(08/11/23)	1
ASS. REC. BY: Theyan	REF: China

ASSIC	GNMENT
From: Date:	Veh No: SHASU23E Yr Regn.: 3/10 /17
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Toyota Prius c.c 1798
at Workshop m/s	Colour Dive A/C: Insured / Std / NI / NA
of	Sp.Reading 753853 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: 37DhB3FU203565105
Claims No.	Gen. Cond: (Seoth) Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Introder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / SRim / STD A/Rim or
	Tyre Size: F: 195/65/15
(Policy Condition)	R: 195/65 RIS
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYOTYOKO Or Westlahe
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 5 mm R/Bal. 5 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 3 mm 75/11/22 1/42
Est. Repairs: days Res.: Yes or No	CD65
Lum Sum: % 3 Val.: Yes or No	Survey field at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN/OUT	The U/C / Chassis frame / Body Structure affected due to collision.
Date:Person Contacted:	The ord / chacter many
Date / Time   Action / Instruction	
	David Of Bonalri
Date/Time, File Pass to? : Prell. Report	Days Of Repair:  Resurvey No. of Trip:  Survey Fee:
: Final Report	Transportation:
Date/Time, File Return to?	ee:   Site Insp (\$)s+Rs,si
2)	: Interview (\$) Photos
	: Tech. Invs (\$) Others
Report Format :	: Weekend (\$)
Lump Sum / I.B.I: (\$)	TOTAL

SHANT NET CHIAN

# COMFORTDELGRO ENGINEERING PTE LTD

# REPAIR ESTIMATE

Date: 25.04.2022 Time: 12:54:17

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

**REGN NO** 

: 305513616 SHA5423E

MILEAGE

: 0000000000

MAKE MODEL

: TOYOTA : PRIUS HYBRID(G4)

DATE OF REGN DATE/TIME IN

: 03.10.2017

ACCIDENT DATE

: 25.04.2022 10:30 : 22.04.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2282-G XX COVER REAR BUMPER

503.04 25.00 377.28

0002 04-01-0302-2713-G GUARD REAR BUMPER CENTER

64.96 25.00 48.72 X SV €

0003 04-01-0302-2288-G REINFORCEMENT SUB-ASSY RE

1 318.80 25.00 239.10

0004 04-01-0302-2287-G GUARD-REAR BUMPER CENTER

552.30 25.00 414.22 / By (4)

0005 04-01-0302-2267-G BUMPER PIECE

15.00 25.00 11.25 / NAC 10

0006 04-01-0302-1150-A BUMPER PROTECTOR MAT

50.00 2.50- 50.00 XSVC

0007 09-01-0302-2005-A REVERSE SENSOR ASSY

1 135.70 0.25 135.70 / W

SUB-TOTAL : 1,276.27

JOB NATURE

0000 L

REAR NUMPER ADVERTISEMENT

50.00 / NIC

0001 PB

PANEL BEATING

550.00 350

0002 SP

SPRAYPAINT CHARGE

300.00 750

0003 17-01

CHECK ALL LIGHTING

60.00 30

# COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 25.04.2022 Time: 12:54:17

Page: 2

COMPANY: THIRD PARTY'S CLAIMS (CAS)

**CUSTOMER: 7010045** 

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO

305513616

REGN NO

SHA5423E

MILEAGE

0000000000

MAKE MODEL. **TOYOTA** 

DATE OF REGN

PRIUS HYBRII 03.10.2017

DATE/FIME IN

25.04.2022 10:3

ACCIDENT DATE

22.04.2022

### JOB / PARTS DESCRIPTION

**QTY IND UNIT-PRICE DISC% AMOUNT** 

0004 20-00

TUFF COAT ON AFFECTED PARTS.

60.00

0005 20-05

REMOVE/REFIX REVESRE SENSOR

60.00 30

SUB-TOTAL : 1.080.00

TOTAL

: 2,356.27

AUTHORISED: YES / NO

MVA NAME & SIGNATURE

DATE:

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

Acknowledged by Repairer

ים:עום

Theran 82235769 2415/4/22 1600 2/5 #2dayswp

SURVEYOR NAME & SIGNATURE



ComfortDelGro Engineering Pte Ltd Mr. Hawking to make a constitution of the space of the second of the sec

Market property and Date/Time: 25.04.2022 11:27 Team: ARC Repair TP(CLSO)1 JOB CARD BTUMLR Page : 1 Sales Order: 4200285 JC NO 305513616 COMFORT TRANSPORTATION PTE LTD HEGNINO. MILEAGE 7010045 SHA5423E DRESS 383 SIN MING DRIVE MAKE FUEL TOYOTA Singapore SINGAPORE 575717 Ε.... 1/2 MODEL (F() 65508755 DATE/TIME IN PRIUS HYBRID(G4)25.04.2022 10:30  $(\mathbb{F}_2)$ YR OF MANIL TARGET DATE COUNT CARD NO. 03.10.2017 CHASSIS CODE COMPLETION DATE/TIME JTDKB3FU203565105

JOB DESCRIPTION

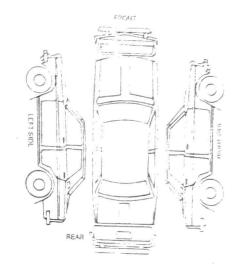
Accident Date: 22.04.2022

NATURE: 3P 22.04.2022

S/NO

LABOR CODE

DESCRIPTION



ECKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
wledgement Slip	Exit Pass
: b:: e No.: SHA5423B CHIANG	Vehicle No.: SHA5423E
of Service Advisor Signature/Date returned to Service Reception upon collection	Name of Service Advisor Date  To be kept by Security Guard

SJ04224N000E / JP Knights Pte Ltd ENTRY DATE & TIME: 23/04/2022 13:07 (SGT) SUBMITTED BY: Kavi VERSION: 1 (23/04/2022 13:07 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding of material facts may allow insurance companies to repudiate

- 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 (alse 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

23/04/2022 13:07 (SGT) 22/04/2022 14:15 (SGT) Old Jurong Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE		
Vehicle Registration Number		SHA5423E
INSURED/POLICYHOLDER		
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	2 2000 2 000 2000 000 000 000 000 000 0	Yes COMFORT TRANSPORTATION PTE LTD 1XXXXX821R fleetsafety@cdgtaxi.com.sg (Phone) +65-91728522 (Office) +65-65508768
VEHICLE PARTICULARS		
Manufacturer Model Variant Exact purpose for which vehicle waccident Are you claiming under your own your vehicle? Vehicle Category Transmission CC INSURANCE COMPANY	insurance policy for repair to	Toyota Prius - Private hire No - Claiming third party Taxi Auto 1798
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number		AXA Insurance Pte Ltd ThirdPartyFireTheft Yes VFX/P2419138
Name of Driver NRIC No		THOMAS GO JIT MIN SXXXX819I

Date Of Birth	
Occupation	14/09/1950
Date Of Driving Pass	Outdoor
Driving experience	21/12/1971
Gender	50 YEARS AND 4 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-91728522
Email Address	-
Address	fleetsafety@cdgtaxi.com.sg
Address complement	BLK 707 HOUGANG AVENUE 2 #06-85
Postcode	
Is the driver the policyholder?	530707
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Hirer
Vehicle Registration Number of Other Vehicles	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	•
and by billion	<u> </u>
GENERAL INFORMATION OF THE ACCIDENT	e e se
Type of Accident	
Weather Conditions	Collision - Head to Rear
Road Surface	Clear
rood durace	Dry
OTHER INFORMATION	
S. M. S. MATION	
Was any foreign webid.	
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)	2
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	UNKNOWN
Gender	Female
	- Smale
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	
Was notice of intended Prosecution given?	No
f yes, against whom?	No
Tyes, against whom?	-
	The state of the s
CIRCUMSTANCES OF ACCIDENT	t t exist sell
N 22/04/2022 AT ABOUT 1415HRS I STOP MY VEHICLE A SHA	A5423E AT THE TRAFFIC LIGHTS, ON THE RIGHT LANE OF OLD
EHICLE A MY PASSENGER IS NOT INJURED. PARTICULARS	EXCHANGED BUT NO HANDDHONE
	EXCIDINGED BOT NO HANDFHONE
ATTACHMENT(S)	
re accident photos available for attachments	
re accident photos available for attachment?	Yes
as there any video captured by Car Camera?	Yes
easons for not uploading a video of the accident	FILE IS NOT SUITABLE
as there any audio recorded?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
ehicle Registration Number	YP8133S
ehicle Manufacturer	-
ehicle Model	

Vehicle Variant	
Vehicle Colour Vehicle Category Name of Drives	
Vehicle Category	-
	-
Contact Number	Commercial vehicle
Address	-
Address complement	*
Address complement Postcode	-
Insurance Company Name	-
Insurance Company Name Nature Of Damage	-
Nature Of Damage	-
Details of property damaged in accide	-
No. Of Passenger (Including Driver)	-
Since of the same seems and the same seems and the same seems are same seems and the same seems are same seems and the same seems are same se	1

# SKETCHPLAN

### IMPORTANT NOTICE

- 1. Please report posteptily 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 icoue and acceptance of this Form by incurance companies is not an admission of policy liability on the part of the insurance
- 5 Any false reporting may be referred to the Police for investigation
- 8 The report will be form arded 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 incigerment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report heing made available aforesaid
- 8 Concent under the Personal Data Protection Act (PDPA)

lunderstand, acknowledge, agree and consent that

- (a) My insurer, my w orkshop 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) w his 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
- (ii) investigating the accident and/or my claims,
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (w) 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 wiell as on the external cover of envelopes/mail
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time 28.04-2072 Terre 11504RL Sketch Plan A-SHA5423E TOWARDS

Describe Circumstances of th	e Accident	
THE TRAFFIC LIGHTHE DIRECTION OF ENDED MY STATION	T ABOUT 1415HRS I STOP MY VEHI ITS, ON THE RIGHT LANE OF OLD J F BUKIT BATOK ROAD. VEHICLE B Y INARY VEHICLE A MY PASSENGER CHANGED BUT NO HANDPHONE	URONG ROAD IN 198133S THEN REAR
Declaration		
I/We declare the foregoing particular	Own	lhz.
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel (Curu Young