AS	SIGNMENT
From: Date:	_ Veh No: 3HC490H YrRegn: 2017, Aug
Estimate d'ost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime-Mover /
OD / TP / VS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspective No:	Make: Toyota Prins c.c 1798
at Workstip m/s	Colour Yellow A/C: Insured / Std / NI / NA
of	Sp.Reading 673465 T/Radio; Insured / Std / Ni 7 NA
nsured:	Eng/No:
Policy No.	C/No: 3TD KB 3 F4 40356270
Claims Nu	Gen. Cond: Good) Fair / Poor / Burnt
Sum Insued: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Ciient's Record)	Brake: Inprder / Jammed / Leaked / Burnt or
viake of Veh:	Modi: NJN S/Rim / STD A/Rim or
	Tyre Size: F: 195/65745
(Policy Condition)	
	DIS BS DUN EXNOVA GY FS LIZA MIC OHTSU PIR SUMI
repair at the time of inspection.	TOYOTYOKO DT Wistake
Bal. or Market Value:	Front Rear
DAC Acident Roort Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 m
est Repairs:days Res.: Yes or No	D.O.A. D.O.I. 04 10/22
um Sum: % 3 Val.: Yes or No	Survey held at Confirst logues.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Reary OIS NIS UIC Rooftop or
Vehicle: IN /	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to coll
Date / Time Action / Instruction	
vate/Tinue, File Passa 10? : Preli. Report	Days Of Repair:
	Days Of Repair: Resurvey No. of Trip: Survey Fee:
) : Final Report	
) : Final Report Date/Tune, File Return to?	Resurvey No. of Trip: Survey Fee:

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No.: SHC490H

Make

: Toyota

Model : Prius

Date: 04/10/2022 Insurance: INCOME

MVA: MS. LOKE YY

ìty	Parts Description / Labour	Type	Unit Price	Amount
177	REAR BUMPER			\$ 503.04
10	REAR BUMPER CLIPS		30	\$ 22.00
1	REAR BUMPER REINFORCEMENT		19 1	\$ 378.32
1	REAR BUMPER LOWER COVER			\$ 654.96
		SUB TOTAL	11.80	\$ 1,558.32
		LESS 25%	1180	\$ 389.58
3	DISCOU	NTED TOTAL	885	\$ 1,168.74
	RENEW ADVERTISEMENT STICKER	Annual group		\$ 250.00
THE THE TENT OF TH				\$ 250.00
	Labour Charge			
PANEL BEATING SPRAY PAINTING CHARGE REMOVE/REFIX REVERSE SENSOR		Service March		\$ 400.00
	SPRAY PAINTING CHARGE		1	\$ 300.00
	REMOVE/ REFIX REVERSE SENSOR		630	\$ 60.00
		TAL LABOUR	des 35 juli	\$ 760.00
			1765	
	ESTI	MATE TOTAL		\$ 2,178.74
	T		4/5/1400	
			* 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.

Tanfilm 97495719

WP ' 4/10/27 C 3pm

Up Resung affer repair

fanfin elhantown

2 deys

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:



ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
Date/Time: 04.10.2022 08:30

Page: 1

Ceam: ARC Repair TP(CFSO)1 JOB CARDSales Order: 4944757 JC N&Q5532116 CUSTOMER REGN NO.: 490H MILEAGE CITYCAB PTE LTD /IR/MS MAKE TOYOTA FUEL 7010070 SUSTOMER NO 7010070

ADDRESS 383 SIN MING DRIVE MODEL HYBRID (G4)03.10.2022 14:35 Singapore SINGAPORE 575717 EL. (R) 65551188 YR OF MANU. 17.08.2017 (O) TARGET DATE (P) CHASSIS CODE JTDKB3FU403562707 COMPLETION DATE/TIME: DISCOUNT CARD NO.

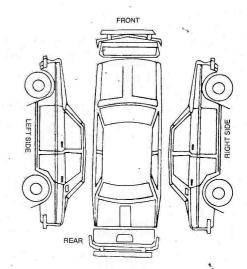
JOB DESCRIPTION

Accident Date: 29.09.2022 NATURE: 3P 29.09.2022'

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:		
SERVICE ADVISOR		
	98	CUSTOMER'S SIGNATURE
knowledgement Slip ne: No.:	Exit Pass	
icle No.: SHC 490H YY	Vehicle Nó.: SHC 490H	
ne of Service Advisor Signature/Da pe returned to Service Reception upon collection	Name of Service Advisor To be kept by Security County	Date

SJ0G22A30028 / JP Knights Pte Ltd ENTRY DATE & TIME: 03/10/2022 20:00 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (03/10/2022 20:00 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
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 3. Information provided must be as truthful and accurate as possible. Any wiltrul misrepresentation of minimum of minimum of minimum of the insurance companies.
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.

₹ ACCIDE	ENT STATEMENT	
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	Driver 29/09/2022 14:40 (SGT) 301 Geylang Rd, Singapore 389344 CITY PLAZA	
DETAILS	OF OWN VEHICLE	
Vehicle Registration Number	SHC490H	(1 TY
INSURED/POLICYHOLDER		
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	CITYCAB PTE LTD 1XXXXX839G fleetsafety@cdatavi.com.sg	
VEHICLE PARTICULARS		en, m
Manufacturer Model Variant	Toyota Prius	
Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category	Private hire No - Claiming third party Taxi	
Transmission CC	Auto 1798	
INSURANCE COMPANY		1 45.0 ; 7.0
Name of Insurance Company Policy Number / Cover Note Number	AXA Insurance Pte Ltd VFX/P2419140	20.00
DRIVER	on the control of the control of the experience was presented by the control of t	e Michaele
lame of Driver	KOH YAN TECK	*

SXXXX210D 26/05/1958 Outdoor

Date Of Birth

Date Of Driving Pass	27/12/1979		
Driving experience	42 YEARS AND 9 MONTHS		
Gender	Male (Phone) +65-93518815 - fleetsafety@cdgtaxi.com.sg BLK 128A PUNGGOL FIELD WALK #10-347 -		
Mobile Number			
Alt. Phone Number			
Email Address			
Address			
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	net i de la companya de la companya La companya de la co		
GENERAL INFORMATION OF THE ACCIDENT			
GENERAL INFORMATION OF THE ACCIDENT	e de la come de la come al la come de la maria de la come de la co		
Type of Accident	Collision - Head to Rear		
Weather Conditions	Clear		
Road Surface	Dry		
OTHER INFORMATION			
A A			
Was any foreign vehicle involved in the accident?	No		
Number of vehicles involved in the accident	2		
Nas anybody injured in the Accident?	No		
Nas any injured conveyed to hospital by ambulance?	[14] 발가시다 20m 일반 경기에 보고 100 후 모든 10 m 2 m 2		
Vas any other vehicle or property damaged?	Yes		
Number of Passengers (Including Driver)	5		
las the driver been approached by unknown person(s)			
oliciting/offering accident claims assistance?	No		
ranslator's name			
ranslator's ID			
ranslator's phone number			
ranslator's email	마다 - 1995년 전 1995년 - 1일 - 1일 - 1995년 1995년 대표 1995년 1		
Original language used in the statement	effective the second of the se		
riginarianguage used in the ottatement annual and a second a second and a second an			
ASSENGER 1			
lame (M)= 6 4 cm = 5 4	LINUCALONA		
	UNKNOWN		
iender	Male		
ASSENGER 2			
ame	UNKNOWN		
ender	Female		
ASSENGER 3			
ame	UNKNOWN		
ender			
ender	Female		
SSENGER 4			
ala di Maria di Kalendaria	Suppose in the second s		
ame	UNKNOWN		
ender	Female		
ETAILS OF POLICE ACTION			
ETAILS OF POLICE ACTION			
SETAILS OF POLICE ACTION as the accident reported to the police?	No		
as the accident reported to the police?			
<mark>a karang megakan kecampan sa</mark> ng pendepat sa mendaban kecampung mendaban sang mengat sang sang sang pendaban sa	No No		

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 SWICTHED 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 PHITOS 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	<u>-</u>
Vehicle Colour	⊭ `
Vehicle Category	Private car
Name of Driver	SHAHRUL ALFIAN BI KAMIS
Contact Number	(Phone) +65-93518851
Address	-
Address complement	-
Postcode	. 4
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	reff
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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. 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 erchiving 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)

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 ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 the claims:
- (i) investigating the accident and/or my claims;
- (ii) 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' law yers/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.

Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Policyholder's Signature / Date & Personnel & Time Time 03-10-2032 1630HRS Sketch Plan - SHC 490 H SGZ 6580H

Describe Circumstances of the 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 SWICTHED 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 PHITOS AND EXCHANGE PARTICULARS.

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

03.10.2022

16404R

Witnessed by Reporting Centre
Personnel Kym Yove