REF:

7,654		
ACCT	MINI	<b>IENT</b>
ADDI	TIVIV	143, (Y I

From: Date:	Veh No: 94A 380/K. Yr Regn: 20/7/ June
Estimaled Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Yaxl) Prime Mover /
OD TP WS ITP RES I OD RES I EVA I INV I MY	Truck/Traller or
To Inspect Vehicle No:	Make: Toyata Prins cc 1798
at Workshop.m/s	Colour Alice A/C: Insured / Std / NI / NA
of	Sp.Reading 815613 T/Radio; Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CINO: 510KB3FY UD-3558802.
Claims No.	Gen. Cond; Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake:
Make of Veh;	Modl: NH / S/Rim / STD A/Rim or /
	Tyre Size: F: 195/65k15
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY /FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO of
Bal. or Market Value:	Front Rear
IDAC Accident Roort Consistent? : Yes or No	R/Bal. R/Bal. C mm
GIA / PR Seem Consistent? : Yes or No	L/Bal. C mm L/Bal. C mm
Est. Repairs: days Res.: Yes or No	D.O.I. 61/06/23
Lum Sum: % 3 Val.: Yes or No	Survey held at Compart Congress
CA I REV I REP. I 24 HRS W	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
	The state of the s
	Control of the state of the sta
Dala/Time, File Pass to? : Prell. Report	Days Of Repair:
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Trænsportation:
. 2) Add Fed	
	: Interview (\$ ) Photos
Reparation :	:Tech. Invs (\$ ) Others
Lump San / LB.4: (F)	:Weel:end (#
	TOTAL

## 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	Amou	71 1 2 2
L.C. HARLE	REAR BUMPER	**************************************			3.04
	REAR BUMPER CLIPS			\$ 2	22.004
	REAR BUMPER LOWER COVER				54.96
	REAR BUMPER REINFORCEMENT				78.32
	BACK DOOR GARNISH SUB ASSY				54.71/
	REAR TRUNK LID LOGO (PRIUS)			\$	62.14
	REAR TRUNK LID LOGO (HYBRID)			\$	52.14
	REAR TRUNK LID LOGO (TOYOTA STAR)			\$	31.43
	REAR TRUNK LID COVER			\$ 1,30	3.29
	REAR WINDSCREEN GLASS WITH MOULDING			\$ 1,88	34.32
	REAR BUMPER EXTENSION RH			\$ 14	48.10
	REAR BUMPER TOWING COVER				32.70
	TAIL LAMP UPPER RH				57.90
	1 TAIL LAMP LOWER RH			\$ 5	70.00
	REAR END PANEL GARNISH			\$ - 1	65.80
	1 REAR END PANEL			\$ 73	38.96
	SUB TOTAL	r		\$ 8,2	69.81
	LESS 25%			\$ 2,0	67.45
	DISCOUNTED TOTAL			\$ 6,2	02.36
	REAR TRUNK LID COMFORT & TEL NO. STICKER		-10%	\$	60.00
	REAR TRUNK LID APPS STICKER		-10%	\$	40.00
	REAR REVERSE SENSOR		-10%	\$ 1	35.70
	REAR REVERSE SENSON			\$ 2	35.70
	Labour Charge				00.00
	PANEL BEATING			\$ 8	00.00
	SPRAY PAINTING CHARGE			1	20.00
	REMOVE/ REFIX REAR WINDSCREEN GLASS			\$	60.00
	CHECK LIGHTING			\$	80.00
	TUFF KOTE			\$	60.00
	REMOVE/REFIX REVERSE SENSOR  TOTAL LABOUR	2		\$ 2,2	20.00
	ESTIMATE TOTAL			\$ 8,6	58.06

This is an initial estimate based on a visual inspection of the above vehicle. after the vehicle is surveyed by a motor Surveyor appointed by the insurance

air quentum will be prepared 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:

Tanglin 17495749

LIS Nesm affer neport

tanglin c [Manto.um

2-3dm)



# 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 575717
383 Sin Ming Drive Singapore 575717
45.73 and Road Singapore 509286
14:36

Page: 1

JC NO305556401 JOB CARD Sales Order: 5898756 ARC Repair TP(CLSO)1 Team: MILEAGE REGN NO.: SHA3801K ISTOMER COMFORT TRANSPORTATION PTE LTD FUEL MAKE : TOYOTA ₹/MS E.....1/2...... 7010045 ISTOMER NO. 383 SIN MING DRIVE PRIUS HYBRID(G4)31. 05.2023 11:45 MODEL Singapore SINGAPORE 575717 TARGET DATE 65508755 YR OF MANU. 15.06.2017 L (R) (P) COMPLETION DATE/TIME: CHASSIS CODE JTDKB3FU003558802 SCOUNT CARD NO.

JOB DESCRIPTION

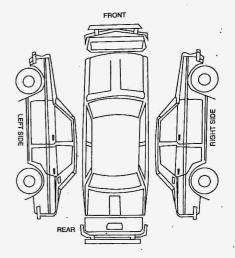
Accident Date: 31.05.2023

NATURE: 3P 31.05.2023 '

S/NO

LABOR CODE

DESCRIPTION



ECKED & PASSED OUT BY:	· ·	
SERVICE ADVISOR		CUSTOMER'S SIGNATURE
wledgement Slip	Exit Pass	
: o.: e No.: SHA3801K YY	Vehicle No.: SHA3801K	
of Service Advisor Signature/Date	Name of Service Advisor	Date
returned to Service Reception upon collection	To be kept by Security Guard	a =

# 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 witholding 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 Vehicle Registration Number SHA3801K INSURED/POLICYHOLDER Is company? Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No ..... 1XXXXXX821R 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 Transmission ..... Auto 1798 INSURANCE COMPANY Name of Insurance Company HSBC Life (Singapore) Pte. Ltd Policy Number / Cover Note Number VFX/P2419138 DRIVER WAN FOOK LOY NRIC No SXXXX974H Date Of Birth 11/01/1955

Outdoor

Occupation

3 : +99	
Date Of Driving Pass Driving experience Gender	
Gender Mobile No.	
Mobile Number	111010
Alt. Phone Number	· (Phone) +65-96352042
Email Address	e <u> </u>
Email Address Address	
Address complement	BLK 184 JELEBU ROAD # 08-30
Address complement	· ·
r ostcode	
is the driver the policyholder?	N.C.
" No, Neiglioliship of the Driver with the Incured	4
boes briver Own Other Vehicles?	N
verticle Registration Number of Other Vehicle Owned by Driver	,
Insurance Company of Other Vehicle Owned by Driver	- 
promise a second control of the cont	terro la cambia el laciació di con o associació de come de la legació de
GENERAL INFORMATION OF THE ACCIDENT	
	· Commence of the second control of the seco
Type of Accident	
Weather Conditions	- simplem Tidad to Near
Road Surface	
	Dry
OTHER INFORMATION	Control of the second of the s
- Marion	
Was any formion with 1	Bellevi er meg væligdi. Fræmerike i 1900
Was any foreign vehicle involved in the accident?	No
Trainibility of Verillies involved in the accident	2
	No.
	-
Joseph Vellicle III Hillinghy damagada	
	Yes
	4
	No
- and dot 3 ID	The state of the s
Original language used in the statement	<u>.</u>
PASSENGER 1	
Name	
Name	UNKNOWN
and the state of t	Female
PASSENGER 2	,
lame	ė
COLUMN CONTRACTOR DESIGNATION CONTRACTOR CON	UNKNOWN
Gender	Female
ASSENGER 3	Gillale
ameender	LINIZALONA
ender	UNKNOWN
	Male
DETAILS OF POLICE ACTION	
as the accident reported to the police?	
es notice of intended Prosecution given?	No
es. against whom?	No
	*
es, against whom?	
The large of the control of the cont	
RCUMSTANCES OF ACCIDENT	A3801K FETCHING MAG
31.05.23 AT ABOUT 1015HRS I WAS DRIVING VEHICLE A SHICLE A STOP AT THE TRAFFIC LIGHTS JUNCTION OF GERM	A3801K FETCHING MY PASSENGERS TO DEDUCE
31.05.23 AT ABOUT 1015HRS I WAS DRIVING VEHICLE A SHICLE A STOP AT THE TRAFFIC LIGHTS JUNCTION OF GERM	IA3801K FETCHING MY PASSENGERS TO REPUBLIC PLAZA.
RCUMSTANCES OF ACCIDENT  31.05.23 AT ABOUT 1015HRS I WAS DRIVING VEHICLE A SH  IICLE A STOP AT THE TRAFFIC LIGHTS JUNCTION OF CECI  PASSENGERS ARE NOT INJURED AND I PROCEEDED TO SI  NE PHOTOS TAKEN	IA3801K FETCHING MY PASSENGERS TO REPUBLIC PLAZA. L STREET. VEHICLE B SMR2802R THEN REAR ENDED
RCUMSTANCES OF ACCIDENT	IA3801K FETCHING MY PASSENGERS TO REPUBLIC PLAZA. L STREET. VEHICLE B SMR2802R THEN REAR ENDED END THEM TO DESTINATION.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Yes

Yes

FILE NOT SUITABLE

# EDETAILS OF OTHER VEHICLE PROPERTY I

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

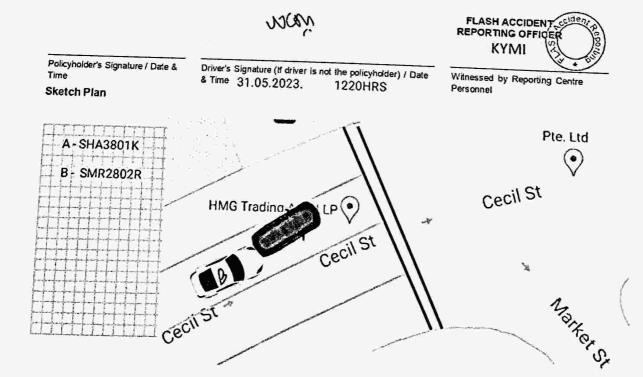
#### SKETCH PLAN

## IMPORTANT NOTICE

- 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)

lunderstand, 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
- (ii) 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
- (V) complying with applicable law in administering, processing, handling and/or sealing 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.



L	rescribe Circumstances of the 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.

Declaration

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

ıΦŅ

Policyholder's Signature / Date & Time

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

REPORTING OFFICER

KYMI

Witnessed by Reporting Centre Personnel