



## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO SHB3819E

DATE: 12. August 2021

MAKE TOYOTA

MVA JUMANI

MODEL PRIUS

DOA: 12. Aug. 2021

AIG

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER ASSY			de \$458.60
10	REAR BUMPER CLIPS			de \$22.00
1	REAR BUMPER LOWER COVER			de \$220.50
1	REAR BUMPER REINFORCEMENT			? \$318.80
1	REAR BUMPER UNDER COVER			de \$552.60
1	REAR BUMPER SIDE COVER RH			X \$148.40
1	REAR BUMPER TOW COVER			de \$82.70
1	ROOFTOP REAR COVER			ca \$746.26
1	ROOFTOP SIDE COVER LH			X \$71.10
1	ROOFTOP SIDE COVER RH			X \$71.10
SUB TOTAL				\$1,903.90
LESS 25%				\$380.78
DISCOUNTED TOTAL				\$1,523.12
1	REAR BUMPER MAT			na \$50.00 NET
1	REVERSE SENSOR			na \$135.70 NET
Labour Charge				\$50.00
PANEL BEATING				350 \$400.00
SPRAY PAINT				250 \$300.00
REMOVE/REFIX REVERSE SENSOR				30 \$80.00
TOTAL LABOUR				\$680.00
ESTIMATE TOTAL				\$2,253.12
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:

Tanphir 97495749  
 WP 13/8/21 @ 1545  
 1/3 Money after repair  
 Tanphir @ Khantoun  
 2 days

Team:	ARC Repair TP(CFSO)1	JOB CARD	Sales Order: 4108157	JC NO.: 305482469
TOMER		REGN NO.:	SHB3819E	MILEAGE
MS	CITYCAB PTE LTD	MAKE :	TOYOTA	FUEL
TOMER NO.	7010070	MODEL	PRIUS HYBRID(G4)	DATE/TIME IN
RESS	383 SIN MING DRIVE	YR OF MANU.	05.09.2017	TARGET DATE
(R)	Singapore SINGAPORE 575717	CHASSIS CODE	JTDKB3FU703562796	COMPLETION DATE/TIME:
(P)	65551188			
OUNT CARD NO.				

Accident Date: 12.08.2021	JOB DESCRIPTION	
NATURE: 3P 12.08.2021	GBO <del>3819E</del> 5944Z	
S/NO	LABOR CODE	DESCRIPTION

CKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
nowledgement Slip	Exit Pass
No.: SHB3819E	Vehicle No.: SHB3819E
Signature/Date	Name of Service Advisor
Signature/Date	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	13/08/2021 10:59 (SGT)
Date of Accident	12/08/2021 12:00 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3819E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-90698556
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/P2419140
Cover Note Number	-

### DRIVER

Name of Driver	POH TIOW POH
NRIC No	SXXXX809Z

Date Of Birth	02/01/1959
Occupation	Outdoor
Date Of Driving Pass	26/01/1980
Driving experience	41 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90698556
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 491 ADMIRALTY LINK #15-195
Address complement	-
Postcode	750491
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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 12/08/2021 AT ABOUT 1200HRS, I WAS TRAVELING ALONG UPPER THOMSON ROAD TOWARDS SEMBAWANG IN MY VEHICLE SHB3819E. UPON APPROACHING THE JUNCTION THE TRAFFIC LIGHT TURNS AMBER AND I CAME TO A COMPLETE STOP WHEN IT TURNS RED. ANOTHER VEHICLE BEARING GBD5944Z THEN REAR ENDED MY VEHICLE. I WISH TO STATE THAT SUSTAINED BACK PAIN DUE TO THE ACCIDENT. I THEN EXCHANGE PARTICULARS WITH THE OTHER PARTY AND TOOK SOME PHOTOS.

#### 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	GBD5944Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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

SOON SOANG HOCK  
SXXXX226J  
(Phone) +65-91186585  
BLK 335B YISHUN STREET 31 #09-63  
-  
762335  
-  
-  
-  
-

#### INJURED PERSONS DETAILS

##### INJURED 1

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

POH TIOW POH  
Male  
(Phone) +65-90698556  
-  
-  
-  
BACK PAIN  
SHB3819E  
-  
No



SKETCH PLANIMPORTANT NOTICE

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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.

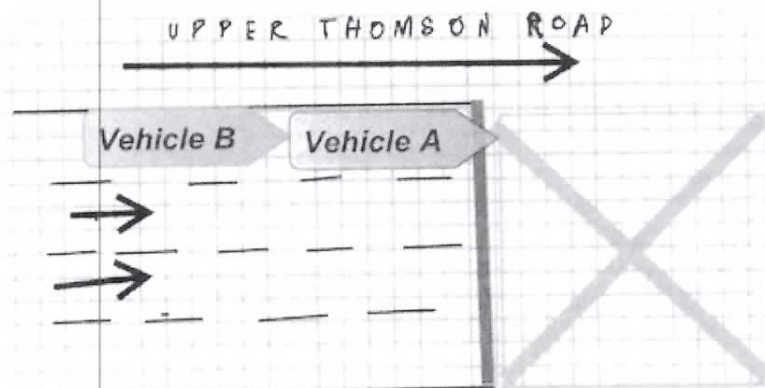
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

VEH A: SHB 381ME  
VEH B: GBD 5444E



## Describe Circumstances of the Accident

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## 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



12/08/2021 1645HRS

ABG