

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHC490H

Date: 04/10/2022

Make : Toyota

Insurance: INCOME

Model : Prius

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER			\$ 503.04
10	REAR BUMPER CLIPS			\$ 22.00
1	REAR BUMPER REINFORCEMENT			\$ 378.32
1	REAR BUMPER LOWER COVER			\$ 654.96
	SUB TOTAL		1180	\$ 1,558.32
	LESS 25%		885	\$ 389.58
	DISCOUNTED TOTAL			\$ 1,168.74
	RENEW ADVERTISEMENT STICKER		✓	\$ 250.00
				\$ 250.00
	Labour Charge			
	PANEL BEATING			\$ 400.00
	SPRAY PAINTING CHARGE			\$ 300.00
	REMOVE/ REFIX REVERSE SENSOR		630	\$ 60.00
	TOTAL LABOUR			\$ 760.00
	ESTIMATE TOTAL		1765	\$ 2,178.74
			41581400	
			*2 days	

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.

Tanji 97195719
 WP 4/10/22 @ 3pm
 L/S Resurvey after repair
 Tanji @ Lhantown
 2 days

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: 04.10.2022 08:30

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 4944757

JC No: 305532116

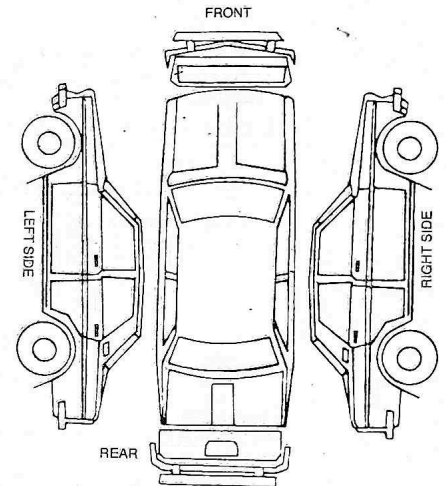
CUSTOMER MR/MS CITYCAB PTE LTD CUSTOMER NO. 7010070 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL. (R) 65551188 (P) (O)	REGN NO: SHC 490H	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....
	MODEL: PRIUS HYBRID(G4)03.10.2022 14:35	DATE/TIME IN
	YR OF MANU: 17.08.2017	TARGET DATE
	CHASSIS CODE: JTDKB3FU403562707	COMPLETION DATE/TIME:

DISCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 29.09.2022
NATURE: 3P 29.09.2022

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

me:
No.:
Vehicle No.: **SHC 490H** **YY**

Vehicle No.: **SHC 490H**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

be 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 Actual 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 03/10/2022 20:00 (SGT)
Reported by Driver
Date of Accident 29/09/2022 14:40 (SGT)
Exact Location of Accident 301 Geylang Rd, Singapore 389344
Additional Location Information CITY PLAZA
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC490H

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) +65-93518815
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
Policy Number / Cover Note Number VFX/P2419140

DRIVER

Name of Driver KOH YAN TECK
NRIC No SXXXX210D
Date Of Birth 26/05/1958
Occupation Outdoor

Date Of Driving Pass	27/12/1979
Driving experience	42 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93518815
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 128A PUNGGOL FIELD WALK #10-347
Address complement	-
Postcode	821128
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

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 29.09.2022 AT ABOUT 1440HRS I WAS DRIVING MY VEHICLE A SHC490H FETCHING MY PASSENGER TO BOON LAY DRIVE. MY VEHICLE A WAS ON 2ND LANE OF GEYLANG ROAD TRAFFIC JUNCTION OF PAYA LEBAR. VEHICLE B SGZ6580H FROM BEHIND SWICHTED TO 3RD LANE AND HIS VEHICLE B FRONT RIGHT COLLIDED ONTO MY VEHICLE A REAR LEFT. MY PASSENGERS ARE NOT INJURED AND I PROCEEDED TO SEND THEM TO THEIR DESTINATION AFTER TAKING PHOTOS AND EXCHANGE PARTICULARS.

ATTACHMENT(S)

Are accident photos available for attachment? No
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number SGZ6580H
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver SHAHRUL ALFIAN BI KAMIS
Contact Number (Phone) +65-93518851
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

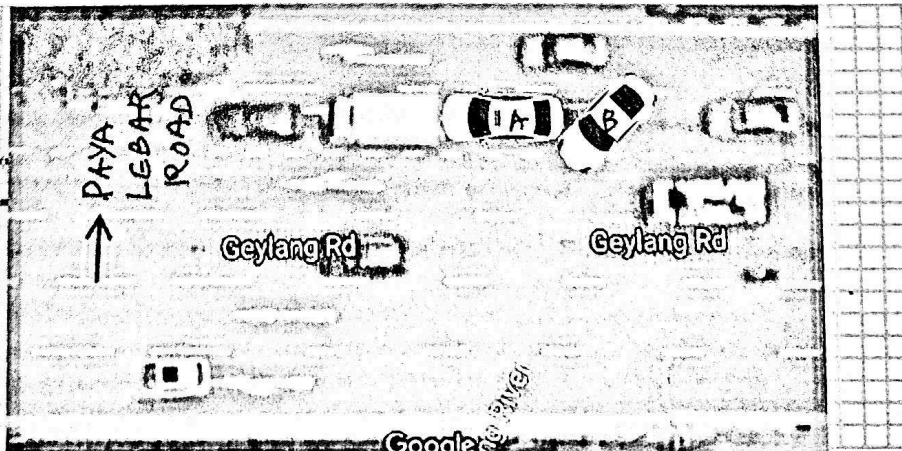
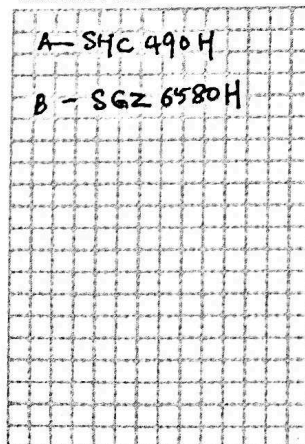
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



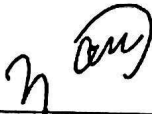
Describe Circumstances of the Accident

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Declaration

I/We declare the foregoing particulars are true in every respect.

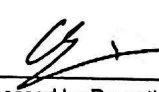
Policyholder's Signature / Date & Time



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

03.10.2022

1640HRS



Witnessed by Reporting Centre Personnel

Kyran Yong