
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 733 WOODLANDS CIRCLE #11-05
Address complement	-
Postcode	730733
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Male

#### PASSENGER 2

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 14/08/2024 AT ABOUT 2300HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SHC831H ENROUTE FROM AFTER PICKING UP MY PASSENGERS AT GRAND HYATT HOTEL TO DROP OFF MY PASSENGERS TO MBS CASINO FOR WORK PURPOSES. WHILE DRIVING ALONG LANE 2 OF ORCHARD ROAD OUT SIDE NGEE ANN CITY THE VEHICLES INFRONT OF ME SLOWED DOWN AND I STOPPED I TOO SLOWED DOWN AND STOPPED. AFTER STATIONARY FOR ABOUT 10SECONDS THE FRONT OF VEHICLE (B) BEARING REGISTRATION NUMBER SHC4323G HIT ONTO THE REAR OF MY VEHICLE. I SUSTAINED NECK PAIN AND WILL SEE DOCTOR. MY PASSENGERS ALSO SUSTAINED NECK PAIN AS WELL, AND I TOLD THEM TO CONTACT COMFORTDELGRO.

#### 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 SHC4323G  
 Vehicle Manufacturer Toyota  
 Vehicle Model PRIUS HYBRID 1.8 CVT  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Taxi  
 Name of Driver LIN YI KUAN  
 NRIC No SXXXX658B  
 Contact Number -  
 Address -  
 Address complement -  
 Postcode -  
 Insurance Company Name -  
 Nature Of Damage -  
 Details of property damaged in accident -  
 No. Of Passenger (Including Driver) -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person LEE KOK NGEE  
 Gender Male  
 Phone No (Phone) +65-81251686  
 Address BLK 733 WOODLANDS CIRCLE #11-95  
 Address Complement -  
 Post Code 730733  
 Approximate Age Years Old 58  
 Injuries Sustained NECK PAIN  
 Injured person in which vehicle? SHC831H  
 Were seat belts worn? Yes  
 Was this injured conveyed to hospital by ambulance? No

##### INJURED 2

Name of injured person UNKNOWN  
 Gender Male  
 Phone No -  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained NECK PAIN  
 Injured person in which vehicle? SHC831H  
 Were seat belts worn? Yes  
 Was this injured conveyed to hospital by ambulance? No

##### INJURED 3

Name of injured person UNKNOWN  
 Gender Male

Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SHG831H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

# 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.

Policyholder's Signature / Date & Time

Sketch Plan

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

15/08/2024 0300HRS

Witnessed by Reporting Centre Personnel

