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	: Final Report	Transportation:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO

: SH 6860C

MAKE

: TOYOTA

DATE:

23. Oct. 2020

MVA: DOA:

Loke WY

23. Oct. 2020

	DOA:	23. Oct. 2020	NTUC
US Parts Description/ Labour	Туре	Unit Price	Amount
t Bumper X K			\$499.90
t Bumper Lwr Reinforcement Bracket LH 🥠			\$165.00
t Bumper Clips X		\$2.20	\$22.00
Lamp LH X			\$920.00
White the second of the second			\$3,455.00
			\$945.30
t Fender Shield LH X			\$198.50
t Fender Shield Clip X		1	\$38.00
			\$1,570.55
SUB TOTAL		ŀ	\$7,814.25
LESS 25%			\$1,953.56
DISCOUNTED TOTAL	1		\$5,860.69
-			\$-
our Charge		200	
el Beating		390	\$650.00
y Painting Charge		430	\$500.00
ng Charge		J.	\$100.00
el Alignment		6 \$	\$60.00
TOTAL LABOUR			\$1,310.00
ESTIMATE TOTAL		-	\$7,170.69
	t Bumper X (t Bumper Lwr Reinforcement Bracket LH ? t Bumper Clips X Lamp LH X dlamp LH X t Fender Shield LH X t Fender Shield Clip X t Wheel Rim LH X Pofish SUB TOTAL LESS 25% DISCOUNTED TOTAL Our Charge el Beating y Painting Charge ng Charge el Alignment	t Bumper X K t Bumper Lwr Reinforcement Bracket LH t Bumper Clips X Lamp LH X t Fender – LH / DD t Fender Shield LH X t Fender Shield Clip X t Wheel Rim LH X Polish SUB TOTAL LESS 25% DISCOUNTED TOTAL DURCH Beating The Property of the P	t Bumper X (t Bumper Lwr Reinforcement Bracket LH 7 t Bumper Clips X

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Sten (LKK) WE AL 23/10/19, 4.15 pm L/S My AL SMy 2 dys

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:

MFORTDELGRO ENGINEERING

nember of COMFORTDELGRQ

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mninline + 65 6383 6280 Facsimile + 65 6280 9755

CHASSIS CODE JTDKB3FU703561082

Midniline + 85 8383 9280 Facaimile + 85 6280 9755

Workshops
591 Oyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 69286
501 Yehun Industrial Park A Singapore 728791
501 Yehun Industrial Park A Singapore 758732
Page: 1

COMPLETION DATE/TIME:

JOB CARD Sales Order: ARC Repair TP(CLSO)1 am:

JC NO.:305429544

MER

COMFORT TRANSPORTATION PTE LTD 7010045

MERNO 83 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(0)

REGN NO. 1 6860C	MILEAGE
MAKE: TOYOTA	FUEL EF
MODEL PRIUS HYBRID(G4)23	. 10. 2020 14:00
YR OF MANU. 07. 2017	TARGET DATE

JNT CARD NO.

JOB DESCRIPTION

de rante d'une ao des sud rante d'une ao des sud rante d'une ao de soit rente d'une de les suits de la rante de la section de la

ccident Date: 23.10.2020 ATURE: 3P 23.10.2020

/NO

LABOR CODE

FRONT DESCRIPTION LEFT SIDE

REAR

CKED & PASSED OUT BY:		
SERVICE ADVISOR		CUSTOMER'S SIGNATURE
wledgement Slip	Exit Pass	*
.: 3 No.: SH 6860C YY	Vehicle No.: SH 6860C	
of Service Advisor Sig	Name of Service Advisor To be kept by Security Guard	Date

MCD620093026 / ComfortDelGro Engineering, Pte Ltd - Loyang ENTRY DATE & TIME: 23/10/2020 14:39 SUBMITTED BY: Catherine:Por Moy Juan

SINGAPORE ACCIDENT STATEMENT

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. 2. This Form must be completed by the Policyholds.

 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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. 5. Any false reporting may be referred to the Control of Singapore (GIA) for 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 6. This report will for a fee, be made available upon application by interested parties.

o. This report will be provided by the German and the copies of this report will, for a fee, be made available upon application by interested parties. archiving and that copies of this report will, local week to the archiving of this report at the centre and to copies of the report being made available 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

23/10/2020 14:39 Date Of Report 23/10/2020 10:05 Date Of Accident

ALONG BUKIT TIMAH ROAD BEFORE TAN CHONG MOTOR BULD

Exact Location Of Accident SINGAPORE

Country/State of Loss DETAILS OF OWN VEHICLE

SH6860C Vehicle Registration Number

Insured/Policyholder

COMFORT TRANSPORTATION PTE LTD Name Of Registered Owner

1XXXXX821R Co Reg No

FLEETSAFETY@CDGTAXI.COM.SG **Email Address**

Mobile Phone No

OFFICE-65508768 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer **PRIUS** Model

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

Insurance Company

MS FIRST CAPITAL INSURANCE LTD Name of Insurance Company THIRD PARTY FIRE AND/OR THEFT

Type Of Coverage

Fleet Policy

YES

Policy Number

D-18088936MFSH

Cover Note Number

Driver

TAN YONG KEE Name of Driver

SXXXX475Z NRIC No 06/08/1952 Date Of Birth OUTDOOR Occupation

Date Of Driving Pass

27/04/1973

Driving Experience

47 YEARS AND 5 MONTHS

MALE

Mobile Number

(LOCAL) +65-96706329

Fax Number

Gender

Contact Number

EMail Address

TYK1952@GMAIL.COM

205C #13-33 COMPASSVALE LANE

543205

an employee of the Insured's Company NO

tionship of the Driver with the Insured

OTHER - TAXI DRIVER

tegistration Number of Driver's Own

.

ince Company of Driver's Own Vehicle

٠

meral Information of the Accident

ype 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 body injects.

200,12700

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 1:5

Vehicle Registration Number

PC4415E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR RHT

No. Of Passenger (Including Driver)

H PLAN

Bulet Timb Rood Below Tan Chong Motor

ACCIDENT
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On 23/10/2070 @ about 1005 hs. i was troubling along Bukit Timah Road The large trial and i was on the
On 23/10/2010 & about roughs. I was freehold and i was of the
with no passenger Enhand. There is a two lane road and i was of the with no passenger Enhand. There is a two lane road and i was of the right lane. It happen before Fan chory motor building, we have B-
graph land. It reppen made for any land and rock my land withing
conciention roud settly and collected and my lett from portion.
No one was injured at that time of accident.

DECLARATION

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

CO REG NO 199303621R

Policyholder's Signature Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Name: NRIC/Fin No. HONY Lacry Tede

T MOTICE

Please report sorrantly the details of the accident to speed up the claims process.

This Form must be sampleted by the Pellcyholder and/or the Authorised Driver.

- Information provided must be as truthful and accourate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability. 3.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the 4 insurance companies.
- Any false reporting may be referred to the Police for investigation 5
- 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 6 interested parties.
- 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.
- Consent under the Personal Data Protection Act (PDPA) 8

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 setout 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)
 - 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 my be sited outlisde 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 ourt orders.

COMFORT TRANSPORTATION PTE LIG CO REG. NO. 199303821R

Driver's Signature (if driver is not the policyholder)

ersonnel's Signature Reporting Name:

vholder's Signature & Time:

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