(08/1/1/3) wef REF: NS/INC21	1007223/R1tc 821R
	GNMENT
From: Date: Estimated Cost: OD / TP / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: at Workshop m/s of Insured: NTW Policy No. MT/1135941-002 Claims No. Sum Insured: Excess:	Veh No: SH 94424 Yr Regn: 2017 1 July Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxt / Prime Mover / Truck / Trailer or Make: To 674 PRIUS HYBRID 8 c.c 748 Colour BUG A/C: Insured / Std / NI / NA Sp.Reading St 7016 T/Radio: Insured / Std / NI / NA Eng/No: C/No: JTD k83FU 80 356 2856 Gen. Cond: Good / Faib/ Poor / Burnt Steering: Ipordey/ Jammed / Leaked / Burnt or
(Client's Record) Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or Modi: Nil / S/Rim / STD A/Rim or Tyre Size: F: ISS ISS R:
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake Front Rear R/Bal. 6 mm R/Bal. 6 mm L/Bal. 6 mm D.O.A. 21 06 21 Survey held at COMFORT LOYMOL
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or PEOPL 6 S The U/C / Chassis frame / Body Structure affected due to collision.
Date: Person Contacted: Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure allected due to solution.
LUMP SUM 2000, 3DAYS (RED: 962.25;32%)	
te/Time, File Pass to? : Preli. Report : Final Report te/Time, File Return to?	Days Of Repair: 3 Resurvey No. of Trip: Survey Fee: Transportation:
port Format :	: Site Insp (\$

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

DATE:

28.06.21

MODEL:

Toyota Prius

VEHICLE NO.: SH 9442G

INSURANCE: NTUC

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
E 1897	Rear Bumper de	1	casti	\$458.60
	Rear Bumper Re-Inforcement	1		\$318.80
	Rear Bumper Lower Cover-Black SCA	1		\$552.60
	Rear Bumper Side Retainer RH	1	- Br	\$112.70
	Rear Bumper Clips 🖊	10	\$2.20	\$22.00
	Rear Bumper Extension RH	1		\$232.00
	Tail Lamp Assy (Upper) RH	1		\$557.90
	Tail Lamp Assy (Lower) RH	1	1 .	\$548.40
	SUB TOTAL			\$2,803.00
	LESS 25%			\$700.75
	DISCOUNTED TOTAL			\$2,102.25
	NETT TOTAL			\$0.00
, , , , , , , , , , , , , , , , , , ,	NEII IOIAL			\$0.00
	TOTAL SPARE PARTS			\$2,102.25
	_abour Charge			
F	Panel Beating		350	\$400.00
ls	Spray Painting Charge		250	\$400.00 \$300.00
	Check Lightings			\$40.00
13	emove/Refix Reverse Sensor		60	
	emove/Relix Reverse Sensor	1.1		\$120.00
	TOTAL LABOUR			\$860.00
			, s.	*****
	ESTIMATE TOTAL			\$2,962.2

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

> 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:

gsur Hp 90010068 3 days 29/06/21/09/630 Resus after repair



ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops'
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717

Team:	ARC Repair TP(CLSO)1	JOB CARD	bales of det.	JC NO.: 305475879
OMER			REGN NO.: SH 9442G	MILEAGE
S OMER NO.		LTD	MAKE: TOYOTA	FUEL EF
ESS	383 SIN MING DRIVE Singapore SINGAPORE 575717			DATE/TIME IN 127.06.2021 16:1
(R) (P)	65508755 (O) .	,	YR OF MANU. 26.07.2017	TARGET DATE
UNT CARD	NO.		CHASSIS CODE JTDKB3FU0035628	COMPLETION DATE/TIME:
i.		JOB DESCRIPTION	* * * * * * * * * * * * * * * * * * *	
	lent Date: 27.06.2021 E: 3P 27.06.2021			
S/NO	LABOR CODE	DES	SCRIPTION	FRONT
			LEFT SIDE	A BIGHT SIDE
	*	,		
	(Spin		REAR	

ED 8	PASS	ED O	JT B	Y:

SERVICE ADVISOR CUSTOMER'S SIGNATURE Exit Pass gement Slip

SH 9442G

LIMTS

Vehicle No.:

SH 9442G

vice Advisor Signature/Date Name of Service Advisor Date

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.
- Thease report correctly the details of the accident to speed up the claims process.
 This Form must be completed by the Policyholder and/or the Authorised Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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	29/06/2021 11:38 (SGT)
Date of Accident	27/06/2021 15:40 (SGT)
Exact Location of Accident	Devonshire Rd, Singapore
Additional Location Information	-

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Valida Designation Number	CHOMASC
Vehicle Registration Number	 SH9442G

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LT
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-98809216
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	- va v v v v
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	No - Claiming third party
your vehicle?	
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	 CHUA PENG HUI
NRIC No	 SXXXX628C

Qf Birth	26/11/1959
cupation	Outdoor
ate Of Driving Pass	18/01/1984
Driving experience	37 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98809216
Alt, Phone Number	(FIIUIIG) +03-300032 IO
Email Address	fleeteefety@edatavi.com.cc
Address	fleetsafety@cdgtaxi.com.sg
	APT BLK 9 EUNOS CRESCENT
Address complement	#05-2703
Postcode	SINGAPORE 1440
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	
Servel Me III Origination of The Additional	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
	SON TO PERSON TO PERSON THE PERSON TO PERSON THE PERSON TO PERSON
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	No 2
	2
	No
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?	Yes
Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)	-
Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)	Yes 1
Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)	Yes
Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)	Yes 1
Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION	Yes 1 No
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Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? f yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 27/06/2021 AT AROUND 1540HRS, I WAS DRIVING MY VEHOWARDS 111 SOMERSET. I STOPPED MY VEHICLE ON THE RIVE PAST WHEN SUDDENLY VEHICLE B (FBQ5062A)REAR	Yes 1 No No No No HICLE A (SH9442G) ALONG DEVONSHIRE ROAD HEADING E GIVE WAY LINE TO LET VEHICLES FROM THE MAIN ROAD R ENDED MY VEHICLE. THERE WAS DAMAGES TO THE REAF
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Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? f yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 27/06/2021 AT AROUND 1540HRS, I WAS DRIVING MY VEHOWARDS 111 SOMERSET. I STOPPED MY VEHICLE ON THE RIVE PAST WHEN SUDDENLY VEHICLE B (FBQ5062A)REAR IGHT BUMPER OF MY VEHICLE. THERE WAS NO INJURIES.	Yes 1 No No No HICLE A (SH9442G) ALONG DEVONSHIRE ROAD HEADING E GIVE WAY LINE TO LET VEHICLES FROM THE MAIN ROAD R ENDED MY VEHICLE. THERE WAS DAMAGES TO THE REAF

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ5062A
Vehicle Manufacturer	Yamaha
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	WOO GUO WEN
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

¿No	SXXXX717B
itact Number	-
dress	- P :
ddress complement	-
ostcode	<u>-</u>
Insurance Company Name	- 2 2
Nature Of Damage	-
Details of property damaged in accident	. <u>-</u>
No. Of Passenger (Including Driver)	

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudlate policy liability</u>.
- 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)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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 w ith 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

ge

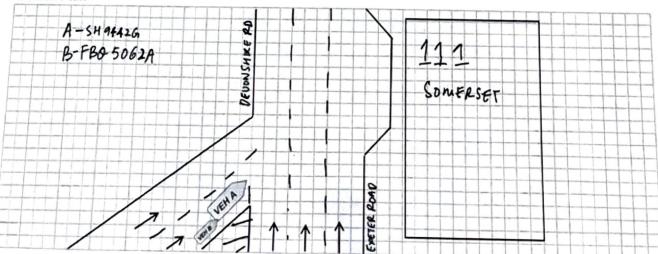
Driver's Signature (If driver is not the policyholder) / Date & Time 28/6 n1 0140

Witnessed by Reporting Centre Personnel EHM MALC

Sketch Plan

Time

Policyholder's Signature / Date &



Ba ID/ Gl Describe Circumstances of the Accident

ON 270621 AT AROUND 1540HRS, I WAS DRIVING MY VEHICLE A SH9442G ALONG DEVONSHIRE ROAD HEADING TOWARDS 111 SOMERSET. I STOPPED MY VEHICLE ON THE GIVE WAY LINE TO LET VEHICLES FROM THE MAIN ROAD TO DRIVE PAST WHEN SUDDENLY VEHICLE B FBQ5062A REAR ENDED MY VEHICLE. THERE WAS DAMAGES TO THE REAR RIGHT BUMPER OF MY VEHICLE. THERE WAS NO INJURIES.

Declaration

I/We declare the foregoing particulars are true in every respect.

fe

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 261612 0446

Witnessed by Reporting Centre Personnel K-4 Apple.

Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner (Citype:	
	821R
Whice No.	
Which to be Exported:	
Intended Deregistration Date:	
Vehicle Modet	PROSHYBRID LBCVT
Primary Colour.	200, 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Manufacturing Year:	
	2ZR5060003
	Лтокв3FU003562898
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value	459.007.00
Original Registration Date:	26 Jul 2017
First Registration Date:	110 24 M 2017
Transfer Counts	
Actual ARF Paid:	\$\$(acco
PARF Eligibility:	
PARF Eligibility Expiry Date:	25 Jul 2025
PARF Robate Amount:	\$3750.00
COE Expiry Date:	25 Jul 2025
OE Category:	A · Carupto 1600cc & 97kW (130bhp)
COE Period(Yuars):	
OP Pald	\$38.560.00
COE Rebate Amount	\$19,617,00
Total Rebate Amount	\$23367.00

Please note that the 8-year COE for this vehicle caprot be further renewed. The vehicle must be de-registered upon COE expery or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 29 Jun 2021

OK