ASS. REC. BY: Taufik | REF: CS/ICS24/00069/1pp3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
X	

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Lim TS Vehicle: IN / OUT

Veh No: SHD 7277G Yr Regn: 2018, Nov

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toyota Prius c.c 1798

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 69951 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU 6030 77503

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NIL / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/75R15

R: " "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	3/10/24

Survey held at Gurkha Legang

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Inve ($ _____)

Survey Fee:

Transportation: _____ S + RS _____ SI

Photos

Report Format : _____

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

LKK-
SNA1947R

DATE: **02.10.2024**

INSURANCE: **ECICS** (LHS)

MODEL: **Toyota Prius G4**

MVA: **LIM T S**

VEHICLE NO.: **SHD7277G**

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper	1		$503.04
	Rear Bumper Lower Cover-Black	1		$654.96
	Rear Bumper Side Brkt LH	1		$112.70 ×
	Rear Bumper Reinforcement	1		$378.32 ×
	Rear Bumper Clips	10	$2.20	$22.00
	Rear Bumper Extension LH	1		$55.00
	TailLamp Upper LH	1		$557.90 ?
	TailLamp Lower LH	1		$570.00
	Rear Bumper Side Under Cover LH	1		$148.40 ×
	SUB TOTAL			$3,002.32
	LESS 25%			$750.58
	DISCOUNTED TOTAL			**$2,251.74**
	Reverse Sensors	1		$135.70 ×
	NETT TOTAL			**$135.70**
	TOTAL SPARE PARTS			**$2,387.44**
	Labour Charge			
	Panel Beating			$400.00 380
	Spray Painting Charge			$300.00 280
	Remove/Refix Reverse Sensor			$120.00 30
	TOTAL LABOUR			**$820.00**
	ESTIMATE TOTAL			**$3,207.44**

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.

Tangkin 97415947
insp 3/10/24 c 5pm
c/s resurvey after repair
~2 days
Tangkin c/[illegible]

LHK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To keep the damaged part(s) during resurvey
- Part 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

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
45 Pandan Road Singapore 609286

Date/Time: 02.10.2024 15:54

Team: ARC Repair TP(CLSO)1

JOB CARD

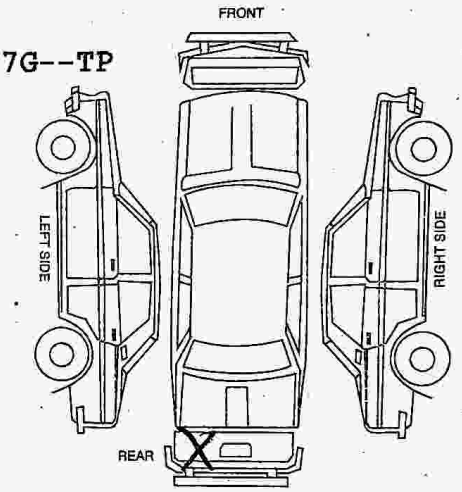
Sales Order: 5956227 JC NO 305605825

STOMER	REGN NO.: SHD7277G / MILEAGE
/MS COMFORT TRANSPORTATION PTE LTD	MAKE : TOYOTA / FUEL E.....1/2.....F
STOMER NO. 7010045	MODEL PRIUS HYBRID(G4) / DATE/TIME IN 02.10.2024 11:05
DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 27.11.2018 / TARGET DATE
- (R) 65508755 (O) (P)	CHASSIS CODE JTDKB3FU603077503 / COMPLETION DATE/TIME:
COUNT CARD NO.	

JOB DESCRIPTION

dent Date: 02.10.2024
RE: 3P 02.10.2024

LABOR CODE	DESCRIPTION
10 PB	LUMPSUM REPAIR-SHD7277G--TP



ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

No.: SHD7277G LIMTS

of Service Advisor

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD7277G

Name of Service Advisor

Date

To be kept by Security Guard

SA1K24A2000O / Aspectus Consultancy Pte Ltd
ENTRY DATE & TIME: 02/10/2024 15:30 (SGT)
SUBMITTED BY: Flash Reporting
VERSION: 1 (02/10/2024 15:30 (SGT))

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 First Submission	02/10/2024 15:30 (SGT)
Reported by	Actual Driver
Date of Accident	02/10/2024 08:25 (SGT)
Exact Location of Accident	Jln. Ahmad Ibrahim, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7277G

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) +65-97314857
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	5DR HATCHBACK (AUTO)
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
Vehicle Fuel	Petrol-Electric
First Regisration Date	-
Chassis no	JTDKB3FU603077503
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101861MFCT

DRIVER

Name of Driver	LIM THIAM CHYE
NRIC No	SXXXX085J
Date Of Birth	09/09/1960
Occupation	Outdoor
Driving Pass Date	24/10/1978
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	46 YEARS
Gender	Male
Mobile Number	(Phone) +65-97314857
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	295A COMPASSVALE CRESCENT # 03 - 207
Address complement	-
Postcode	541295
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)	2
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

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 02.10.2024 AT ABOUT 0825HRS , VEHICLE A SHD7277G WAS ALONG JALAN AHMAD IBRAHIM TOWARDS BENOI. VEHICLE WAS STATIONARY AT THE TRAFFIC LIGHTS WHEN VEHICLE B SNA1947R FILTERED INTO MY LANE. VEHICLE B THEN REAR ENDED STATIONARY VEHICLE A.
PASSENGER IS NOT INJURED AND I PROCEEDED TO DESTINATION AT JOO KOON. SCENE PHOTOS TAKEN. PARTICULARS TAKEN . NO 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 IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNA1947R
Vehicle Manufacturer	Audi
Vehicle Model	Q3 1.4 TFSI S TRONIC (17")
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHNG CHAN LENG
NRIC No	SXXXX109H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT RIGHT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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)**

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.

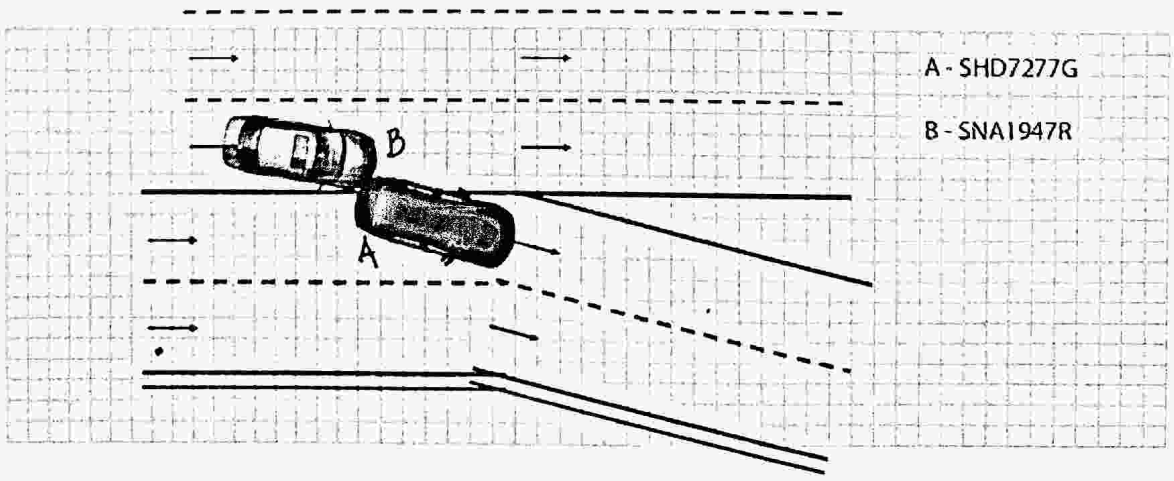
(Collectively the "**Purposes**")

(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 02.10.2024. 1245HRS	Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

ON 02.10.2024 AT ABOUT 0825HRS , VEHICLE A SHD7277G WAS ALONG JALAN AHMAD IBRAHIM TOWARDS BENOI. VEHICLE WAS STATIONARY AT THE TRAFFIC LIGHTS WHEN VEHICLE B SNA1947R FILTERED INTO MY LANE. VEHICLE B THEN REAR ENDED STATIONARY VEHICLE A.
PASSENGER IS NOT INJURED AND I PROCEEDED TO DESTINATION AT JOO KOON. SCENE PHOTOS TAKEN. PARTICULARS TAKEN . NO HANDPHONE EXCHANGED.

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
	02.10.2024. 1245HRS	