

INC

TOTAL

[illegible]

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Vehicle No.: SHC1838H

Make : TOYOTA

Model : PRIUS

DOA : 2/12/2021

Date : 15/2/2021

Insurance: NTUC

MVA : JUMANI

Admin :

| Part No. | Parts Description / Labour | Qty | Unit Price | Amount |
|----------|---|-----|------------|-------------------|
| | FRT BUMPER ASSY | | | th ✓ \$499.90 |
| | FRT BUMPER FOG COVER | | | cu ✓ \$115.70 |
| | FRT BUMPER LH BRACKET UPPER | | | cu ✓ \$82.30 |
| | FRT BUMPER LH BRACKET LOWER | | | ? \$82.30 |
| | HEADLAMP PANEL LH | | | R X \$240.10 |
| | FRT LH FENDER | | | bl ✓ \$945.30 |
| | FRT LH FENDER SHIELD | | | de ✓ \$198.50 |
| | FRT LH FENDER EMBLEM | | | ng ✓ \$86.50 |
| | FRT RH FENDER BRACKET | | | ? \$34.30 |
| | HEADLAMP ASSY LH | | | cu ✓ \$3,455.00 |
| | FRT BUMPER HOLE COVER | | | ng ✓ \$28.38 |
| | FRT BUMPER CLIPS | | | ng ✓ \$22.00 |
| | FRT LOWER ARM LH | | | ? \$637.50 |
| | KUNCKLE ARM LH | | | ? \$580.80 |
| | STG TIE ROD LH | | | ? \$159.30 |
| | WHEEL RIM | | | ? \$1,570.55 |
| | Type painted ✓ 80% | | | \$8,738.43 |
| | SUB TOTAL | | | \$8,738.43 |
| | LESS 25% | | | \$2,184.60 |
| | DISCOUNTED TOTAL | | | \$6,553.83 |
| | <p>Tanpin 97495749 western</p> <p>WP' 15/2/21 @ 3pm</p> <p>P/P Resurvey before panel</p> <p>3 days</p> <p>Tanpin @ Tanpin</p> | | | |
| | <p><u>LKK Auto Consultants</u> hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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: | | | |
| | Labour Charge | | | |
| | PANEL BEATING | | | 525 \$900.00 |
| | SPRAYPAINT | | | 500 \$700.00 |
| | CHECK WIRING | | | 30 \$50.00 |
| | TUFF KOTE | | | 30 \$50.00 |
| | ADJUST FOUR WHEEL ALIGNMENT | | | 80 \$120.00 |
| | REMOVE/REFIX FRT SUSPENSION DAMAGED PARTS | | | phib ? \$150.00 |
| | REMOVE/REFIL AIRCON PARTS AND GAS | | | x \$120.00 |
| | TOTAL LABOUR | | | \$2,090.00 |

Date/Time: 15.02.2021 11:24

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

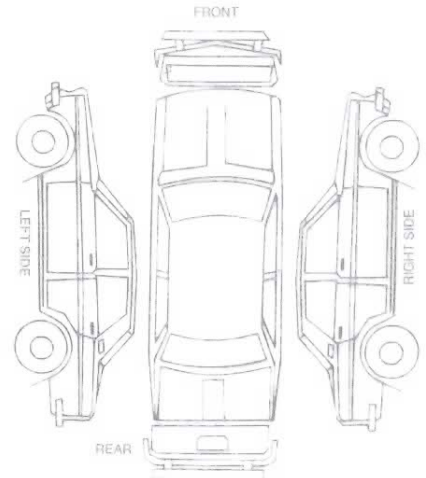
JC NO.: 305453307

| | | | | |
|--|---|---|---|--|
| OMER IS OMER NO IESS (P) (P) DUNT CARD NO. | COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 | REGN NO: MAKE : MODEL YR OF MANU CHASSIS CODE | SHC1838H TOYOTA PRIUS HYBRID(G4A12 05.12.2019 JTDKB3FU103089722 | MILEAGE FUEL E.....1/2.....F DATE/TIME IN 12.02.2021 02:00 TARGET DATE COMPLETION DATE/TIME: |
|--|---|---|---|--|

Accident Date: 12.02.2021
 Nature: 3P 12.02.2021

JOB DESCRIPTION

/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

No.: SHC1838H JU NTUC LKK

Vehicle No.: SHC1838H

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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 | 13/02/2021 23:42 (SGT) |
| Date of Accident | 12/02/2021 02:15 (SGT) |
| Exact Location of Accident | 407 Bukit Batok West Ave 4, Singapore 650407 |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHC1838H |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LTD |
| Company Reg No | 1XXXXX821R |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Mobile Phone No | (Phone) +65-91142603 |
| 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 | Axa |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | Yes |
| Policy Number | VFX/P2419138 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | TOH CHEE BENG |
| NRIC No | SXXXX455F |
| Date Of Birth | 12/02/1960 |
| Occupation | Outdoor |

| | |
|--|-----------------------------------|
| Date Of Driving Pass | 25/02/1980 |
| Driving experience | 41 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-91142603 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 420 HOUGANG AVENUE 10 #08-317 |
| Address complement | - |
| Postcode | 530420 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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 - Major/Minor Rd |
| 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| 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? | Yes |
| Police Station Name | Hougang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18004890999 |
| Alt. Police Station Phone No | (Fax) +65-63128989 |
| Police Station Address | 60 Hougang Ave 9 Singapore 538775 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

ON 12/02/21, AT OR ABOUT 0215HRS, I WAS DRIVING STRAIGHT ALONG THE SERVICE ROAD, WHEN SUDDENLY VEHICLE SMQ9104G DROVE OUT FROM THE LOT AND COLLIDED ONTO THE LEFT FRONTAL PORTION OF MY VEHICLE.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SMQ9104G |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | ANSON TAN |

| | |
|---|-----------|
| NRIC No | SXXXX359Z |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 2 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|-------------------|
| Name of injured person | UNKNOWN PASSENGER |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMQ9104G |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

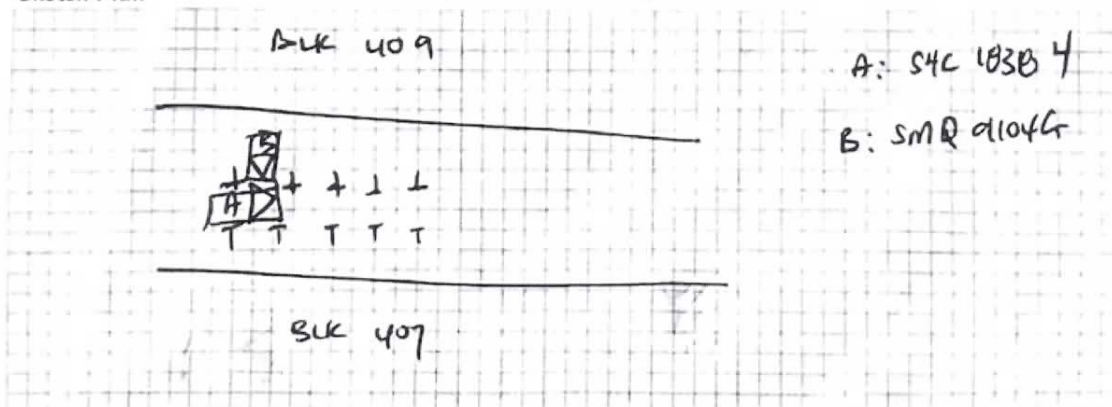
SKETCH PLAN**IMPORTANT NOTICE**

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 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 12/02/21 AT OR ABOUT 0215 HRS, I WAS DRIVING ALONG
 ALONG THE SEVILLE ROAD, WHEN, SUDDENLY VEHICLE SMOG
 DROVE OUT FROM THE LOT AND COLLIDED INTO THE LEFT
 FRONT PORTION OF MY VEHICLE

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 12/02/2021 22:55 | | Vide Report No.: J/20210212/0053 | | Station Diary No.: 74 | |
| Informant's Particulars | | | | | |
| Name of Informant: TOH CHEE BENG | | | Address: APT BLK 420 HOUGANG AVENUE 10 #08-317 SINGAPORE 530420 | | |
| ID Type / ID No.: NRIC NO / S1422455F | | | Contact No.: Home/Office: Mobile: 91142603 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 61 | Date of Birth: 12/02/1960 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Taxi Driver | | | Driving Licence Information: Class: 2B,3,4,5 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------------------|-----------------------|---|--|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 12/02/2021 02:00 | Type of Location: Car Park |
| Location: BUKIT BATOK WEST AVENUE 4 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|---------------------|-----------------|
| SHC1838H | Taxi | | | | Slightly Damaged | 0 |
| SMQ9104G | Car | | | | Slightly Damaged | 1 |



SINGAPORE
POLICE FORCE



T/20210212/2073

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20210212/2073

CONTINUATION OF REPORT

Brief Details.

On 12/02/2021 at about 0159hrs, while I was driving my vehicle (Registration number: SHC1838H) at Blk 409 Bukit Batok West Avenue 4, I had met with an accident. As I was driving my vehicle at the said carpark, suddenly there is a vehicle (Registration number: SMQ9104G) who had inch forward from carpark lot: 564, had hit on the front left side of my vehicle. We then stopped our vehicle and check on the damage. I then asked the said driver if anyone is injured however he told me that no one is injured. However, after awhile he claimed that the female passenger is injured. I then decided to call for the police. Shortly, traffic police and ambulance came to the accident scene. The traffic police then gave me a case card vide report J/20210212/0053 and advised me to lodge a police report.



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

Sgt 3 MUHAMMAD SYAFIQ BIN ROSMANJA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/02/2021 22:55

Officer In Charge Of Case:

TP / GIT /

Sgt 3 ABDUL MUHAIMIN BIN HUSSAIN

Contact No.: 65476090

Classification Of Case:

Authentication Stamp

NP168

