

REPAIR ESTIMATE

MVA: MS. LOKE YY

Steve (LKK)
2/8/24, 4:00pm
m R
2 L/S
by M by
L/S



Date/Time: 02.08.2024 13:13

Page : 1

Job: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 5949234

JC NO 305599581

OWNER

IS COMFORT TRANSPORTATION PTE LTD

OWNER NO. 7010045

RESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

QUANTITY CARD NO.

REGN NO:

SHD3669K

MILEAGE

MAKE:

TOYOTA

FUEL

E. 1/2 F.

MODEL

PRIUS HYBRID(G4)01.08.2024 15:55

DATE/TIME IN

YR OF MANU.

25.05.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU403557247

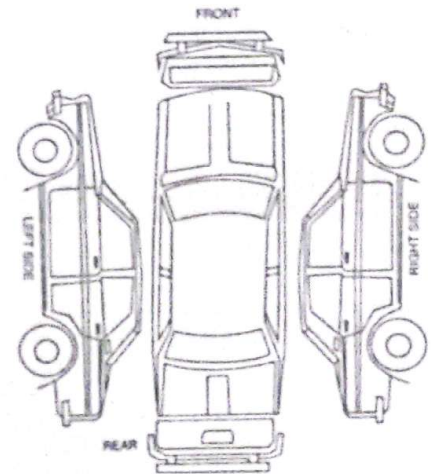
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 01.08.2024

NATURE: 3P 01.08.2024

NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Damage Report Slip

No. SHD3669K

YY

Exit Pass

Vehicle No.:

SHD3669K

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Service Advisor

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	02/08/2024 10:32 (SGT)
Reported by	Actual Driver
Date of Accident	01/08/2024 13:20 (SGT)
Exact Location of Accident	Central Expw., Singapore
Additional Location Information	BUKIT TIMAH EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD3669K

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) +65-80311406
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
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

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

DRIVER

Name of Driver	MUHAMMAD NUR KAMARUL BIN MOHD HAFIDZ
NRIC No	SXXXX941B
Date Of Birth	14/06/1990
Occupation	Outdoor
Driving Pass Date	18/08/2022
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	2 YEARS
Gender	Male
Mobile Number	(Phone) +65-80311406
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	461A SENGKANG WEST WAY # 14 - 119
Address complement	-
Postcode	791461
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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 01.08.2024 AT ABOUT 1320HRS , VEHICLE A SHD3669K WAS ALONG CTE/ CITY. AT THE SLIP ROAD TO BUKIT TIMAH , VEHICLE A SLOWED DOWN AND STOP AS VEHICLES IN FRONT WERE STOPPING. VEHICLE B EE3238B REAR ENDED STATIONARY VEHICLE A AND VEHICLE C GBJ8943A REAR ENDED VEHICLE B. PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION AT HAMSPHIRE ROAD LTA. I HURT MY NECK AND BACK UPON IMPACT. 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 1

Vehicle Registration Number EE3238B
Vehicle Manufacturer Nissan
Vehicle Model SYLPHY 1.6 CVT
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver EE SIEW KEE
NRIC No SXXXX058A
Contact Number (Phone) +65-98579858
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage REAR AND FRONT
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBJ8943A
Vehicle Manufacturer Nissan
Vehicle Model NV350 PANEL VAN 5DR 2.5 5AT
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver SHI YAYI
NRIC No GXXXX758X
Contact Number (Phone) +65-87374235
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage FRONT
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MUHAMMAD NUR KAMARUL BIN MOHD HAFIDZ
Gender Male
Phone No (Phone) +65-80311406
Address 461A SENGKANG WEST WAY # 14 - 129
Address Complement -
Post Code 791461
Approximate Age Years Old 34
Injuries Sustained NECK AND BACK
Injured person in which vehicle? SHD3669K
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLANIMPORTANT NOTICE

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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

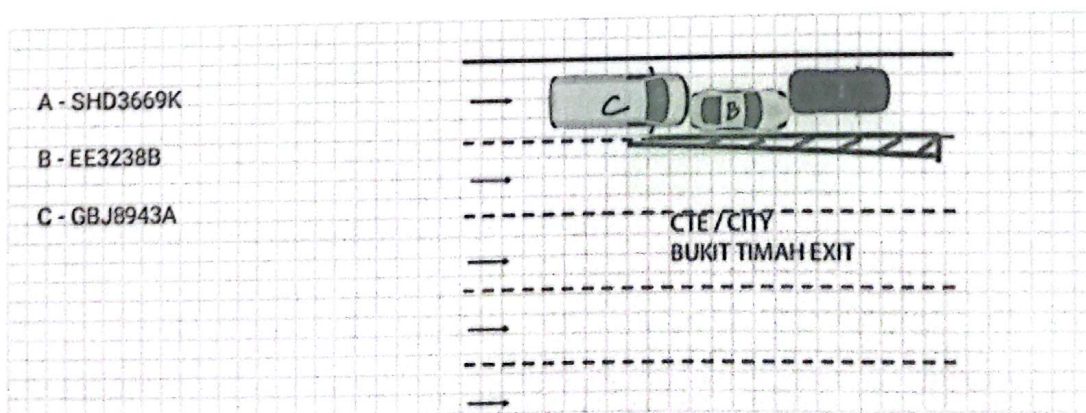
Driver's Signature (If driver is not the policyholder) / Date & Time

01.08.2024.

1715HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 01.08.2024 AT ABOUT 1320HRS, VEHICLE A SHD3669K WAS ALONG CTE/ CITY. AT THE SLIP ROAD TO BUKIT TIMAH, VEHICLE A SLOWED DOWN AND STOP AS VEHICLES IN FRONT WERE STOPPING. VEHICLE B EE3238B REAR ENDED STATIONARY VEHICLE A AND VEHICLE C GBJ8943A REAR ENDED VEHICLE B. PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION AT HAMSPHIRE ROAD LTA. I HURT MY NECK AND BACK UPON IMPACT. SCENE PHOTOS TAKEN. 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 01.08.2024, 1715HRS

Witnessed by Reporting Centre Personnel

