

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

DATE: 03/08/20

3P INSURANCE: NTUC

MODEL: TOYOTA PRIUS HYBRID

SURVEYOR: LKK

VEH NO.: SH7255T

MVA: OLIVIA

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Panel Sub-Assy, Front Door (RH)	1		\$1,264.00 <i>bt</i>
	Front Door Side Mirror, RH	1		\$1,390.10 <i>bt</i>
	Front Door Rubber, RH	1		\$228.80 <i>ant</i>
	Front Door Side Glass RH	1		\$212.80 <i>X</i>
	Front Door Side Mirror Outer Cover RH	1		\$141.90 <i>ant</i>
	Front Door Glass RH	1		\$313.60 <i>ant</i>
	Panel Sub-Assy, Rear Door, RH	1		\$1,258.30 <i>Rx</i>
	SPARE PARTS SUB TOTAL			\$4,809.50
	LESS 25%			\$1,202.38
	DISCOUNTED SPARE PARTS TOTAL			\$3,607.13
	Front Door Comfort Logo (RH)			\$75.00 <i>Nett</i>
	Rear Door Apps Sticker (RH)			\$80.00 <i>Nett</i>
	NETT TOTAL			\$155.00
	SPARE PARTS & NETT TOTAL			\$3,762.13
	Panel Beating			\$700.00 <i>640</i>
	Spray Painting - Rear Fender, RH, etc			\$750.00 <i>650</i>
	Tuff Kote			\$100.00 <i>30</i>
	Transfer of Door			\$240.00 <i>60</i>
	Wiring Check			\$40.00 <i>30</i>
	LABOUR TOTAL			\$1,830.00
	ESTIMATE TOTAL			\$5,592.13

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:

Tan Jiah 97495749
- WP 3/8/20 e 3pm

Warranty
Resurvey after repair
3 days
Tan Jiah 97495749

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO 305414408

MS: COMFORT TRANSPORTATION PTE LTD
STOMER NO: 7010045
PRESS: 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

REGN NO	SH 7255T	MILEAGE
MAKE	TOYOTA	FUEL
MODEL	PRIUS HYBRID(G4)03	DATE TIME IN
YR OF MANU	30.05.2017	TARGET DATE
CHASSIS CODE	JTDEKB3FU903557261	COMPLETION DATE, TIME

COUNT CARD NO

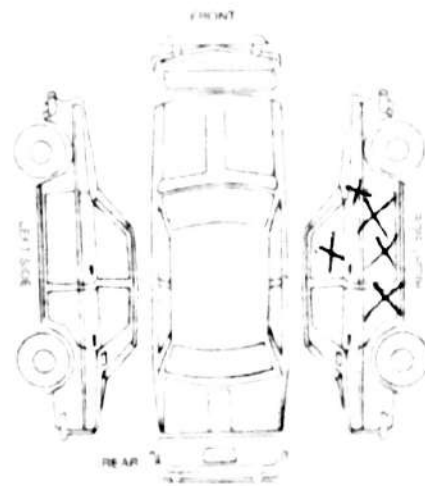
Accident Date: 03.08.2020
NATURE: 3P 03.08.2020

JOB DESCRIPTION

3P NTUC

S/NO LABOR CODE DESCRIPTION

TAKE PHOTOGRAPH
BEFORE / AFTER
SPRAY PAINTING



BOOKED & PASSED OUT BY

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No SH 7255T OLIVIA

Vehicle No SH 7255T

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 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. 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 Report 03/08/2020 11:17
Date Of Accident 03/08/2020 07:00
Exact Location Of Accident ALONG JALAN LOYANG BESAR
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH7255T

Insured/Policyholder

Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Co Reg No 1XXXXX821R
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 INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy YES
Policy Number MCOM0015
Cover Note Number

Driver

Name of Driver LUM NGOON YAN (LIN YUANYING)
NRIC No SXXXXX139D
Date Of Birth 31/01/1957
Occupation OUTDOOR
Date Of Driving Pass 25/03/1977
Driving Experience 43 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98889881
Fax Number
Contact Number
Email Address NOEMAIL

Address	298A 16-192 COMPASSVALE STREET
Postcode	541298
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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)	1

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	FBH7327X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	VELAYUTHAM GUNASEELAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT
No. Of Passenger (Including Driver)	

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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 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.
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)
 - (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, investigation, 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.

COMFORT TRANSPORTATION PTE LTD
CO REG NO 199303821R

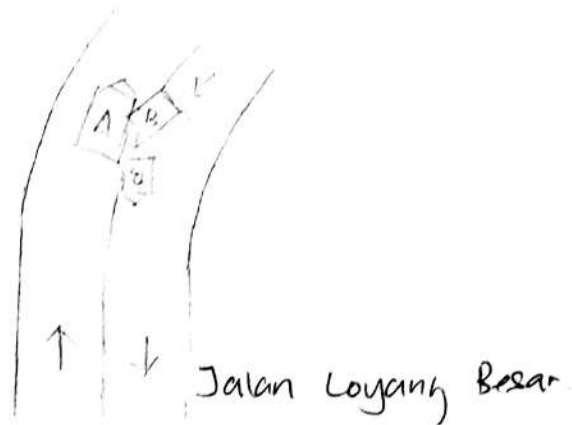
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No:

SKETCH PLAN

A: 2H 72557
B: FBH 7327X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/8/2020 at about 07:00 hrs, I Veh A. was driving at above said location to pick up oncall passenger. While I travelling on a bend road, Veh B motorcycle coming from opposite, lost control hit & grazed onto right portion of my taxi thus damaging right wing mirror and window glass. We have exchanged particulars and take photo. No injury at the point of accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect

COMFORT TRANSPORTATION PTE LTD
CO REG NO 199201921R

Policyholder's Signature
Date & Time

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

Reporting Officer's Signature
Name
NRIC/FIN No.

3/8/2020