

## COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATEDATE: 23.09.2024MODEL: Toyota PriusVEHICLE NO.: SH 6683YINSURANCE: SMB8029B  
SMRT BUSMVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Wing Mirror LH / <i>BR</i>	1		\$ 1,390.10
	Wing Mirror Outer Cover LH / <i>MIS</i>	1		\$ 141.90
	Front Fender (Hybrid) LH / <i>NPC</i>	1		\$ 86.50
	<b>SUB TOTAL</b>			\$ 1,618.50
	<b>LESS 25%</b>			\$ 404.63
	<b>DISCOUNTED TOTAL</b>			\$ 1,213.88
	Front Door (ComfortDelGro) LH / <i>NPC</i>	1		\$ 75.00
	Front Door Adv.Sticker LH / <i>NPC</i>	1		\$ 100.00
	Front Fender Adv.Sticker LH / <i>NPC</i>	1		\$ 100.00
	<b>NETT TOTAL</b>			\$ 275.00
	<b>Labour Charge</b>			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 700.00
	<b>TOTAL LABOUR</b>			\$ 1,100.00
	<b>ESTIMATE TOTAL</b>			\$ 2,588.88

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 (LKK)

23/9/24, 3:30pm

L L

L/S

by AL 1y  
2 days

- 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:

Toyota Prius

Date/Time: 23.09.2024 10:59

Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: 5954889

JC NO305604658

CUSTOMER  MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (P) 65508755 (O) (P)  COUNT CARD NO.	REGN NO: SH 6683Y	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL PRIUS HYBRID(G4)23.	DATE/TIME IN 09.2024 09:00
	YR OF MANU. 23.08.2017	TARGET DATE
	CHASSIS CODE JTDKB3FU603563406	COMPLETION DATE/TIME:

JOB DESCRIPTION

LS

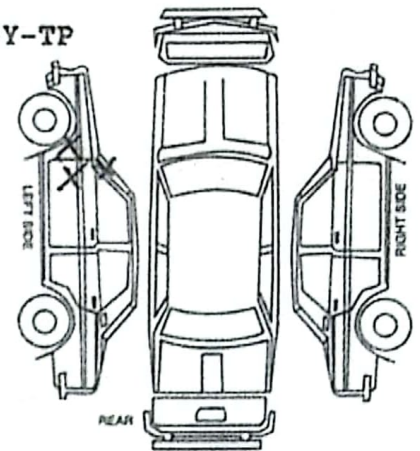
dent Date: 23.09.2024  
RE: 3P 23.09.2024

MSFCAP

SMB 8029B  
SMRT BUS

10 LABOR CODE  
PB

DESCRIPTION  
LUMPSUM REPAIR-SH 6683Y-TP



BOOKED & PASSED OUT BY:

ADV

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedgement Slip

Exit Pass

No.: SH 6683Y

LIMITS

Vehicle No.: SH 6683Y

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 First Submission	23/09/2024 11:45 (SGT)
Reported by	Actual Driver
Date of Accident	23/09/2024 08:10 (SGT)
Exact Location of Accident	Woodlands Ave 2, Singapore
Additional Location Information	BEFORE AVE 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6683Y
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) +65-91997701
Alternative Phone No	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	HYBRID 1.8 CVT
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	JTDKB3FU603563406
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101861MFCT

### DRIVER



Accident report SA1K249N000E



Name of Driver	MOK KOK MENG
NRIC No	SXXXX281Z
Date Of Birth	18/06/1950
Occupation	Outdoor
Driving Pass Date	07/07/1972
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	52 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91997701
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	146 WOODLANDS ST 13 #05-909
Address complement	-
Postcode	730146
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 - Change/cross lane
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 23/09/2024 AT ABOUT 0810HRS I WAS DRIVING VEHICLE A(SH6683Y) ALONG WOODLANDS AVE 2 WHERE I WAS SUPPOSEDLY TO DROP OFF MY PASSENGER AT KIAN TECK. WHILE DRIVING ALONG THE WOODLANDS AVE 2 ON THE 2ND LANE, VEHICLE B(SMB8029B) CUT INTO THE LANE FROM THE 4TH LANE TO THE 2ND LANE AND WHICH VEHICLE B HIT ONTO THE LEFT SIDE WING MIRROR OF MY VEHICLE. NO ONE WAS INJURED.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera?  
Reasons for not uploading a video of the accident

Yes  
FILE IS NOT SUITABLE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB8029B
Vehicle Manufacturer	Man
Vehicle Model	NG 363F (A24)
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	WANG ZHAOJIN
NRIC No	GXXXXX377U
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT RIGHT HAND SIDE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT 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 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 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.
  - (b) 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.

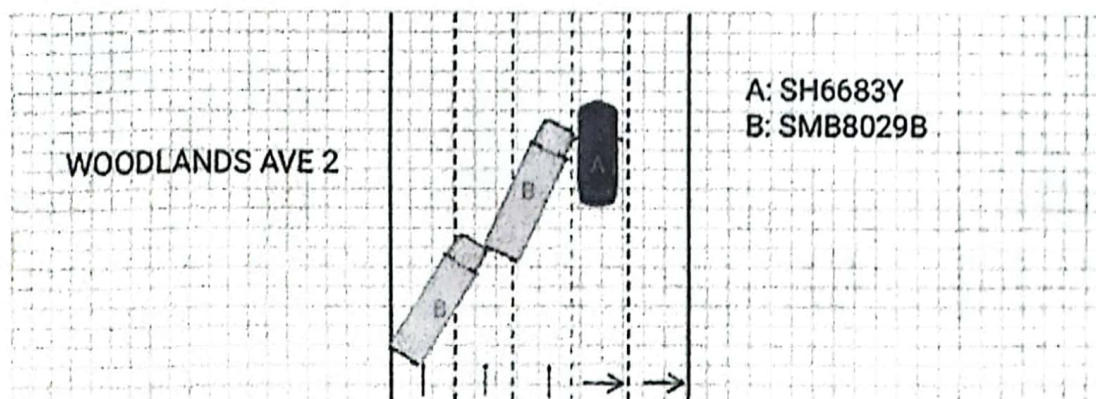
Policyholder's Signature / Date &amp; Time

Sketch Plan

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

 23/09/2024  
1015hrs


Witnessed by Reporting Centre Personnel





## Describe Circumstances of the Accident

ON 23/09/2024 AT ABOUT 0810HRS I WAS DRIVING VEHICLE A(SH6683Y) ALONG WOODLANDS AVE 2 WHERE I WAS SUPPOSEDLY TO DROP OFF MY PASSENGER AT KIAN TECK. WHILE DRIVING ALONG THE WOODLANDS AVE 2 ON THE 2ND LANE, VEHICLE B(SMB8029B) CUT INTO THE LANE FROM THE 4TH LANE TO THE 2ND LANE AND WHICH VEHICLE B HIT ONTO THE LEFT SIDE WING MIRROR OF MY VEHICLE. NO ONE WAS INJURED.

## Declaration

I/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

23/09/2024  
1015hrs

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

