

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHA3801K

Make : Toyota

Model : Prius (G4A)

Date: 31/05/2023

Insurance: INCOME

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 LOWER COVER			\$ 654.96
1	REAR BUMPER REINFORCEMENT			\$ 378.32
1	BACK DOOR GARNISH SUB ASSY			\$ 1,054.71
1	REAR TRUNK LID LOGO (PRIUS)			\$ 62.14
1	REAR TRUNK LID LOGO (HYBRID)			\$ 62.14
1	REAR TRUNK LID LOGO (TOYOTA STAR)			\$ 81.43
1	REAR TRUNK LID COVER			\$ 1,303.29
1	REAR WINDSCREEN GLASS WITH MOULDING			\$ 1,884.32
1	REAR BUMPER EXTENSION RH			\$ 148.10
1	REAR BUMPER TOWING COVER			\$ 82.70
1	TAIL LAMP UPPER RH			\$ 557.90
1	TAIL LAMP LOWER RH			\$ 570.00
1	REAR END PANEL GARNISH			\$ 165.80
1	REAR END PANEL			\$ 738.96
	SUB TOTAL			\$ 8,269.81
	LESS 25%			\$ 2,067.45
	DISCOUNTED TOTAL			\$ 6,202.36
	REAR TRUNK LID COMFORT & TEL NO. STICKER	-10%	\$ 60.00	
	REAR TRUNK LID APPS STICKER	-10%	\$ 40.00	
	REAR REVERSE SENSOR	-10%	\$ 135.70	
				\$ 235.70
	Labour Charge			
	PANEL BEATING			\$ 1,100.00
	SPRAY PAINTING CHARGE			\$ 800.00
	REMOVE/ REFIX REAR WINDSCREEN GLASS			\$ 120.00
	CHECK LIGHTING			\$ 60.00
	TUFF KOTE			\$ 80.00
	REMOVE/REFIX REVERSE SENSOR			\$ 60.00
	TOTAL LABOUR			\$ 2,220.00
	ESTIMATE TOTAL			\$ 8,658.06

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. 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 items; must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Tanphm 17495747
 116/73 e 4pm
 L/S Resurvey after repair
 tanphm c@lkmauto.com
 2-3 days

Date/Time: 31.05.2023 14:36

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5898756

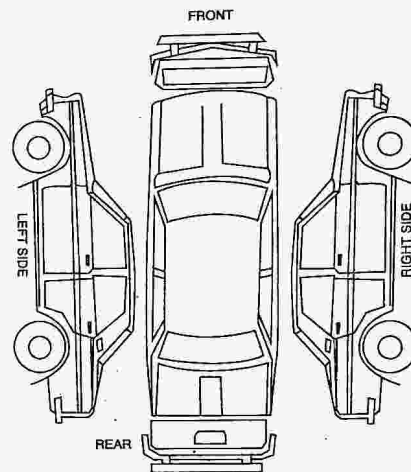
JC NO305556401

CUSTOMER		REGN NO.: SHA3801K	MILEAGE
VMS COMFORT TRANSPORTATION PTE LTD		MAKE: TOYOTA	FUEL E.....1/2.....F
CUSTOMER NO. 7010045		MODEL PRIUS HYBRID(G4)31.	DATE/TIME IN 05.2023 11:45
ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717		YR OF MANU. 15.06.2017	TARGET DATE
L (R) 65508755 (O)		CHASSIS CODE JTDKB3FU003558802	COMPLETION DATE/TIME:
(P)			
COUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 31.05.2023
NATURE: 3P 31.05.2023

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHA3801K YY

Exit Pass

Vehicle No.: SHA3801K

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 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 31/05/2023 15:40 (SGT)
Reported by Actual Driver
Date of Accident 31/05/2023 10:15 (SGT)
Exact Location of Accident Cecil St, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA3801K
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) +65-96352042
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 HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number VFX/P2419138

DRIVER

Name of Driver WAN FOOK LOY
NRIC No SXXXX974H
Date Of Birth 11/01/1955
Occupation Outdoor

Date Of Driving Pass 24/03/1981
 Driving experience 42 YEARS AND 2 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96352042
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 184 JELEBU ROAD # 08-30
 Address complement -
 Postcode 670184
 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) 4
 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 Female

PASSENGER 2

Name UNKNOWN
 Gender Female

PASSENGER 3

Name UNKNOWN
 Gender Male

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 31.05.23 AT ABOUT 1015HRS I WAS DRIVING VEHICLE A SHA3801K FETCHING MY PASSENGERS TO REPUBLIC PLAZA. VEHICLE A STOP AT THE TRAFFIC LIGHTS JUNCTION OF CECIL STREET. VEHICLE B SMR2802R THEN REAR ENDED VEHICLE A.
 MY PASSENGERS ARE NOT INJURED AND I PROCEEDED TO SEND THEM TO DESTINATION.
 SCENE PHOTOS TAKEN.
 NO PARTICULARS EXCHANGED.
 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

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number SMR2802R
 Vehicle Manufacturer Lexus
 Vehicle Model Nx200t
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number (Phone) +65-90014424
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage FRONT
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 1

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

(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 :

(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.

NTAccident Reporting
FLS
OER

Sketch Plan



Describe Circumstances of the Accident

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SCENE PHOTOS TAKEN.
NO PARTICULARS EXCHANGED.
HANDPHONE EXCHANGED.

Declaration

We declare the foregoing particulars are true in every respect

[Handwritten signature]

FLASH ACCIDENT
REPORTING OFFICER
KYMI



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
31.05.2023. 1230HRS

Witnessed by Reporting Centre Personnel