

INC

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

LKK Taufik.

DATE: 14.06.2022

MODEL: Toyota Prius

INSURANCE: NTUC (LIS)

VEHICLE NO.: SH 8308T

MVA: LIM T S

| PART NO. | DESCRIPTION | QTY | UNIT PRICE | AMOUNT |
|----------|-------------------------------|-----|------------|-------------------|
| | Rear Bumper | 1 | | \$503.04 |
| | Rear Bumper Re-Inforcement | 1 | | \$378.32 |
| | Rear Bumper Lower Cover-Black | 1 | | \$654.96 |
| | Rear Bumper Tow Cover | 1 | | \$82.70 |
| | Rear Bumper Clips | 10 | \$2.20 | \$22.00 |
| | SUB TOTAL | | | \$1,641.02 |
| | LESS 25% | | | \$410.25 |
| | DISCOUNTED TOTAL | | | \$1,230.76 |
| | Reverse Sensor | 1 | | \$135.70 |
| | SUB S/NETT | | | \$135.70 |
| | LESS 10% | | | \$13.57 |
| | SUB S/NETT TOTAL | | | \$122.13 |
| | Rear Bumper Adv.Sticker | 1 | | \$100.00 |
| | Rear Fender Adv.Sticker RH/LH | 2 | \$100.00 | \$200.00 |
| | TOTAL SPARE PARTS | | | \$1,652.89 |
| | Labour Charge | | | |
| | Panel Beating | | | \$400.00 |
| | Spray Painting Charge | | | \$300.00 |
| | Remove/Refix Reverse Sensor | | | \$120.00 |
| | TOTAL LABOUR | | | \$820.00 |
| | ESTIMATE TOTAL | | | \$2,472.89 |

NETT net
NETT net

\$50
250
30

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.

Taufik 9789 5219
WRD WP 14/6/2022
2 days
L/S Reming after repair
Taufik & Uthman

- 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:

Date/Time: 14.06.2022 10:24

Page : 1

am: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4279709

JC NO.305519578

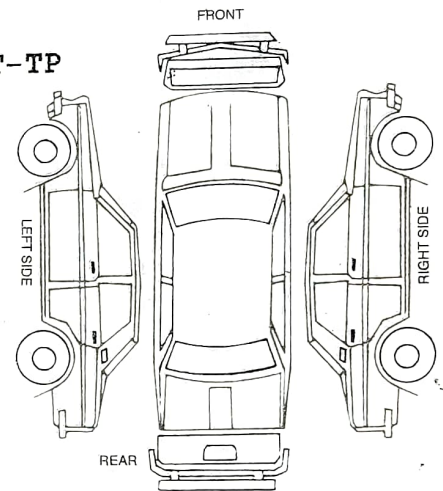
| | | | |
|---|--------------|----------------------------------|-----------------|
| JMER S COMFORT TRANSPORTATION PTE LTD JMER NO 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P) | REGN NO: | SH 8308T | MILEAGE |
| | MAKE: | TOYOTA | FUEL |
| | MODEL | PRIUS HYBRID(G4)13.06.2022 16:45 | E.....1/2.....F |
| | YR OF MANU | 30.05.2017 | DATE/TIME IN |
| | CHASSIS CODE | JTDRB3FU803557283 | TARGET DATE |
| JUNT CARD NO. | | COMPLETION DATE/TIME: | |

Accident Date: 12.06.2022
 ATURE: 3P 12.06.2022

JOB DESCRIPTION

'NO LABOR CODE
 00010 PB

DESCRIPTION
 PANEL BEATING-SH 8308T-TP



WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SH 8308T LIMITS

Vehicle No.: SH 8308T

Signature/Date

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 | 13/06/2022 20:28 (SGT) |
| Date of Accident | 12/06/2022 18:45 (SGT) |
| Exact Location of Accident | Bukit Batok West Ave 2, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SH8308T |
|-----------------------------|---------|

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) +65-89338268 |
| 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 | WONG KIM CHEW |
| NRIC No | SXXXX167B |

| | |
|--|----------------------------|
| Date Of Birth | 14/09/1961 |
| Occupation | Outdoor |
| Date Of Driving Pass | 06/10/1981 |
| Driving experience | 40 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-89338268 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 220 PETIR ROAD #03-333 |
| Address complement | - |
| Postcode | 670220 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | RELIEF |
| 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 12.06.2022 AT ABOUT 1845HRS I STOP MY VEHICLE A SH8308T ON THE 1ST LANE OF BUKIT BATOK WEST AVE 2 INTENDING TO TURN RIGHT ONTO AVE 3. LIGHTS WERE STILL RED WHEN VEHICLE B SKH4018S REAR ENDED MY STATIONARY VEHICLE A. NO ONE WAS INJURED. HANDPHONE 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 NOT SUITABLE |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SKH4081S |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |



| | |
|---|----------------------|
| Contact Number | (Phone) +65-90627808 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | FRONT |
| 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 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.

Policyholder's Signature / Date & Time

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

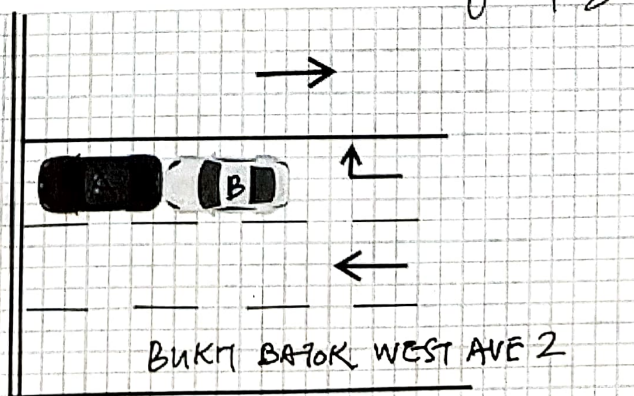
Witnessed by Reporting Centre Personnel

Sketch Plan

A - SH8308T

B - SKH 4881S

AVE 3



Describe Circumstances of the Accident

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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



13.06.2022

1710HRS

