

ASS. REC. BY: Taufik

REF:

NC

# 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.

Sal. 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: \_\_\_\_\_

Vehicle: IN / OUT

Jumani

Date / Time Action / Instruction

Veh No: SH8044D Yr Regn: 2019, 03

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: 673531 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: STDKB 3F4503078951

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD A/Rim or

Tyre Size: F: 175/65R15

R: ~ ~

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

TOYO / YOKO or

Westlake

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. \_\_\_\_\_

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 16/10/24

Survey held at

Comfort Lodge

Des. of Damages: Fnt / Rear / O/S / N/S / U/G / Rooftop or

N/S

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

Date/Time, File Pass to?

☐ : Prell. Report

☐ : Final Report

1) \_\_\_\_\_  
Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\$ + RS. \$ \_\_\_\_\_

Photos \_\_\_\_\_

Rep. Format: \_\_\_\_\_

Lump Sum / L.B.I. : \_\_\_\_\_

### REPAIR ESTIMATE\*

DATE: 15.10.24  
MVA JUMANI  
DOA: 15.10.24

**ECICS**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR DOOR ASSY LH			\$1,258.30
1	ROCKER PANEL GARNISH LH			\$576.00
1	REAR FENDER LH			\$992.04
	<b>SUB TOTAL</b>			<b>\$2,826.34</b>
	<b>LESS 25%</b>			<b>\$706.58</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$2,119.76</b>
	REAR DOOR APPS LOGO			\$80.00
	PATROL STICKER			\$30.00
	<b>SUB-TOTAL</b>			<b>\$110.00</b>
	<b>TOTAL</b>			<b>\$110.00</b>
	<b>Labour Charge</b>			
	PANEL BEATING			\$1,200.00
	SPRAY PAINT			\$900.00
	REMOVE / REFIX DOOR PARTS			\$120.00
	TUFF KOTE			\$50.00
	<b>TOTAL LABOUR</b>			<b>\$2,270.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$4,499.76</b>

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.

- 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

Signature:

Date:

Date/Time: 15.10.2024 15:38

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 5957683

JC NO305606494

OMER

S COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

JUNT CARD NO.

REGN NO.:

SH 8044D

MILEAGE

MAKE:

TOYOTA

FUEL

E.....1/2.....F

MODEL

PRIUS HYBRID(G4)15.10.2024 11:25

DATE/TIME IN

YR OF MANU.

14.03.2019

TARGET DATE

CHASSIS CODE

JTDKB3FU503078951

COMPLETION DATE/TIME:

cident Date: 15.10.2024

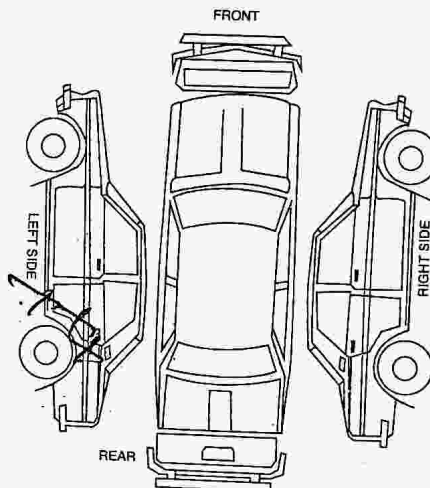
ATURE: 3P.15.10.24/C

JOB DESCRIPTION

NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

SH 8044D

JU ECICS

Vehicle No.:

SH 8044D

Service Advisor

Signature/Date

Name of Service Advisor

med to Service Reception upon collection

To be kept by Security Guard

Date

# 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	16/10/2024 10:17 (SGT)
Reported by	Actual Driver
Date of Accident	15/10/2024 10:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CTE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH3044D
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) +65-90621429
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	JTDKB3FU503078951
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	FOO MENG TONG
NRIC No	SXXXX838F
Date Of Birth	13/03/1964
Occupation	Outdoor
Driving Pass Date	24/01/1986
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	38 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90621429
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 134 RIVERVALE ST #10-722
Address complement	-
Postcode	540134
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 - Change/cross lane
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)	3
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

#### PASSENGER 2

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 151024 AT ABOUT 1045HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SH8044D) ALONG PIE TOWARDS CTE EN-ROUTE FROM UPPER SERANGOON ROAD CITY TO SEND PASSENGER FOR WORK PURPOSE, WHILE I WAS FILTERING OUT FROM PIE TOWARDS CTE AS MY VEHICLE WAS TRAVELLING ON LANE 1 GOING STRAIGHT, SHORTLY AFTER, I FELT AN IMPACT ON MY REAR LEFT SIDE DOOR PORTION OF VEHICLE A AND REALISED VEHICLE B BEARING REGISTRATION NUMBER (SMN3304B) THAT WAS COMING FROM LANE 2 ACCIDENTALLY SERVED INTO MY LANE AND COLLIDED ONTO VEHICLE A. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

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

Vehicle Registration Number .....	SMN3304B
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	CLA200 AMG LINE (R18 BI)
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
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.

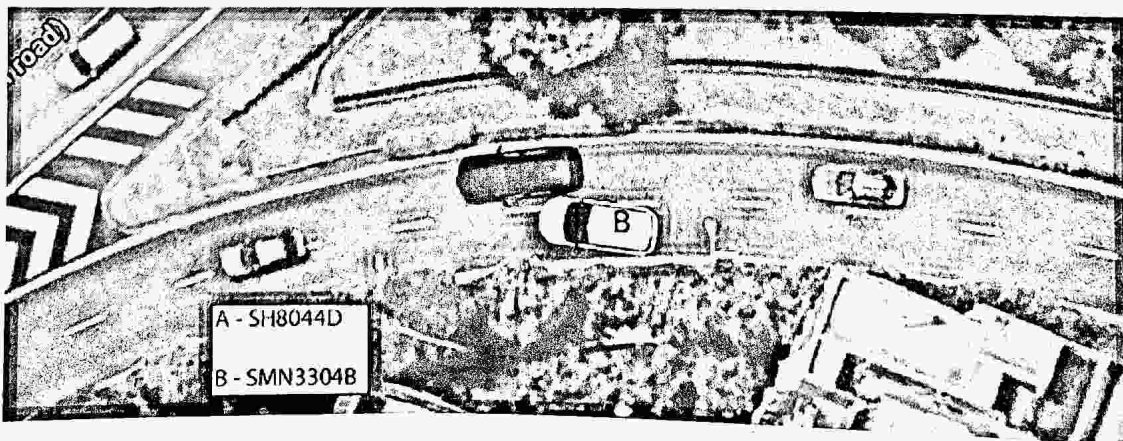
Policyholder's Signature / Date & Time

Sketch Plan

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

15/10/2024 - 12:30HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 151024 AT ABOUT 1045HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SH8044D) ALONG PIE TOWARDS CTE EN-ROUTE FROM UPPER SERANGOON ROAD CITY TO SEND PASSENGER FOR WORK PURPOSE, WHILE I WAS FILTERING OUT FROM PIE TOWARDS CTE AS MY VEHICLE WAS TRAVELLING ON LANE 1 GOING STRAIGHT, SHORTLY AFTER, I FELT AN IMPACT ON MY REAR LEFT SIDE DOOR PORTION OF VEHICLE A AND REALISED VEHICLE B BEARING REGISTRATION NUMBER (SMN3304B) THAT WAS COMING FROM LANE 2 ACCIDENTALLY SERVED INTO MY LANE AND COLLIDED ONTO VEHICLE A. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

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

Witnessed by Reporting Centre Personnel

15/10/2024 – 12:30HRS