

ASS. REC. BY: Tauph REF: CS/TM124100139/TVh3

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 Rpt _____ 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: SHA4588U Yr Regn: 2019 / 05

Type: M.Car / M.Cycle / Bus / Van / Lorry / Tr / Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.c. 1798

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

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

Eng/No: _____

C/No: STD KB3FU 403080674

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NI / S/Rlm / STD A/Rlm or

Tyre Size: F: 195/65R15

R: 2 -

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or Wintake

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 7/10/24

Survey held at Confort Loggia

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
	<u>Battery weak</u>

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

Survey Fee:

Transportation:

\$ + RS. \$I

Photos

Others

Report Format: _____

Lump Sum / L.B.L: _____

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)
59 Loyang Drive
Singapore 508969
Tel: 6214 8300

Lim Tien Siong

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

(4/5)

Singapore

LKK-

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	04/10/2024
Vehicle Reg. No.:	SHA4588U	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS HYBRID, 1.8 CVT TAXI (A)	Vehicle Reg. Date:	15/05/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZR2C18417	Chassis No:	JTDKB3FU403080674
Odometer:	0 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	2,348.47
Miscellaneous Items	12.00
Labour	860.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,220.47
+ GST 9.00% (S\$)	289.84
Nett Amount (S\$)	3,510.31

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

7/10 @ 09:43 hrs.

REPAIR DETAILS

Reference

Lim Tien Siong

Part Source: MRM-SG **Version:** 1.0 (Last Synchronised: 07 Oct 2024)

Parts: 144 **TOYOTA PRIUS HYBRID 1.8 CVT TAXI (A) (Catalogue:Merimen Singapore 1.0)**

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHA4588U/07/10/2024 09:43

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER	25.00	0.00	de *503.04 FL
2	1		*REAR BUMPER CTR MOULDING	25.00	0.00	ad *654.96 FL
3	1		*REAR BUMPER TOW COVER	25.00	0.00	X *82.70 FL
4	1		*REAR BUMPER EXTENSION LH	25.00	0.00	de *232.00 FL
5	1		*REAR BUMPER RETAINER LH	25.00	0.00	? *112.70 FL
6	1		*TAILLAMP UPPER LH	25.00	0.00	cap X *557.90 FL
7	1		*TAILLAMP LOWER LH	25.00	0.00	cap *570.00 FL
8	10		*REAR BUMPER CLIPS	25.00	0.00	ad *22.00 FL
9	1		*REAR BUMPER SIDE UNDER COVER LH	25.00	0.00	? *148.40 FL
10	1		*REAR BUMPER MAT	0.00	0.00	ad *50.00 F
11	1		*REVERSE SENSORS	0.00	0.00	X *135.70 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	3,069.40
- List Item Discount on L Items (S\$)	720.93
Total Parts (S\$)	2,348.47

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Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No Qty Particulars

Lim Tien Siong

Amount

Miscellaneous Items

1 1 OD/TP Case (Insurer)

12.00

Sub Total (S\$)

12.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1 PANEL BEATING

New

380

400.00

2 SPRAY PAINTING

New

280

300.00

3 R/I REVERSE SENSORS

New

30

120.00

4 CHECK LIGHTINGS

New

30

40.00

Gross Labour Cost (S\$)

860.00

ComfortDelGro Engineering Pte Ltd/SHA4588U/07/10/2024 09:43. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tan Jhi 97415749
wop 2/10/2024 5pm
c/s Resurvey after repair
Tan Jhi 2/10/2024
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: 07.10.2024 08:41 Page : 1

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: 5956600 JC NO305606071

STOMER /MS COMFORT TRANSPORTATION PTE LTD STOMER NO. 7010045 DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) WL 195/65R15 (P) Merimen COUNT CARD NO.	REGN NO.: SHA4588U	MILEAGE -
	MAKE : TOYOTA	FUEL E.....1/2.....F
	MODEL PRIUS HYBRID(G4)04.	DATE/TIME IN 10.2024 20:50
	YR OF MANU. 15.05.2019	TARGET DATE
	CHASSIS CODE JTDKB3FU403080674	COMPLETION DATE/TIME:

dent Date: 04.10.2024
 RE: 3P 04.10.2024

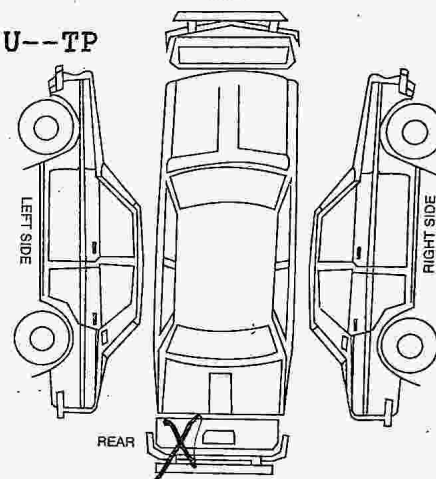
10 LABOR CODE
 PB

JOB DESCRIPTION

LS
Tok Mar

DESCRIPTION
 LUMPSUM REPAIR-SHA4588U--TP

SLJ
3268E



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

a No.: SHA4588U

LIMITS

Vehicle No.:

SHA4588U

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 First Submission	05/10/2024 14:31 (SGT)
Reported by	Actual Driver
Date of Accident	04/10/2024 19:35 (SGT)
Exact Location of Accident	Sheares Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4588U
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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) +65-97835877
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 Registration Date	-
Chassis no	JTDKB3FU403080674
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	LEE TIEN SIONG
NRIC No	SXXXX498I
Date Of Birth	12/06/1955
Occupation	Outdoor
Driving Pass Date	28/01/1975
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	49 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97835877
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 255 PASIR RIS STREET 21 # 07 - 261
Address complement	-
Postcode	510255
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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	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 04.10.2024 AT ABOUT 1935HRS VEHICLE A SHA4588U WAS STATIONARY IN QUEUE ALONG SHEARES LINK AT TGE TRAFFIC LIGHTS JUNCTION OF BAYFRONT AVE. VEHICLE B SLJ3268E REAR ENDED STATIONARY VEHICLE A REAR LEFT. PASSENGER IS NOT INJURED AND HE DECIDED TO WALK HIMSELF TO DESTINATION AT MBS JUST AHEAD. NO SCENE PHOTOS TAKEN. HANDPHONE EXCHANGED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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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

Vehicle Registration Number	SLJ3268E
Vehicle Manufacturer	Toyota
Vehicle Model	COROLLA ALTIS 1.6 CVT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	(Phone) +65-83866388
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT
Details of property damaged in accident	-
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)**

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

05.10.2024.

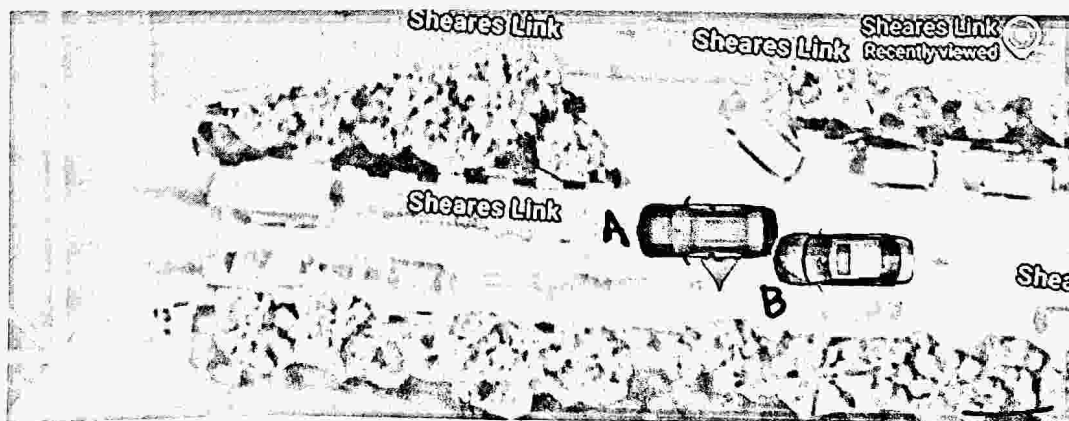
1200HRS



Witnessed by Reporting Centre Personnel

A - SHA4588U

B - SLJ3268E



Describe Circumstances of the Accident

ON 04.10.2024 AT ABOUT 1935HRS VEHICLE A SHA4588U WAS STATIONARY IN QUEUE ALONG SHEARES LINK AT TGE TRAFFIC LIGHTS JUNCTION OF BAYFRONT AVE. VEHICLE B SLJ3268E REAR ENDED STATIONARY VEHICLE A REAR LEFT. PASSENGER IS NOT INJURED AND HE DECIDED TO WALK HIMSELF TO DESTINATION AT MBS JUST AHEAD.
NO SCENE PHOTOS TAKEN. HANDPHONE EXCHANGED.

Declaration

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
05.10.2024. 1200HRS



Witnessed by Reporting Centre Personnel