

Surveyor: Kelvin

REF:

CG/0019010366/KHd357

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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 |
| | |

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: _____

Vehicle: IN / OUT

Veh No: SH 9827E Yr Regt: 20 Sep 2017

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

Truck / Trailer or

Make: Toyota Prius C.C. 1725

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

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

Eng/No: _____

C/No: JTD KB JF 490356410

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD CR / Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Waller

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 30/5/19 D.O.I. 11/6/19

Survey held at CPHE (Loyang)

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

Front / U/C

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

| Date / Time | Action / Instruction |
|-------------|--|
| | Report Sent to CPHE (Sin Ming) |
| | Total Loss |
| | 2nd opinion Report CPHE |
| | 2nd opinion Report |
| | Submit total loss report due to unsafe to repair |

Date/Time, File Pass to?

☐ : Preli. Report

1) DLB Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : _____ (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS. \$1

Photos

Report Form 1

* Pending Total Loss *

COMFORT ENGINEERING

Date/Time: 30.05.2019 11:13

Page : 1

Team: ARC Repair OD(CLSO)1

JOB CARD

Sales Order:

JO NO: 305299423

STOMER
COMFORT TRANSPORTATION PTE LTD VARS
VMS 7010045
STOMER NO. 383 SIN MING DRIVE
DRESS Singapore SINGAPORE 575717
65508755

| | |
|--------------------------------|-------------------------------|
| REGN NO: SH 9827E | MILEAGE |
| MAKE: TOYOTA | FUEL E.....1/2.....F |
| MODEL PRIUS HYBRID(G4) | DATE/TIME IN 30.05.2019 05:30 |
| YR OF MANU 20.09.2017 | TARGET DATE |
| CHASSIS CODE JTDKB3FU903564100 | COMPLETION DATE/TIME |

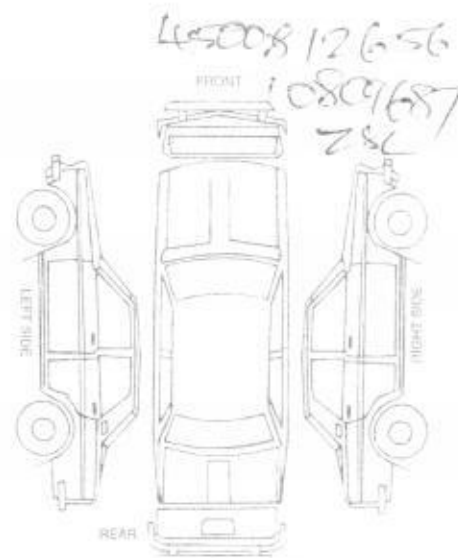
ICOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 30.05.2019
NATURE: OD 30.05.19(OD)

S/NO LABOR CODE DESCRIPTION

OD - Front
4 days
30.05 - 04.06.19



31.05/0830 called TOW
31.05/0925 Him called, est 1-2 hrs, asked take T team - Sm
03.06/1600 called him PTL, to collect stuff.
04.06/1015 him called, to collect stuff

ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: SH 9827E
LARRY

Vehicle No.: SH 9827E

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

MCD619070276 / ComfortDelGro Engineering Pte Ltd - Loyang
ENTRY DATE & TIME: 30/05/2019 09:35
SUBMITTED BY: Janet Lim Siang Gek

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 Authorised 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 Report | 30/05/2019 09:35 |
| Date Of Accident | 30/05/2019 05:30 |
| Exact Location Of Accident | OLD WOODLANDS ROAD > CHECKPOINT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SH9827E |
| Insured/Policyholder | |
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LTD |
| Co Reg No | 199303821R |
| Email Address | FLEETSAFETY@CDGTAXI.COM.SG |
| Mobile Phone No | |
| Alternative Phone No | Office-65508768 |

Vehicle Particulars

| | |
|--------------|-----------------|
| Manufacturer | TOYOTA |
| Model | PRIUS HYBRID 4G |

Exact Purpose for which vehicle was being used at time of accident

| | |
|--|----|
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
|--|----|

| | |
|--|----------------|
| If No, Please state action to be taken | REPORTING ONLY |
|--|----------------|

| | |
|------------------|------|
| Vehicle Category | TAXI |
|------------------|------|

Insurance Company

| | |
|---------------------------|--------------------------------|
| Name of Insurance Company | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | YES |
| Policy Number | D-18088936MFSH |

Cover Note Number

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | KOK SIP CHON |
| NRIC No | S2502541E |
| Date Of Birth | 08/03/1954 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 18/09/1978 |
| Driving Experience | 40 YEARS AND 8 MONTHS |

| | |
|---|---|
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84922521 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |
| Address | BLK 674 CHOA CHU KANG CRESCENT #11-423 |
| Postcode | 680674 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - TAXI DRIVER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------------------|
| Type Of Accident | COLLIDED INTO PROPERTY |
| Weather Conditions | DRIZZLING |
| Road Surface | WET |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 1 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER ATTACHED. * TYPE OF ACCIDENT :- COLLIDED INTO CENTRE DIVIDER

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | - |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------------|
| Vehicle Registration Number | |
| Vehicle Make/Model/Colour | |
| Details Of Properties | CENTRE DIVIDER |
| Vehicle Category | NA/UNKNOWN |

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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 Authorised 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. 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 centre 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

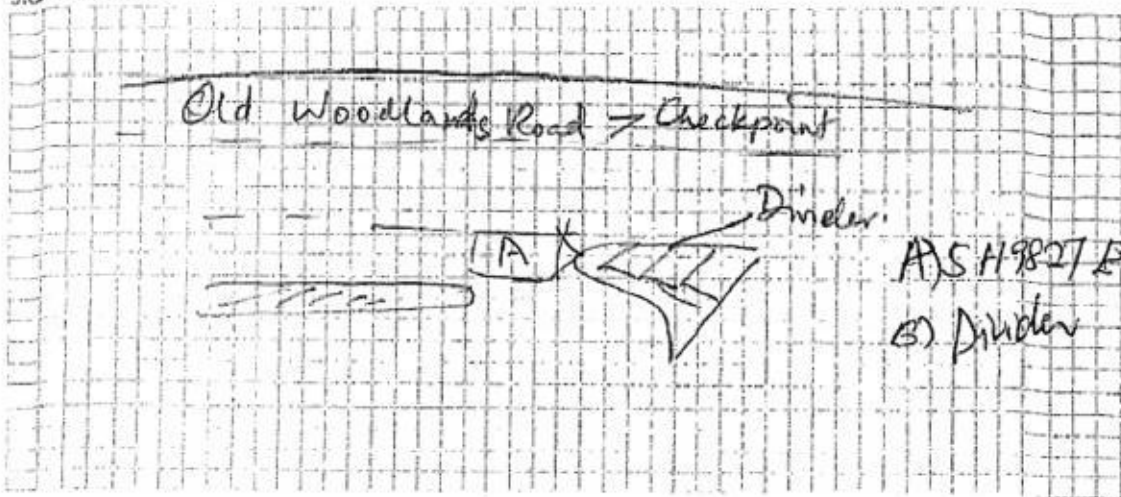
COMFORT TRANSPORTATION PTE LTD.
CO. REG. NO. 150303921R

Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name: 35/5/19
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/5/19 at about 0830hrs while driving
 Veh A mounted on the centre divider. My
 vehicles front right and undercarriage portions
 were damaged.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
 CO. REG. NO. 199303821R

Policyholder's Signature
 Date & Time:

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

Reporting Centre Person's Signature
 Name:
 NRIC/FIN No.:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 9827E

DATE 3/6/2019 14:59

MAKE :

MODEL : ~~HYUNDAI IONIQ~~ *Toyota Prius*

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|-----|-------------------------------------|------|------------|-------------|
| | Front Bumper Cover | | | \$ 418.30 |
| | Front Bumper Sponge | | | \$ 86.90 |
| | Front Bumper Reinforcement | | | \$ 1,075.10 |
| | Front Bumper Bracket Top (RH) | | | \$ 35.00 |
| | Front Bumper Bracket (RH) | | | \$ 28.00 |
| | Front Bumper Clips 10 pcs | | | \$ 22.00 |
| | Headlamp (RH) | | | \$ 1,198.80 |
| | Day Light, RH | | | \$ 642.50 |
| | Front Fender (RH) | | | \$ 490.70 |
| | Front Fender Apron Panel (RH) | | | \$ 756.20 |
| | Front Fender Apron Panel Upper (RH) | | | \$ 129.60 |
| | Front Fender Shield (RH) | | | \$ 114.70 |
| | Front Fender Retainer | | | \$ 41.40 |
| | Emblem-Blue Drive (RH) | | | \$ 26.60 |
| | Front Windscreen Moulding | | | \$ 57.30 |
| | Front Windscreen Pillar Outer(RH) | | | \$ 3,764.90 |
| | Front Wheel Rim (RH) | | | \$ 1,124.20 |
| | Front Wheel Hub Cap (RH) | | | \$ 346.40 |
| | Front Wheel Bearing | | | \$ 454.00 |
| | Front Shock Absorber (Assy) (RH) | | | \$ 372.50 |
| | Front Shock Absorber Mounting (RH) | | | \$ 126.90 |
| | Front Shock Absorber Fork (RH) | | | \$ 206.90 |
| | Front Suspension Upper Arm (RH) | | | \$ 244.30 |
| | Front Drive Shaft (RH) | | | \$ 936.70 |
| | Rack & Pinion Assy | | | \$ 887.40 |
| | STG Tie Rod | | | \$ 94.70 |
| | STG Tie End | | | \$ 91.50 |
| | Stabilizer Bar | | | \$ 246.80 |
| | Stabilizer Bar Bush (RH) | | | \$ 22.30 |
| | Stabilizer Bar Link | | | \$ 92.10 |
| | Front Suspension Lower Arm (RH) | | | \$ 296.80 |
| | Front Chasis Member (RH) | | | \$ 1,314.80 |
| | Knuckle Arm (RH) | | | \$ 363.60 |
| | Engine Under Cover | | | \$ 469.40 |
| | Engine Crossmember | | | \$ 1,803.90 |
| | Front Cushion Seat (RH) | | | \$ 5,992.00 |
| | ABS Sensor | | | \$ 290.00 |
| | Front Floor Panel | | | \$ 2,850.00 |
| | Wiring-Front | | | \$ 3,802.10 |
| | Airbag Control Module | | | \$ 1,243.70 |
| | Curtain Airbag Module, LH | | | \$ 1,344.50 |
| | Curtain Airbag Module, RH | | | \$ 1,344.50 |
| | Steering Wheel Air Bag | | | \$ 1,090.90 |
| | Module Assy -Knee Air Bag | | | \$ 578.60 |
| | Air Bag Assy - Passenger | | | \$ 1,951.20 |

| Qty | Parts Description/ Labour | Type | Unit Price | Amount | |
|---|---|------|------------|--------------|------|
| | SUB TOTAL | | | \$ 38,870.70 | |
| | LESS 20% | | | \$ 7,774.14 | |
| | DISCOUNTED TOTAL | | | \$ 31,096.56 | |
| | Front Windscreen Sealant | | | \$ 46.00 | Nett |
| | Front Tyre (RH) | | | \$ 216.00 | Nett |
| | | | | \$ 262.00 | |
| | Labour Charge | | | | |
| | Panel Beating | | | \$ 1,600.00 | |
| | Spray Painting Charge | | | \$ 1,200.00 | |
| | Wiring Charge | | | \$ 50.00 | |
| | Tuff Kote | | | \$ 50.00 | |
| | Towing Charge | | | \$ 60.00 | |
| | Front Chassis Alignment Charge | | | \$ 400.00 | |
| | Remove/Refix Dashboard | | | \$ 450.00 | |
| | Remove/Refix Cushion & Upholstery Front | | | \$ 90.00 | |
| | Remove /Refix Seat Adjuster | | | \$ 120.00 | |
| | R/Refix Air Bag/Steering Wheel/Dashboard/Seat | | | \$ 550.00 | |
| | Diagnostic & Resetting To Erase Fault Code | | | \$ 480.00 | |
| | TOTAL LABOUR | | | \$ 5,050.00 | |
| | ESTIMATE TOTAL | | | \$ 36,408.56 | |
| <p>Kahin 10/11/19</p> <p>11/10/19 / 700 km.</p> <p>Vehicle undercarriage badly damaged structure unsafe to repair Recommended to scrap</p> | | | | | |
| <p>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.</p> | | | | | |