

KW / 305463965

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Vehicle No.: SH9513K
 Make : TOYOTA
 Model : PRIUS
 DOA : 15.04.2021

Date : 15.04.2021
 Insurance: NTUC
 MVA : CHIANG
 Admin :

Part No.	Parts Description / Labour	Qty	Unit Price	Amount
1	REAR TRUNK LID LOGO (PRIUS)			\$60.80 x
1	REAR TRUNK LID LOGO (HYBRID)			\$52.40 x
1	REAR TRUNK LID LOGO (TOYOTA STAR)			\$52.90 x
1	REAR BUMPER			\$458.60 <i>RY</i>
1	REAR BUMPER CENTRE MOULDING			\$552.60 <i>de -</i>
1	REAR BUMPER TOWING COVER			\$82.70 x
10	REAR BUMPER CLIPS			\$22.00 x
1	REAR BUMPER REINFORCEMENT			\$318.80 ?
SUB TOTAL				\$1,600.80
LESS 25%				\$400.20
DISCOUNTED TOTAL				\$1,200.60
	REAR TRUNK LID APPS STICKER			x \$40.00 Nett
	REAR TRUNK LID COMFORT & TEL NO. STICKER			x \$60.00 Nett
	REAR BUMPER REVERSE SENSOR			? \$135.70 Nett
		10.00%		\$212.13
Labour Charge				
	Panel Beating			<i>350</i> \$600.00
	Spray Painting Charge			<i>250</i> \$300.00
	Wiring Charge			x \$60.00
	Tuff Kote			x \$90.00
	Remove/Refix Reverse Sensor			<i>30</i> \$60.00
TOTAL LABOUR				\$1,110.00
ESTIMATE TOTAL				\$2,522.73

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.

Tanphui 97495749
'WP' 15/4/21 @ 4pm
02 days
1/P Resurvey after repair.
Tanphui @ lkkauto.com

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:

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.:305463965

STOMER

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



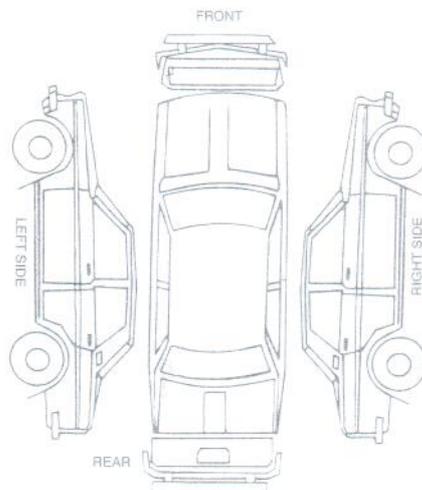
COUNT CARD NO.

REGN NO.: SH 9513K	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4A15)	DATE/TIME IN 04.2021 11:30
YR OF MANU. 13.12.2019	TARGET DATE
CHASSIS CODE JTDKB3FU303090113	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 15.04.2021
NATURE: 3P 15.04.2021

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

Vehicle No.: **SH 9513K** **CHIANG**

Vehicle No.: **SH 9513K**

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be 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 Submission	15/04/2021 12:01 (SGT)
Date of Accident	15/04/2021 09:56 (SGT)
Exact Location of Accident	Bukit Batok Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9513K
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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) +65-91146879
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
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	TEE CHWEE LENG
NRIC No	SXXXX040H

Date Of Birth	08/08/1955
Occupation	Outdoor
Date Of Driving Pass	23/09/1977
Driving experience	43 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91146879
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 448 BUKIT PANJANG RING ROAD #12-549
Address complement	-
Postcode	670448
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 - 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

ON 150421 AT AROUND 0956HRS, I WAS DRIVING MY VEHICLE A SH9513K ALONG BUKIT BATOK AVE 1 INTENDING TO TURN RIGHT ONTO BUKIT BATOK EAST AVE 6. THERE WAS A QUEUE IN FRONT OF ME AND I WAS STATIONARY AS WE WERE WAITING FOR TRAFFIC TO CLEAR. SUDDENLY VEHICLE B SJF1986Z REAR ENDED MY VEHICLE SLIGHTLY. THERE WAS SOME DAMAGES TO MY REAR BUMPER. THERE WAS NO INJURIES.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF1986Z
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	(Phone) +65-85879835
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 willful 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.

[Handwritten Signature]

[Handwritten Signature]

Policyholder's Signature / Date & time

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

Witnessed by Reporting Personnel

Sketch Plan

15/4/24 1045

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