

Date/Time: 05.02.2022 10:24

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 4170377

JC NO:305503599

CUSTOMER

MS CITYCAB PTE LTD
CUSTOMER NO. 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

REGN NO.: SHC 948E	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)05	DATE/TIME IN 02.2022 08:10
YR OF MANU. 31.05.2017	TARGET DATE
CHASSIS CODE JTDKB3FU603557590	COMPLETION DATE/TIME:

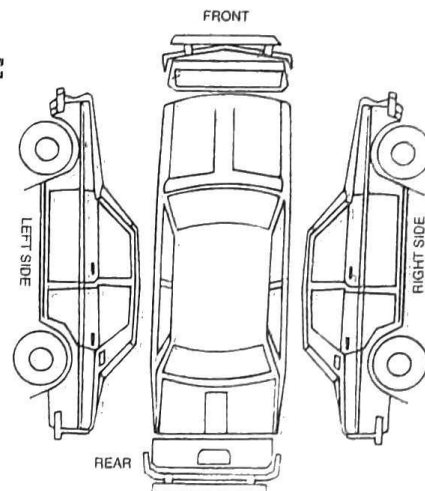
QUANTITY CARD NO.

JOB DESCRIPTION

Accident Date: 04.02.2022
NATURE: 3P 04.02.2022

NO LABOR CODE
00010 PB

DESCRIPTION
PANEL BEATING-SHC 948E



ISSUED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Payment Slip

Exit Pass

SHC 948E

LIMITS

Vehicle No.:

SHC 948E

Service Advisor

Signature/Date

Name of Service Advisor

Date

Handed to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

~~EAS-KIV~~

REPAIR ESTIMATE

DATE: 05.02.22 (Sat)INSURANCE: ERGO INSMODEL: Toyota PriusMVA: LIM T SVEHICLE NO.: SHC 948E

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Taillamp Upper RH	1		\$557.90 /CVA
	Taillamp Lower RH	1		\$548.40 /CVA
	Rear Bumper	1		\$458.60 /DES
	Rear Bumper Lower Cover	1		\$552.60 XSL
	Rear Bumper Extension RH	1		\$232.00 /DES
	Rear Bumper Side Retainer RH	1		\$112.70 /NEC
	Rear Bumper Clips	10	\$2.20	\$22.00 /NEC
	SUB TOTAL			\$2,484.20
	LESS 25%			\$621.05
	DISCOUNTED TOTAL			\$1,863.15
	Rear Bumper Mat	1		\$50.00 /NEC
	NETT TOTAL			\$50.00
	TOTAL SPARE PARTS			\$1,913.15
	<u>Labour Charge</u>			
	Panel Beating			\$400.00 350
	Spray Painting Charge-Rear Fender RH			\$600.00 280
	R/I Reverse Sensors			\$120.00 20
	TOTAL LABOUR			\$1,120.00
	ESTIMATE TOTAL			\$3,022.15

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.

Thavan 87235769
 7/2/22 1730
 L/S Batter repair photo
 2 days wp

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:

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	05/02/2022 11:50 (SGT)
Date of Accident	04/02/2022 17:20 (SGT)
Exact Location of Accident	Selegie Rd, Singapore
Additional Location Information	TOWARDS BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC948E
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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) +65-93367546
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	LEE KHEE SEN
NRIC No	SXXXX239Z

Date Of Birth	24/01/1959
Occupation	Outdoor
Date Of Driving Pass	29/10/1990
Driving experience	31 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93367546
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	127 ANG MO KIO AVENUE 3 #05-1869
Address complement	-
Postcode	560127
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?	No
Was any injured conveyed to hospital by ambulance?	-
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 04/01/2022 AT ABOUT 1720HRS I WAS DRIVING MY VEHICLE A SHC948E FROM SELEGIE ROAD TURNING LEFT ONTO BUKIT TIMAH ROAD. I STOP MY VEHICLE A TO LET PEDESTRIANS CROSS AT THE TRAFFIC JUNCTION. VEHICLE B GBB4507U THEN REAR ENDED MY STATIONARY VEHICLE A. NO ONE WAS INJURED. PARTICULARS EXCHANGED BUT NO HANDPHONE

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	GBB4507U
Vehicle Manufacturer	Opel
Vehicle Model	Vivaro
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ERDOGAN AKTEKIN

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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
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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' 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

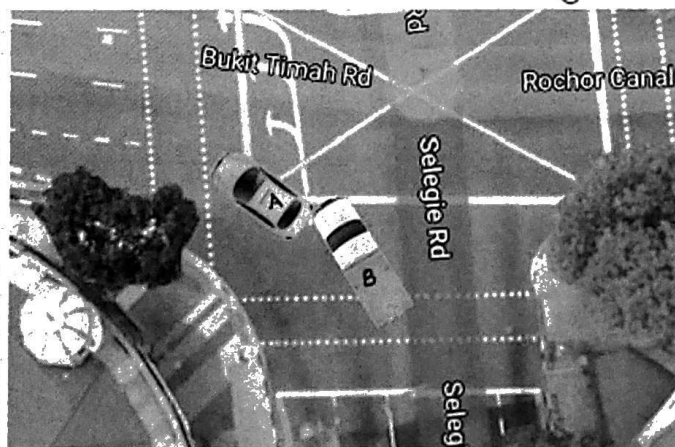
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SHC 948E

B - GBB 4507U



Describe Circumstances of the Accident

ON 04/01/2022 AT ABOUT 1720HRS I WAS DRIVING MY VEHICLE A SHC948E FROM SELEGIE ROAD TURNING LEFT ONTO BUKIT TIMAH ROAD. I STOP MY VEHICLE A TO LET PEDESTRIANS CROSS AT THE TRAFFIC JUNCTION. VEHICLE B GBB4507U THEN REAR ENDED MY STATIONARY VEHICLE A. NO ONE WAS INJURED. PARTICULARS EXCHANGED BUT NO HANDPHONE

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



05.02.2022 0905HRS



Kym Yong