

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA8313U

DATE: 25. Jun. 2020

MAKE : TOYOTA

MODEL : PRIUS - G4

DOA: 24. Jun. 2020

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
1	Rear Bumper			\$458.60	de ✓
1	Rear Bumper Reinforcement			\$318.80	?
1	Rear Bumper Undercover			\$552.60	de ✓
10	Rear Bumper Clips		\$2.20	\$22.00	de ✓
1	Rear Bumper Tow Cover - RH			\$82.70	x
1	Rear Bumper Under Side Cover - RH			\$232.00	x
1	Seal, Rear Bumper Side - RH			\$148.40	x
1	Rear Tailgate			\$1,126.60	x
1	Rear Tailgate Garnish			\$899.70	Ex
1	Rear Tailgate Prius Emblem			\$60.80	de ✓
1	Rear Tailgate Hybrid Emblem			\$52.40	de ✓
1	Rear Tailgate Toyota Logo			\$52.90	de ✓
1	Rear Windscreen With Molding			\$1,778.30	x
1	Tailgate Lower Glass			\$733.50	x
SUB TOTAL				\$6,519.30	
LESS 25% DISCOUNTED TOTAL				\$1,629.82	
DISCOUNTED TOTAL				\$4,889.48	
1	Reverse Sensor			\$135.70	de ✓ Nett
1	Rear Bumper Rubber Mat			\$50.00	de ✓ Nett
1	Comfortdelgro Sticker			\$30.00	de ✓ Nett
1	Tel No. Sticker			\$30.00	de ✓ Nett
1	Booking APP Sticker			\$40.00	de ✓ Nett
1	Windscreen Sealant			\$46.00	x Nett
\$331.70					
Labour Charge					
1	Panel Beating			\$1,000.00	480.
1	Spray Painting Charge			\$500.00	400
1	Remove/refix reverse sensor			\$80.00	30
1	Wiring Charge			\$80.00	30
1	Remove/refix Rear Windscreen		\$150.00	\$300.00	x
TOTAL LABOUR				\$1,960.00	
ESTIMATE TOTAL				\$7,181.18	

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:

Larry Ng
Taufik 97495749
- WP' 25/6/20 @ 450pm
Lampson
Resurvey after repair
• 3 days
By Taufik @ (Khandu.wan)

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.

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
 Marine + 65 6383 6280, Facsimile + 65 6280 9755
Workshops
 52 Luyang Drive Singapore 509369 24 Sandown Road Singapore 758156
 383 Sin Ming Drive Singapore 575717 7 Sunyer Mart Way Singapore 129797
 45 Pandan Road Singapore 090296 501 Yehua Industrial Park A Singapore 78
 320 Hill Street Singapore 050119

Date/Time: 24.06.2020 17:38 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: JC NO.: 305407112

CUSTOMER
 CITYCAB PTE LTD
 7010070
 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 65551188 (F) (P) (O)

ACCOUNT CARD NO.

VAPS

REGN NO.: SHA8313U	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 24.06.2020 15:45
YR OF MANU. 13.09.2017	TARGET DATE
CHASSIS CODE JTDKB3FU203562883	COMPLETION DATE/TIME:

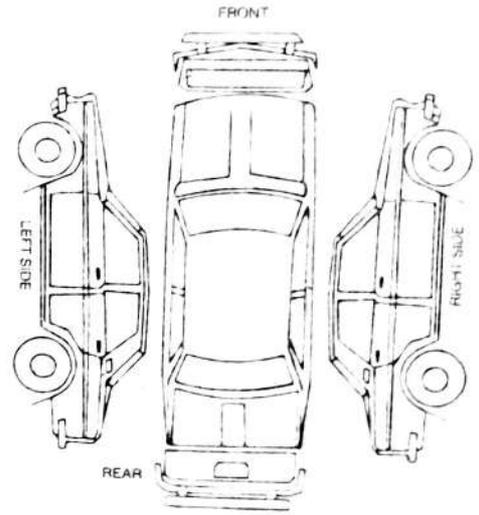
(B)

JOB DESCRIPTION

Accident Date: 24.06.2020
 NATURE: 3P 24.06.2020

S/NO LABOR CODE DESCRIPTION

✓
 NTUC - Rear
 LKK/



LOCKED & PASSED OUT BY:

SERVICE ADVISOR

Wedge Slip

Vehicle No.: **SHA8313U**
 Larry Ng

LARRY

Signature/Date

CUSTOMER'S SIGNATURE

Exit Pass

Vehicle No.: **SHA8313U**

Name of 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 completely by the Policyholder and/or the Authorised 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 CIA 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 Report 24/06/2020 16:31
Date Of Accident 24/06/2020 09:00
Exact Location Of Accident TRILIGHT CONDO EXIT >> NEWTON RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA8313U
Insured/Policyholder
Name Of Registered Owner CITYCAB PTE LTD
Co Reg No 1XXXXX839G
Email Address FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No
Alternative Phone No OFFICE-65508768

Vehicle Particulars

Manufacturer TOYOTA
Model PRIUS
Exact Purpose for which vehicle was being used at time of accident
Are you claiming under your own insurance policy for repair to your vehicle? NO
If No, Please state action to be taken THIRD PARTY
Vehicle Category TAXI

Insurance Company

Name of Insurance Company MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy YES
Policy Number D-18088937MFSH
Cover Note Number

Driver

Name of Driver ONG LEONG HOCK
NRIC No SXXXX695C
Date Of Birth 12/06/1962
Occupation OUTDOOR
Date Of Driving Pass 15/10/1979
Driving Experience 40 YEARS AND 8 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97668481
Fax Number
Contact Number
E-Mail Address NOEMAIL

Address 456 #07-437 HOUGANG AVENUE 10
Postcode 530456
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles (including own vehicle) involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 4
Passenger 1
NAME: : -
GENDER: : FEMALE
Passenger 2
NAME: : -
GENDER: : MALE
Passenger 3
NAME: : -
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: -
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number YP8814K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number

Contact Number 82290833
Address
Postcode
Insurance Company Name
Nature Of Damage FRT
No. Of Passenger (Including Driver)

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 Authorised 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 lodging 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.
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
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders

ALLIANCE PTE LTD
REG NO: 1995028390

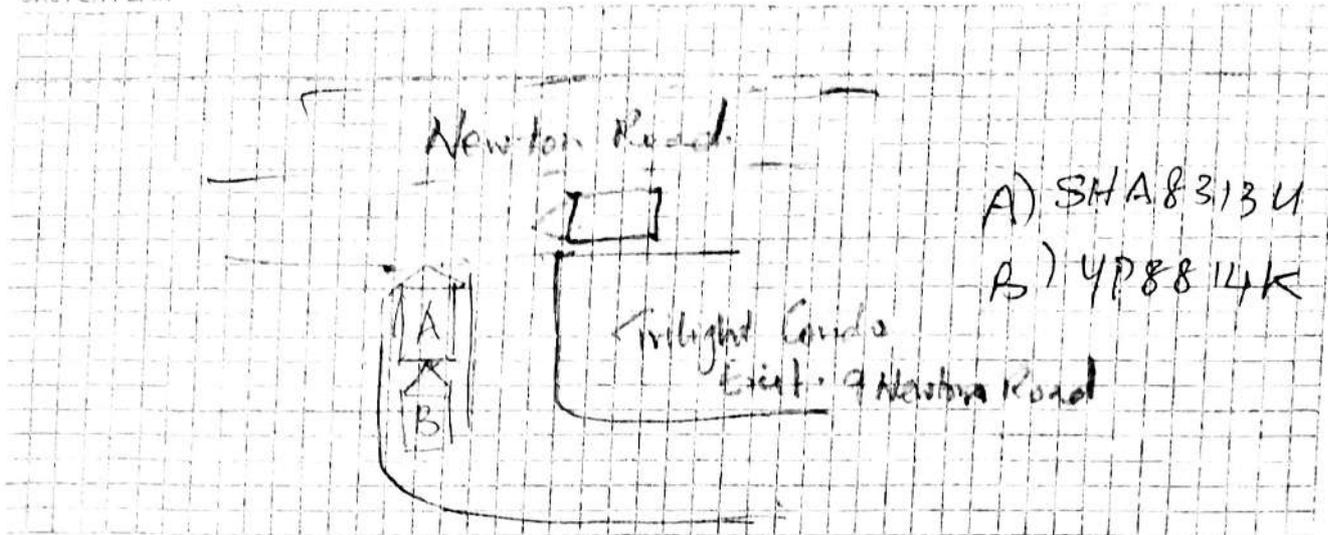

S. R. Moosaj
24/6/20

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NRIC/FIN No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/6/20 at about 0900hrs when I stopped my Veh B for passing traffic at the exit of the Condo, Veh B collided onto the rear of my stationary vehicle.

DECLARATION

We declare the foregoing particulars are true in every respect

ALLIANCE PTE LTD
REG NO. 109502839C

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NRIC/HIN No.