

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHB6300P
MAKE TOYOTA
MODEL PRIUS

DATE: 16.07.24
MVA JUMANI
DOA: 16.07.24

SMRTBUS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER ASSY X R			\$503.04
1	REAR BUMPER SIDE BRACKET LH X			\$94.80
10	REAR BUMPER CLIPS X			\$22.00
1	REAR FENDER LH X R			\$992.04
1	REAR DOOR ASSY LH / DD			\$1,258.30
1	ROCKER PANEL GARNISH LH 1/2 R / DEF			\$576.00
1	WHEEL RIM LH / CUT			\$1,555.00
SUB TOTAL				\$5,001.18
LESS 25%				\$1,250.04
DISCOUNTED TOTAL				\$3,750.14
REAR DOOR APPS LOGO / APC				\$80.00
PARTOL STICKER X APC 1/2				\$40.00
Petrol TOTAL NET				\$120.00
Labour Charge				
PANEL BEATING - 760				\$1,400.00
SPRAY PAINT 1120				\$1,200.00
REMOVE/REFIX REVERSE SENSOR X				\$50.00
CHECK WIRING 30				\$50.00
TRANSFER DOOR PARTS 50				\$120.00
TUFF KOTE 20				\$50.00
TOTAL LABOUR				\$2,870.00
ESTIMATE TOTAL				\$6,740.14
This is an initial estimate based on the information provided. The final repair quantum will be prepared after the vehicle is inspected by the insurance company.				

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: 16.07.2024 16:18

Page : 1

ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5947043

JC NO305597757

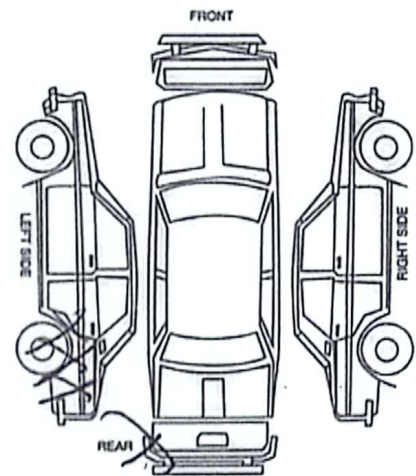
MER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)	REGN NO: SHB6300P	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL: PRIUS HYBRID(G4A16)	DATE/TIME IN 07.2024 13:30
	YR OF MANU: 20.12.2019	TARGET DATE
	CHASSIS CODE: JTDKE3FU803090463	COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 16.07.2024
NATURE: 3P.16.07.24/C

NO LABOR CODE DESCRIPTION



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Signature Slip

Exit Pass

Vehicle No.: **SHB6300P**

JU SMRT

Vehicle No.:

SHB6300P

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	16/07/2024 15:36 (SGT)
Reported by	Actual Driver
Date of Accident	16/07/2024 10:00 (SGT)
Exact Location of Accident	Pasir Panjang Rd, Singapore
Additional Location Information	TOWARDS WHOLESALERS CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6300P
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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) +65-96690298
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798

INSURANCE COMPANY

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

DRIVER

Name of Driver	CHUA HOCK SIAH
NRIC No	SXXXX280I
Date Of Birth	12/03/1954
Occupation	Outdoor

Driving Pass Date 10/03/1977
 Driving experience 47 YEARS AND 4 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96690298
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 716 CLEMENTI WEST STREET 2 # 04 - 45
 Address complement -
 Postcode 120716
 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 - 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 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 16.07.2024 AT ABOUT 1000HRS VEHICLE A SHB6300P WAS ALONG PASIR PANJANG ROAD TOWARDS WHOLESALE CENTRE. NEAR MAPLE TREE BIZ HUB, VEHICLE A WAS ENTERING INTO LANE 2 WHEN VEHICLE B SMB121U FROM MOST LEFT LANE FILTERED INTO LANE 2. VEHICLE B RIGHT FRONT SIDE SWIPE VEHICLE A LEFT REAR. PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION AT WHOLESALE CENTRE. SCENE PHOTOS TAKEN. NO 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 1

Vehicle Registration Number	SMB121U
Vehicle Manufacturer	Mercedes
Vehicle Model	OC500LE1830H
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT FRONT
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.

Policyholder's Signature / Date & Time

Sketch Plan

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

16.07.2024.

1415HRS

Witnessed by Reporting Centre Personnel



A - SHB6300P

B - SMB121U

PASIR PANJANG ROAD TOWARDS WHOLESALERS CENTRE

Describe Circumstances of the Accident

ON 16.07.2024 AT ABOUT 1000HRS VEHICLE A SHB6300P WAS ALONG PASIR PANJANG ROAD TOWARDS WHOLESALE CENTRE. NEAR MAPLE TREE BIZ HUB, VEHICLE A WAS ENTERING INTO LANE 2 WHEN VEHICLE B SMB121U FROM MOST LEFT LANE FILTERED INTO LANE 2. VEHICLE B RIGHT FRONT SIDE SWIPE VEHICLE A LEFT REAR. PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION AT WHOLESALE CENTRE.
SCENE PHOTOS TAKEN. NO PARTICULARS EXCHANGED.

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 16.07.2024. 1415HRS

Witnessed by Reporting Centre Personnel