



COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

NOTE (4/8)

Date: 10.08.2021  
Time: 10:22:52  
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305481596  
REGN NO : SHC1512Y  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 29.06.2017  
DATE/TIME IN : 10.08.2021 09:40  
ACCIDENT DATE : 06.08.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2282-A COVER REAR BUMPER^	1	458.60	25.00	343.95	ky
0002 04-01-0302-2267-G BUMPER CLIPS	10	22.00	25.00	16.50	na
0003 04-01-0302-2287-G GUARD-REAR BUMPER CENTER	1	552.60	25.00	414.45	de
0004 04-01-0302-2288-G REINFORCEMENT SUB-ASSY RE	1	318.80	25.00	239.10	?
SUB-TOTAL :					1,014.00

JOB NATURE

0000 PB	PANEL BEATING	400.00	350
0001 SP	SPRAYPAINT CHARGE	300.00	250
0002 L	REMOVE/REFIX REAR W/SCREEN GLASS reverse sensor	80.00	30
SUB-TOTAL :		780.00	
TOTAL :		1,794.00	

Jumani

MVA NAME & SIGNATURE  
DATE : 10/8/21

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Tamplin 97495749  
up' 10/8/21 @ 1500  
c/s rising after repair  
tamplin 11/8/21  
2 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:

Team: ARC Repair TP(CLSO)1

**JOB CARD**

Sales Order: 4106557

JC NO.: 305481596

OWNER

AS

OWNER NO.

RESS

(R)

(P)

OUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

REGN NO.:

SHC1512Y

MILEAGE

MAKE :

TOYOTA

FUEL

E.....1/2.....F

MODEL

PRIUS HYBRID(G4) 10.08.2021 09:40

DATE/TIME IN

YR OF MANU

29.06.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU003561179

COMPLETION DATE/TIME:

JOB DESCRIPTION

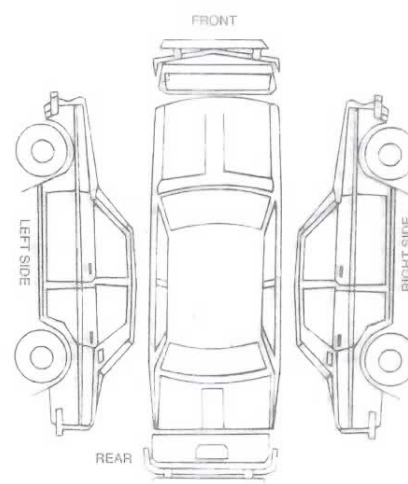
Accident Date: 06.08.2021

NATURE: 3P 06.08.2021

S/NO

LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.:

SHC1512Y

JU NTUC LKK

Vehicle No.:

SHC1512Y

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	06/08/2021 19:50 (SGT)
Date of Accident	06/08/2021 13:15 (SGT)
Exact Location of Accident	Buangkok Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1512Y
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) +65-97660414
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	LEE CHEE HENG JIMMY
NRIC No	SXXXX988Z

Date Of Birth	24/09/1975
Occupation	Outdoor
Date Of Driving Pass	23/01/1996
Driving experience	25 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97660414
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 212A COMPASSVALE DRIVE #16-129
Address complement	-
Postcode	541212
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Female

#### 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 06/08/21 AT ABOUT 1315HRS I WAS DRIVING VEHICLE A SHC1512Y ALONG BUANGKOK DRIVE WITH ONE FEMALE PASSENGER.I WAS AT FOURTH LANE FROM EXTREME RIGHT AT INTERSECTION OF HOUGANG AVENUE 6 AND SENGKANG CENTRAL.I WAS AT STATIONARY POSITION AS SIGNAL WAS RED SUDDENLY VEHICLE B PA7649M FROM BEHIND COLLIDED ONTO MY VEHICLE REAR.EXCHANGED PARTICULAR AND NO INJURIES AT POINT ON TIME.

#### 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	PA7649M
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	(Phone) +65-81814943
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

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' 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 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' 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.

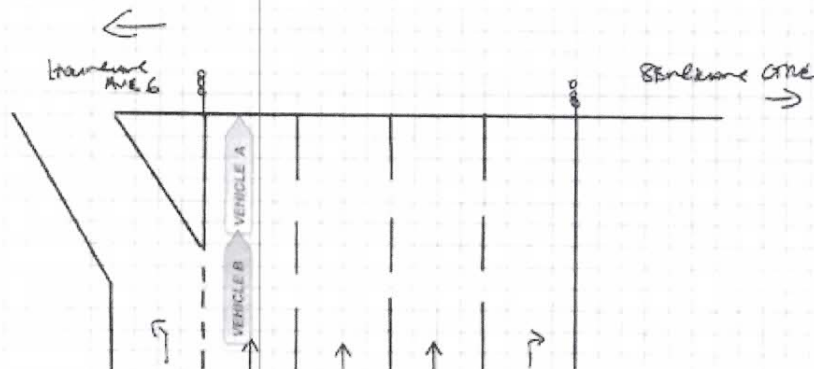
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

A SHC15124  
B PA76496



## Describe Circumstances of the Accident

ON 06/08/21 AT ABOUT 1315HRS I WAS DRIVING VEHICLE A SHC1512Y ALONG BUANGKOK DRIVE WITH ONE FEMALE PASSENGER. I WAS AT FOURTH LANE FROM EXTREME RIGHT AT INTERSECTION OF HOUGANG AVENUE 6 AND SENGKANG CENTRAL. I WAS AT STATIONARY POSITION AS SIGNAL WAS RED SUDDENLY VEHICLE B PA7649M FROM BEHIND COLLIDED ONTO MY VEHICLE REAR. EXCHANGED PARTICULAR AND NO INJURIES AT POINT ON TIME.

## Declaration

I/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

7/9

06/08/21 / 1510 Hrs

  
Balaji



