

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Chen N. H. / CHIAH

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 : 305513616
REGN NO : SHA5423E
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 03.10.2017
DATE/TIME IN : 25.04.2022 10:30
ACCIDENT DATE : 22.04.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | | | |
|------|-------------------|---------------------------|----|--------|-------|--------|----------------|
| 0001 | 04-01-0302-2282-G | XX COVER REAR BUMPER | 1 | 503.04 | 25.00 | 377.28 | <i>Xr</i> |
| 0002 | 04-01-0302-2713-G | GUARD REAR BUMPER CENTER | 1 | 64.96 | 25.00 | 48.72 | <i>X SVC</i> |
| 0003 | 04-01-0302-2288-G | REINFORCEMENT SUB-ASSY RE | 1 | 318.80 | 25.00 | 239.10 | <i>X SVC</i> |
| 0004 | 04-01-0302-2287-G | GUARD-REAR BUMPER CENTER | 1 | 552.30 | 25.00 | 414.22 | <i>/ Bulut</i> |
| 0005 | 04-01-0302-2267-G | BUMPER PIECE | 10 | 15.00 | 25.00 | 11.25 | <i>/ N/C</i> |
| 0006 | 04-01-0302-1150-A | BUMPER PROTECTOR MAT | 1 | 50.00 | 2.50- | 50.00 | <i>X SVC</i> |
| 0007 | 09-01-0302-2005-A | REVERSE SENSOR ASSY | 1 | 135.70 | 0.25 | 135.70 | <i>/ lut</i> |

SUB-TOTAL : 1,276.27

JOB NATURE

| | | | |
|------------|---------------------------|--------|--------------|
| 0000 L | REAR NUMPER ADVERTISEMENT | 50.00 | <i>/ N/C</i> |
| 0001 PB | PANEL BEATING | 550.00 | <i>350</i> |
| 0002 SP | SPRAYPAINT CHARGE | 300.00 | <i>250</i> |
| 0003 17-01 | CHECK ALL LIGHTING | 60.00 | <i>30</i> |

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 : TOYOTA
MODEL : PRIUS HYBRID
DATE OF REGN : 03.10.2017
DATE/TIME 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 30

0005 20-05 REMOVE/REFIX REVERSE SENSOR

60.00 30

SUB-TOTAL : 1,080.00

TOTAL : 2,356.27

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

Acknowledged by Repairer

Date:

Thuan
82235769
24/5/4/22 1600
L/S 2day swp

Team: ARC Repair TP(CLSO)1
CUSTOMER

Date/Time: 25.04.2022 11:27
JOB CARD

Page : 1

Sales Order: 4200285

JC NO: 305513616

VMS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)

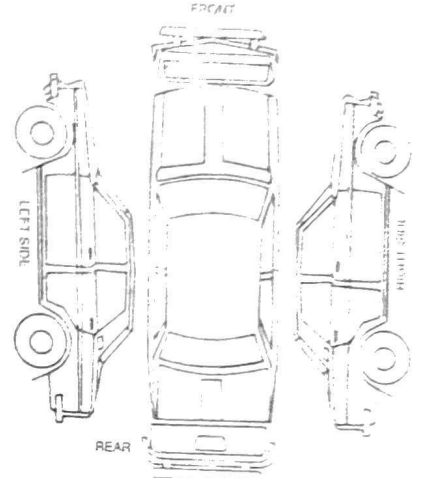
| | | |
|--------------|--------------------|----------------------|
| REG NO | SHA5423E | MILEAGE |
| MAKE | TOYOTA | FUEL |
| MODEL | PRIUS HYBRID(G4)25 | E 1/2 F |
| YR OF MANUF | 03.10.2017 | DATE/TIME IN |
| CHASSIS CODE | JTDKB3FU203565105 | TARGET DATE |
| | | COMPLETION DATE/TIME |

COUNT CARD NO.

Accident Date: 22.04.2022
NATURE: 3P 22.04.2022

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.:

e No.: SHA5423E CHIANG

SHA5423E

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned 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 | 23/04/2022 13:07 (SGT) |
| Date of Accident | 22/04/2022 14:15 (SGT) |
| Exact Location of Accident | Old Jurong Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHA5423E |
|-----------------------------|----------|

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) +65-91728522 |
| 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 | THOMAS GO JIT MIN |
| NRIC No | SXXXX819I |

| | |
|--|---------------------------------|
| Date Of Birth | 14/09/1950 |
| Occupation | Outdoor |
| Date Of Driving Pass | 21/12/1971 |
| Driving experience | 50 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91728522 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 707 HOUGANG AVENUE 2 #06-85 |
| Address complement | - |
| Postcode | 530707 |
| 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 | 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) | 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 22/04/2022 AT ABOUT 1415HRS I STOP MY VEHICLE A SHA5423E AT THE TRAFFIC LIGHTS, ON THE RIGHT LANE OF OLD JURONG ROAD IN THE DIRECTION OF BUKIT BATOK ROAD. VEHICLE B YP8133S THEN REAR ENDED MY STATIONARY VEHICLE A MY PASSENGER IS NOT 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


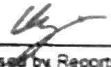
| | |
|-----------------------------|---------|
| Vehicle Registration Number | YP8133S |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

| | |
|---|--------------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | - |
| Name of Driver | Commercial vehicle |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

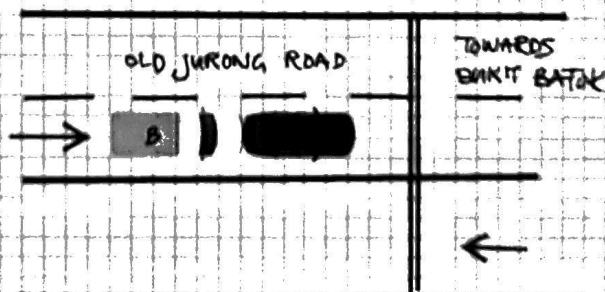
SKETCH PLAN

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.
- 3 Information provided must be as truthful and accurate as possible. Any willful 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.

| | | |
|--|--|--|
| <p>Policyholder's Signature / Date & Time</p> <p>Sketch Plan</p> |  <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p> <p>23.04.2022 1150HRS</p> |  <p>Witnessed by Reporting Centre Personnel</p> <p>Kyan Yang</p> |
|--|--|--|

A - SHA5423E
B - YP 8133S



Describe Circumstances of the Accident

ON 22/04/2022 AT ABOUT 1415HRS I STOP MY VEHICLE A SHA5423E AT THE TRAFFIC LIGHTS, ON THE RIGHT LANE OF OLD JURONG ROAD IN THE DIRECTION OF BUKIT BATOK ROAD. VEHICLE B YP8133S THEN REAR ENDED MY STATIONARY VEHICLE A MY PASSENGER IS NOT 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

23.04.2022

Yun Yong