

AES. REC. BY: Taufikh

REF:

INC

## 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. \_\_\_\_\_

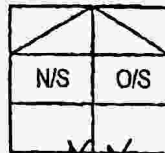
Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seer: \_\_\_\_\_ Consistent? : Yes or No

Est. Repair: 2 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Jumari

Veh No: SH 8053CYr Regn: 2022, Aug

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

Truck / Trailer or

Make: Toyota Priusc.c. 1798Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 90391

T/Radio: Insured / Std / NI / NA

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

C/No: 5TDKR3F4X03096958Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 2 1

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal. 6R/Bal. 6

mm

mm

L/Bal. 6L/Bal. 6

mm

mm

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

D.O.I. 7/8/23Survey held at Compt LogisDes. of Damages: Frt / Rear / O/S / N/S / U/C / Roof or

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

Date / Time	Action / Instruction
	Taufikh confirmed final fig \$1121.22 and 2 days (red, \$1379.94, 55%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Wash and (\$

Survey Fee:

Transportation:

S + RS \$1

Photos

Others

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

Lump Sum / I.B.I. (F

### REPAIR ESTIMATE\*

**DATE: 07.08.23**

MVA JUMANI

**DOA: 05.08.23**

**INCOME**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER ASSY			\$503.04
1	REAR BUMPER CENTRE MLDG			\$654.96
1	REAR BUMPER BEAM			\$992.04
10	REAR BUMPER CLIPS			\$22.00
	SUB TOTAL			\$2,172.04
	LESS 25%			\$543.01
	DISCOUNTED TOTAL			\$1,629.03
	REVERSE SENSOR			\$135.70
	DIS 10%			\$13.57
	TOTAL			\$122.13
	Labour Charge			
	PANEL BEATING -			\$400.00
	SPRAY PAINT			\$300.00
	REMOVE/REFIX REVERSE SENSOR			\$50.00
	Taufik 97493249			
	7/8/77c 5 pm			
	ordays			
	TOTAL LABOUR			\$750.00
	Using new parts			
	Taufik C / khatun			
	ESTIMATE TOTAL			\$2,501.16
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.				

Date/Time: 07.08.2023 16:10

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am: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: 5906941

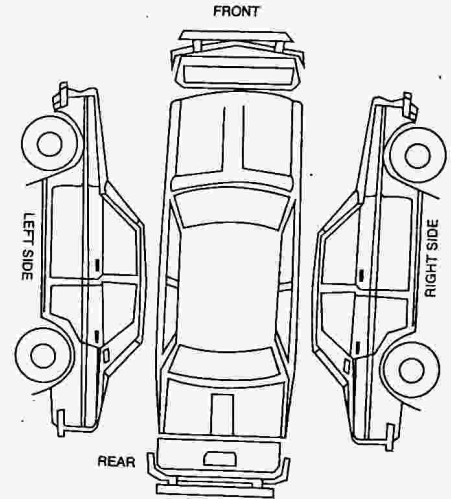
JC NO305562896

JMER COMFORT TRANSPORTATION PTE LTD JMER NO. 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) JUNT CARD NO.	REGN NO.: SH 8053C	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL PRIUS HYBRID(G4A07.08.2023 11:30	DATE/TIME IN
	YR OF MANU. 31.08.2022	TARGET DATE
	CHASSIS CODE JTDKB3FUX03096958	COMPLETION DATE/TIME:

Accident Date: 05.08.2023  
Accident Time: 3P.05.08.23

JOB DESCRIPTION

NO LABOR CODE DESCRIPTION



KEYED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Payment Slip

Exit Pass

SH 8053C

JU INCOME

Vehicle No.:

SH 8053C

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	06/08/2023 10:45 (SGT)
Reported by	Actual Driver
Date of Accident	05/08/2023 19:15 (SGT)
Exact Location of Accident	Gambas Ave, Singapore
Additional Location Information	JUNCTION BETWEEN GAMBAS AVE AND WOODLANDS AVE 7
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8053C
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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) +65-87506177
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	ANDY NG HOCK ENG
NRIC No	SXXXX597J
Date Of Birth	05/07/1963
Occupation	Outdoor

Date Of Driving Pass	01/02/1984
Driving experience	39 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87506177
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 755 WOODLANDS AVENUE 4 #02-295
Address complement	-
Postcode	730755
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)	1
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	-

#### 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 05/08/2023 AT ABOUT 1915HRS I WAS DRIVING VEHICLE (A) SH8053C ALONG GAMBAS AVE. WHILE APPROACHING THE TRAFFIC LIGHT JUNCTION BETWEEN GAMBAS AVE AND WOODLANDS AVE 7 VEHICLE INFRONT OF ME STOPPED DUE TO MOTORBIKE BREAKDOWN. VEHICLE (A) MANAGE TO STOPPED IN TIME SHORTLY AFTER, VEHICLE (B) SKS3495E DID NOT MANAGE TO STOP IN TIME AND SLIGHTLY REAR ENDED VEHICLE (A). NOBODY WAS INJURED DURING THE ACCIDENT.

#### 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	SKS3495E
Vehicle Manufacturer	Mercedes
Vehicle Model	C180k
Vehicle Variant	-
Vehicle Colour	White

Vehicle Category  
Name of Driver  
NRIC No  
Contact Number  
Address  
Address complement  
Postcode  
Insurance Company Name  
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

Private car  
MOHAMED HAIKAL BIN MOHAMED YASIN  
SXXXX375A

-  
-  
-  
-  
-  
-  
-  
-

**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.

**FLASH ACCIDENT  
REPORTING OFFICER  
FRO NAZREEN**



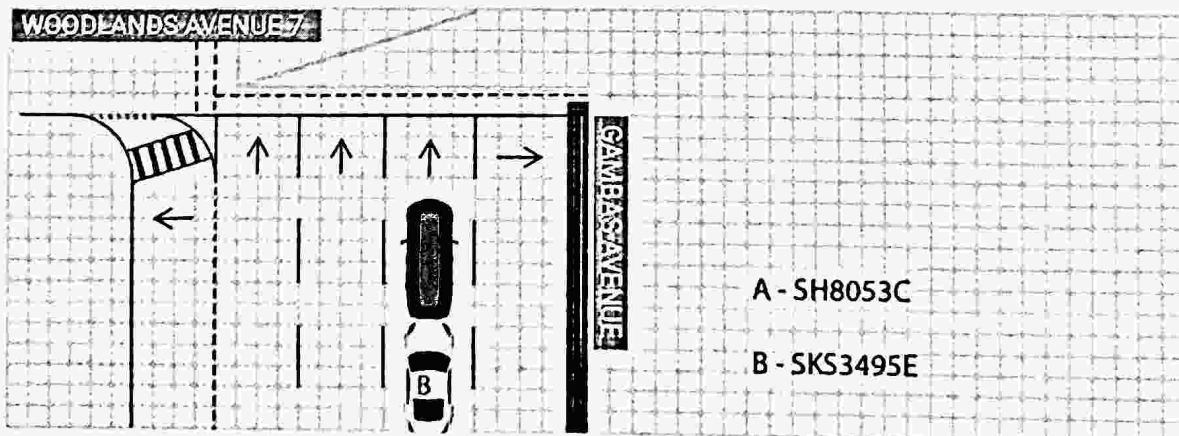
Policyholder's Signature / Date &  
Time

Sketch Plan

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

05/08/2023 2355HRS

Witnessed by Reporting Centre Personnel

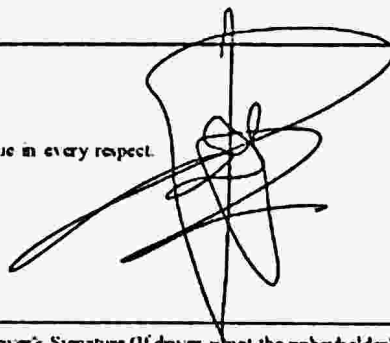


**Describe Circumstances of the Accident**

ON 05/08/2023 AT ABOUT 1915HRS I WAS DRIVING VEHICLE (A) SH8053C ALONG GAMBAS AVE. WHILE APPROACHING THE TRAFFIC LIGHT JUNCTION BETWEEN GAMBAS AVE AND WOODLANDS AVE 7 VEHICLE INFRONT OF ME STOPPED DUE TO MOTORBIKE BREAKDOWN. VEHICLE (A) MANAGE TO STOPPED IN TIME SHORTLY AFTER, VEHICLE (B) SKS3495E DID NOT MANAGE TO STOP IN TIME AND SLIGHTLY REAR ENDED VEHICLE (A). NOBODY WAS INJURED DURING THE ACCIDENT.

**Declaration**

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



**FLASH ACCIDENT  
REPORTING OFFICER  
FRO NAZREEN**



Policyholder's Signature / Date &  
Time

Driver's Signature (If driver is not the policyholder) / Date &  
Time  
05/08/2023 2355HRS

Witnessed by Reporting Centre Personnel