

REPAIR ESTIMATE*

15.04.2022

VEHICLE NO SH9566H
MAKE 29.06.2017
MODEL PRIUS G4

CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR DOOR PANEL LH <i>one</i>			\$1,258.30
1	LHS ROCKER GARNISH <i>X repair</i>			\$599.20
	SUB TOTAL			\$1,857.50
	25.00%			\$464.37
	DISCOUNTED TOTAL			\$1,393.12
1	REAR DOOR ADVERTISEMENT <i>/ SMC</i>			\$100.00
1	REAR DOOR COMFORT APP LOGO <i>/ SMC</i>			\$80.00
				\$172.00
	Labour Charge			\$550.00
	Panel Beating			\$300.00
	Spray Painting Charge			\$90.00
	Remove/refix door parts			\$940.00
	TOTAL LABOUR			
	ESTIMATE TOTAL			\$2,505.12
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.				

943.72

350
250
60

2 Days.

45

After repair photos.

Gone Qlip

18/4/22 3:20pm

1400

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	15/04/2022 15:16 (SGT)
Date of Accident	15/04/2022 00:15 (SGT)
Exact Location of Accident	Ophir Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9566H
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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) +65-82927073
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	KOH GIM YONG
NRIC No	SXXXX197A

Date Of Birth	10/01/1964
Occupation	Outdoor
Date Of Driving Pass	11/11/1981
Driving experience	40 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82927073
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 407 YISHUN AVENUE 6 #03-1282
Address complement	-
Postcode	760407
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	Chain Collision
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 15/04/2022 AT ABOUT 0015HRS, I WAS DRIVING VEHICLE A (SH9566H) ALONG OPHIR ROAD TOWARDS ECP. I WAS DRIVING ON THE 2ND LANE OF A 5 LANE ROAD. I STOPPED MY VEHICLE AT THE CONTROLLED TRAFFIC LIGHT JUNCTION WITH VICTORIA STREET, WAITING FOR THE GREEN LIGHT. VEHICLE C(SBQ1002A) WHO WAS STATIONARY AT THE SAME JUNCTION ON THE THIRD LANE. VEHICLE B(SKS4736D) WHO WAS DRIVING ON THE THIRD LANE COLLIDED ONTO MY LEFT PASSENGER SIDE DOOR AND VEHICLE C RIGHT REAR SIDE. NO ONE WAS INJURED.

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	SKS4736D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	(Phone) +65-82186791
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SBQ1002A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91726470
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1



Describe Circumstances of the Accident

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Declaration

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: LATIFF