

ALG (Llham)
LKK

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

JOB NO : 305484707
REGN NO : SHD3679G
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 07.10.2016
DATE/TIME IN : 30.08.2021 11:05
ACCIDENT DATE : 29.08.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2292-G	COVER FRONT BUMPER^	1	499.90	25.00	374.92	499.90 ✓ cut
0002 04-01-0302-2971-G	SUPPORT FRONT BUMPER SIDE	1	82.30	25.00	61.72	82.30 ✓ cut
	LH Headlight					
					SUB-TOTAL :	436.64

JOB NATURE

0000 PB	PANEL BEATING	400.00	350
0001 SP	SPRAYPAINT CHARGE	300.00	250
		SUB-TOTAL :	700.00

TOTAL : 1,136.64

Jumani

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

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

Noted by Repairer

Thavan 1600 30/8/21

~~LKK~~ Lkh

2 days wp

82235769

Thavan @ Lkh auto. loan

after repair photos

Date/Time: 30.08.2021 15:03 Page : 1

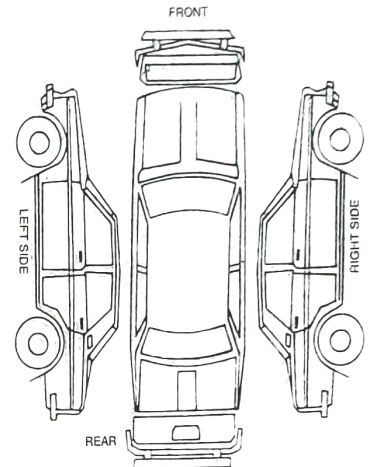
Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: 4113557 JC NO: 305484707

CUSTOMER NO: 7010045 AS COMFORT TRANSPORTATION PTE LTD ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) DOUNT CARD NO.	REGN NO:	SHD3679G	MILEAGE
	MAKE:	TOYOTA	FUEL E.....1/2.....F
	MODEL	PRIUS HYBRID(G4)30	DATE/TIME IN 08.2021 11:05
	YR OF MANU.	07.10.2016	TARGET DATE
	CHASSIS CODE	JTDKB3FU203533433	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 29.08.2021
 NATURE: 3P 29.08.2021

S/NO	LABOR CODE	DESCRIPTION
1000C J	PB	PANEL BEATING
100040	SP	SPRAYPAINT CHARGE



WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

No.: SHD3679G JU AIG

Vehicle No.: SHD3679G

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Company

821R

Vehicle Details

Vehicle No.:

SHD3679G

Vehicle to be Exported:

No

Intended Deregistration Date:

01 Sep 2021

Vehicle Make:

TOYOTA

Vehicle Model:

PRIUS HYBRID 1.8 CVT

Primary Colour:

Blue

Manufacturing Year:

2016

Engine No.:

2ZRR941142

Chassis No.:

JTDKB3FU203533433

Maximum Power Output:

90.0 kW (120 bhp)

Open Market Value:

\$31,008.00

Original Registration Date:

07 Oct 2016

First Registration Date:

07 Oct 2016

Transfer Count:

0

Actual ARF Paid:

\$5,000.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

06 Oct 2024

PARF Rebate Amount:

\$3,750.00

Intended COE Rebate Details

COE Expiry Date:

06 Oct 2024

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

8

PQP Paid:

\$41,687.00

COE Rebate Amount:

\$16,136.00

Total Rebate Amount:

\$19,886.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 01 Sep 2021

OK

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	30/08/2021 17:35 (SGT)
Date of Accident	29/08/2021 11:15 (SGT)
Exact Location of Accident	Paya Lebar Rd, Singapore
Additional Location Information	TOWARDS CIRCUIT LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3679G
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) +65-96351552
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	TING GIN TIN
NRIC No	SXXXX525D

Date Of Birth	19/07/1952
Occupation	Outdoor
Date Of Driving Pass	10/11/1975
Driving experience	45 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96351552
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 172C EDGEDALE PLAINS #13-472
Address complement	-
Postcode	823172
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	Side Swipe
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 29/08/2021 AT ABOUT 1115HRS I WAS DRIVING MY VEHICLE A SHD3679G ALONG PAYA LEBAR ROAD. I DID U TURN. VEHICLE B SGZ3688B DROVE OUT FROM CIRCUIT LINK ON MY LEFT, SIDE SWIPE HER VEHICLE B DRIVER DOOR ON MY VEHICLE LEFT FRONT. MY PASSENGER IS NOT INJURED. PARTICULARS EXCHANGED.

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	SGZ3688B
Vehicle Manufacturer	Mercedes
Vehicle Model	C200

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO CHING CHING
NRIC No	SXXX951F
Contact Number	(Phone) +65-92333882
Address	APT BLK 92A PIPIT ROAD #12-85
Address complement	-
Postcode	371092
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

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' 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.

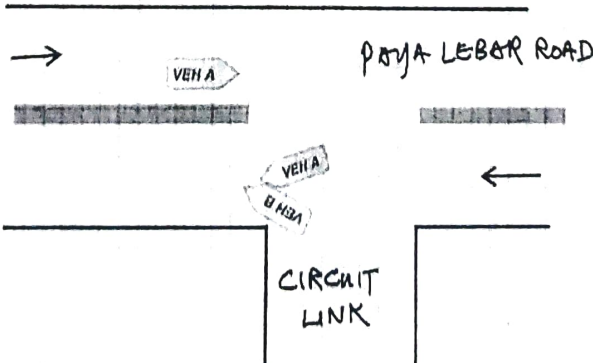
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

A - SHD 3679G
B - SGZ 3688B


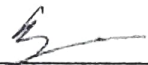


Describe Circumstances of the Accident

ON 29/08/2021 AT ABOUT 1115HRS I WAS DRIVING MY VEHICLE A SHD3679G ALONG PAYA LEBAR ROAD. I DID U TURN. VEHICLE B SGZ3688B DROVE OUT FROM CIRCUIT LINK ON MY LEFT, SIDE SWIPE HER VEHICLE B DRIVER DOOR ON MY VEHICLE LEFT FRONT. MY PASSENGER IS NOT INJURED. PARTICULARS EXCHANGED.

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
	30.08.2021 1245HRS
	Witnessed by Reporting Centre Personnel 