



**CITYCAB PTE LTD**  
**REPAIR ESTIMATE**

Vehicle No.: **SHA1251K**  
 Make : **TOYOTA**  
 Model : **PRIUS**  
 DOA :

Date :  
 Insurance:  
 MVA : **CHIANG /AIG**

Qty	Parts Description / Labour	Qty	Unit Price	Amount
1	REAR BUMPER			\$458.60 <i>Rx</i>
10	BUMPER CLIPS			\$22.00 <i>X</i>
2	REAR BUMPER SIDE RETAINER LH			\$112.70 <i>X</i>
1	TOWING COVER			\$82.70 <i>X</i>
<b>SUB TOTAL</b>				<b>\$676.00</b>
<b>LESS 25%</b>				<b>\$169.00</b>
				<b>\$507.00</b>
1	REAR BUMPER MAT			50.00 <i>X</i>
1	PETROL STICKER			15.00 <i>new</i>
1	REVERSE SENSOR			135.70 <i>X</i>
				<b>\$200.70</b>
<b>Labour Charge</b>				
	PANEL BEATING			500.00 <i>480</i>
	SPRAY PAINTING			500.00 <i>400</i>
	WIRING			60.00 <i>X</i>
	TUFF KOTE			60.00 <i>30</i>
	REMOVE/REFIX REVERSE SENSOR			60.00 <i>30</i>
<b>TOTAL LABOUR</b>				<b>\$1,180.00</b>
<b>ESTIMATE TOTAL</b>				<b>\$1,887.70</b>

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.

*Tanpin 97495749*  
*'WP' 16/12/2004*  
*U/S Resurvey after repair*  
*Tanpin @ khunt.com*  
*2-3 days*

- 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:

Date/Time: 15.12.2020 15:45

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.: 305439228

STOMER  
/MS COMFORT TRANSPORTATION PTE LTD  
STOMER NO. 7010045  
DRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755  
.. (R) (O)  
(P)

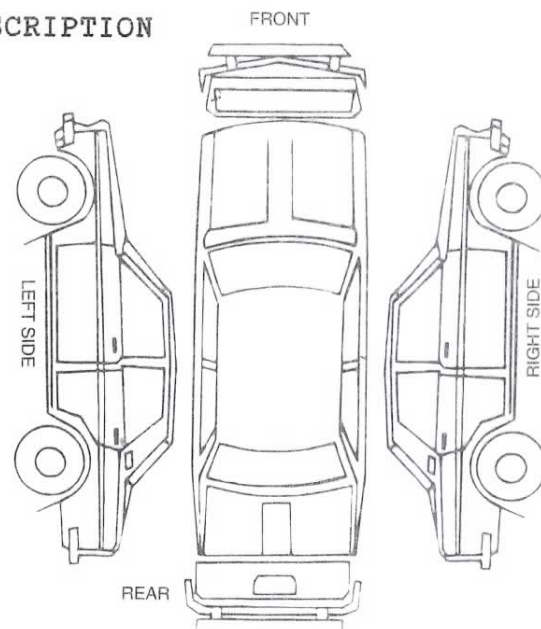
COUNT CARD NO.

REGN NO.	SHA1251K	MILEAGE
MAKE :	TOYOTA	FUEL E.....1/2.....F
MODEL	PRIUS HYBRID(G4)15	DATE/TIME IN 15.12.2020 13:20
YR OF MANU.	05.07.2017	TARGET DATE
CHASSIS CODE	JTDKB3FU803561141	COMPLETION DATE/TIME:

Accident Date: 14.12.2020  
NATURE: 3P 14.12.2020

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.: SHA1251K CHIANG

Vehicle No.: SHA1251K

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned 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 Submission	15/12/2020 14:41 (SGT)
Date of Accident	14/12/2020 15:25 (SGT)
Exact Location of Accident	Moulmein Rd, Singapore
Additional Location Information	143 MOULMEIN RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1251K
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#### 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	India International
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	MCOM0015
Cover Note Number	-

#### DRIVER

Name of Driver	WONG YONG FATT MICHAEL
NRIC No	SXXXX215I
Date Of Birth	12/07/1951
Occupation	Outdoor

Date Of Driving Pass	26/10/1976
Driving experience	44 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82271552
Alt. Phone Number	-
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Address	BLK 123 TOA PAYOH LOR 1
Address complement	#07-521
Postcode	310123
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	Raining
Road Surface	Wet

#### 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  
 \* TYPE OF ACCIDENT :- 3P REVERSED

#### 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	SMQ1067H
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	(Phone) +65-90605140
Address	-
Address complement	-
Postcode	-

Insurance Company Name	AIG
Nature Of Damage	SLIGHT
Details of property damaged in accident	REAR RH
No. Of Passenger (Including Driver)	1

# **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 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 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)
  - (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:

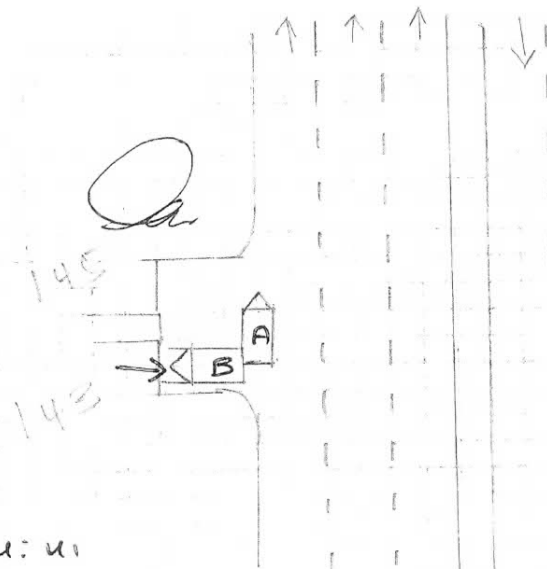
Reporting Centre Personnel's Signature  
Name: Olivia Wendy  
NRIC/Fin No.: 15 114 280



SKETCH PLAN

A = SHA 1251K

B = SMQ 1067H  
(MITSUBISHI)



Video Timing Pm 03:24:41

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 14/12/2020 (S) 15:25 hrs, I was driving towards 143 Moulmen Rd to drop off my passengers.

After my passenger alighted, there's a vehicle of SMQ 1067H was reversing out. So I honked to alert the driver, however the driver did not stop and the vehicle rear right portion collided onto my taxi left rear portion.

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: Olivia Wendy  
NRIC/Fin No.: