

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Vehicle No.: SHC2057M
 Make : TOYOTA
 Model : PRIUS
 DOA : 5/12/2020

Date : 7/12/2020
 Insurance: NTUC
 MVA : JUMANI
 Admin :

Part No.	Parts Description / Labour	Qty	Unit Price	Amount
	GARNISH SUB-ASSY BACK DOOR			\$889.70
	BOOTLID EMBLEM – PRIUS			\$60.80
	BOOTLID EMBLEM – HYBRID			\$52.80
	BOOTLID EMBLEM – STAR			\$52.80
	REAR BUMPER			\$458.60
	REAR BUMPER UNDER COVER			\$552.60
	REAR BUMPER CLIP			\$22.00
	TAILLAMP ASSY LOWER RH			\$548.40
	SUB TOTAL			\$2,637.70
	LESS 25%			\$659.43
	DISCOUNTED TOTAL			\$1,978.28
	REAR BUMPER MAT			\$50.00
	BOOTLID COMFORT STICKER			\$30.00
	BOOTLID TEL. NO STICKER			\$30.00
	BOOTLID APPS STICKER			\$40.00
				\$150.00
	Labour Charge			
	PANEL BEATING			\$800.00
	SPRAYPAINT			\$500.00
	CHECK WIRING			\$50.00
	TUFF KOTE			\$50.00
	REMOVE/REFIX REVERSE SENSOR			\$80.00
	TOTAL LABOUR			\$1,480.00
	ESTIMATE TOTAL			\$3,608.28

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 by a motor Surveyor appointed by the insurance company.

Member of COMFORTDELGRO

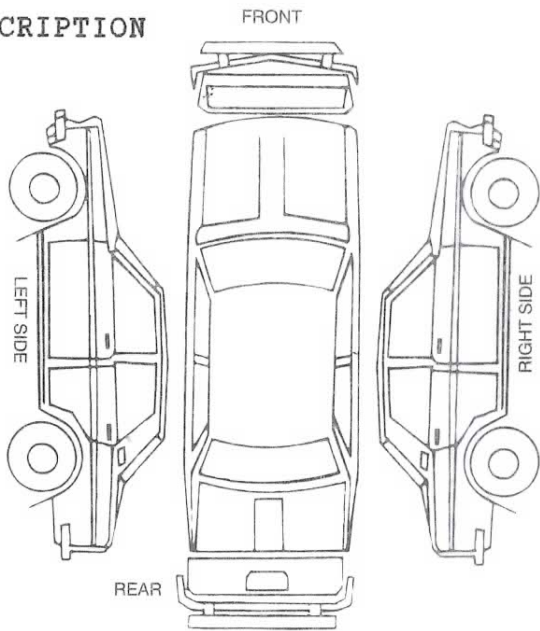
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Job: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305437685

CUSTOMER INFORMATION COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO:	SHC2057M	MILEAGE
	MAKE:	TOYOTA	FUEL
	MODEL	PRIUS HYBRID(G4)07.12.2020 12:45	E.....1/2.....F
	YR OF MANU.	20.09.2017	DATE/TIME IN
	CHASSIS CODE	JTDKB3FU503564241	TARGET DATE
NT CARD NO.			COMPLETION DATE/TIME:

Incident Date: 05.12.2020
Time: 3P 05.12.202

JOB DESCRIPTION

NO	LABOR CODE	DESCRIPTION
		

Handed & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

Payment Slip SHC2057M JU NTUC LKK	Exit Pass
	Vehicle No.: SHC2057M
	Name of Service Advisor _____
	Date _____
Signature/Date _____	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 Submission	07/12/2020 15:35 (SGT)
Date of Accident	05/12/2020 22:50 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	ALONG BRADDELL RD TWDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2057M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXXX1R
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	(Phone) +65-65508768
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

INSURANCE COMPANY

Name of Insurance Company	First Capital
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	D-18088936MFSH
Cover Note Number	-

DRIVER

Name of Driver	TAN KEE HWEE
NRIC No	SXXXX539E
Date Of Birth	25/06/1963
Occupation	Outdoor

Date Of Driving Pass	03/10/1983
Driving experience	37 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97710798
Alt. Phone Number	-
Email Address	BENNY.TAN.QIMEI@HOTMAIL.COM
Address	BLK 412 CHOA CHU KANG AVE 3
Address complement	#10-375
Postcode	680412
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 - Head to Rear
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 material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

REFER ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM6957P
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SHI RONGHUA
Contact Number	(Phone) +65-98791371
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC

Nature Of Damage	MODERATE
Details of property damaged in accident	FRONT LEFT
No. Of Passenger (Including Driver)	1

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 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 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 to 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. 199303921R

Policyholder's Signature
Date & Time:

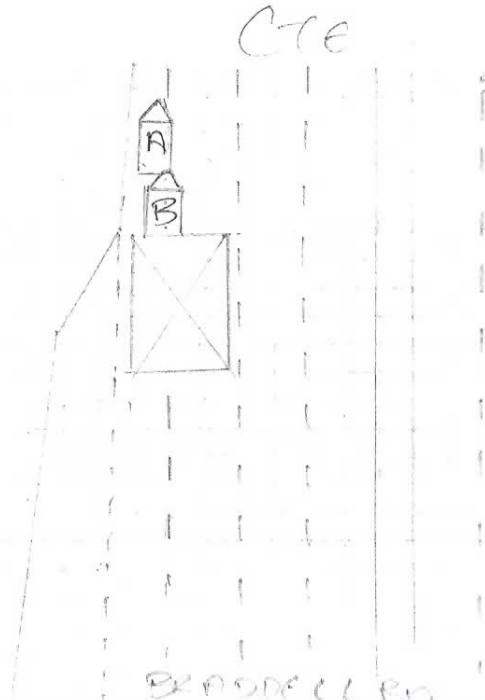
Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: *Olivia Wendy*
NRIC/Fin No: *117 01 1 2020*

SKETCH PLAN

A = SHC 2057M

B = SLM 6957P
(TOYOTA)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 5/12/2020 @ 2200 hrs I was driving along Bradbell Rd towards CTE direction with no passenger on board my taxi.

As I was driving along the slip road, I slow down to stop to check the moving vehicle on my right side when there's an impact on my taxi rear right portion.

I came out to check and found out a vehicle of SLM 6957P front left portion had collided into my taxi.

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. 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. Olivia Wendy
07 DEC 2020

