

# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

LKK-

DATE: 15.05.21 (Saturday)

MODEL: Toyota Prius

VEHICLE NO.: SH 9597T

INSURANCE Lumpsum CHINA TAIPING

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Frt Fender LH <del>X Repair</del> ✓ <i>acc</i>	1		\$945.30 ✓
	Frt Fender (Hybrid) LH ✓ <i>acc</i>	1		\$86.50 ✓
	Wing Mirror LH ✓ <i>acc</i>	1		\$1,390.10 ✓
	Wing Mirror Outer Cover LH X Repair	1		\$141.90
	Rocker Panel Garnish LH ✓ <i>acc</i>	1		\$576.00 ✓
	Frt Wheel Sport Rim LH X Repair	1		\$1,570.55
	Frt Door LH X Repair	1		\$1,264.00
	<b>SUB TOTAL</b>			\$5,974.35
	<b>LESS 25%</b>			\$1,493.58
	<b>DISCOUNTED TOTAL</b>			<b>\$4,480.76</b>
	Frt Door ComforDelGro LH ✓ <i>acc</i>	1		\$75.00 ✓
	Frt Wheel Tyre LH X <i>NN</i>	1		\$216.00
	<b>NETT TOTAL</b>			<b>\$291.00</b>
	<b>TOTAL SPARE PARTS</b>			<b>\$4,696.76</b>
	<b>Labour Charge</b>			
	Panel Beating			\$800.00
	Spray Painting Charge			\$1,500.00
	Wiring Charge			\$40.00
	Tuff Kote			\$40.00
	<b>TOTAL LABOUR</b>			<b>\$2,380.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$7,076.76</b>

2997.9  
2248.42  
350  
950  
20  
1360  
3683.42  
-20%: 2950

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.

3 Days.  
4/5  
6me Qup  
17/5/21  
3pm

**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
- Supplemental items must be resurveyed and is subject to approval from Insurance Company

Acknowledged by Rep  
Signature:  
Date:

# 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	14/05/2021 23:04 (SGT)
Date of Accident	14/05/2021 08:27 (SGT)
Exact Location of Accident	Penjuru Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9597T
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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) +65-92268691
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	LOW HOCK SIAH
NRIC No	SXXXX799C

Date of Birth	16/04/1965
Occupation	Outdoor
Date Of Driving Pass	03/06/1983
Driving experience	37 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92268691
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLOCK 2C BOON TIONG ROAD
Address complement	#24-11
Postcode	166002
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 - Change/cross lane
Weather Conditions	Clear
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

ON 14/05/2021 @ 0827HRS, WHILE I WAS DRIVING MY VEHICLE A SH9597T ALONG PENJURU ROAD AFTER I DROP MY PASSENGER AT 42H PENJURU ROAD I CONTINUE MY TRIP. IN FRONT OF ME A LORRY PARKING ON THE ROAD SIDE SO I TAKING OPPOSITE LANE TO OVERTAKING THIS PARKING LORRY THEN CROSSING BACK TO MY LANE. THERE IS WHEN SUDDENLY VEHICLE B YP3039P MOVE OUT AND HIT MY VEHICLE LEFT SIDE.

#### 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 NOT SUITABLE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP3039P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

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

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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

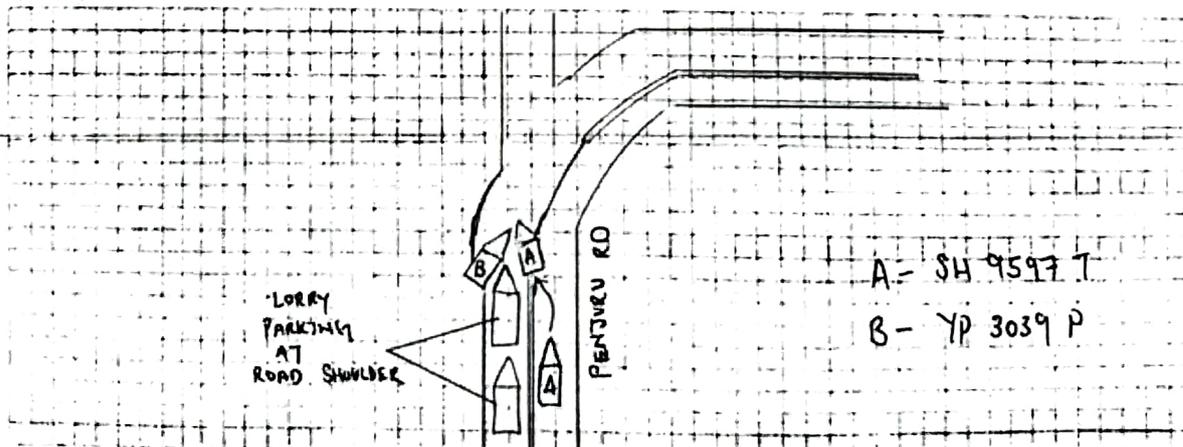
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be based outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel SAYRAN

Driver's Signature (if driver is not the policyholder) / Date & Time 14/06/21 1045 HRS

**Sketch Plan**



**Describe Circumstances of the Accident**

ON 14/05/21 @ 08:00 HRS WHILE I WAS DRIVING MY VEHICLE  
 A- 51145977 ALONG PAVEN RD ALONG I BECAME A PASSENGER AS  
 I'D BE PASSENGER RD I COLLIDED WITH TRIP. I WAS ON THE LEFT  
 PARKING ON THE ROAD SIDE ON A TOWARD OPPOSITE LANE TO  
 EXPECTING THIS PARKING LOT I WENT BACK TO MY LANE.  
 THERE IS NO SIGN SUPPLEMENT THIS VEHICLE B- 7P2939P MOVED OVER  
 AND HIT MY VEHICLE LEFT SIDE.

**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  
 14/05/21 1045 HAS

  
 \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel  
 SANYAM