

(08/11/13)

Surveyor: Kelvin

REF: CC3/TM1 19014793 / K1sf3n2

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: _____

Veh No: SHC 15835 Yr Regn: 28 Sep 2017
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Prius c.c. 1700
 Colour: Blu A/C: Insured / Std / NI / NA
 Sp. Reading: 280853 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: J701CB3F4 80564914
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD / A / Rim or _____

(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

Tyre Size: F: 195/65R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Parant:
 Front 7 mm R/Bal. 7 mm
 L/Bal. 7 mm R/Bal. 7 mm
 D.O.A. 22/9/19 D.O.I. 23/9/19
 Survey held at C/DHE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S Front
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHC 15835 - MBA/IN/1800802514 D.O.A - 01/04/2018 TOKO
	SLL 8477A - CC4 / LCR 19000240 (D) b3c2 D.O.A - 28/12/2018 P/P
25/9/19	Wht P/P \$1459.98 / 2 Rep. (£ 634.92 Red - 30%)
RECEIVED 25 SEP 2019	

Date/Time, File Pass to? 25/09/19
 1) Typical
 Date/Time, File Return to? _____
 2) _____

: Preli. Report
 : Final Report

Days Of Repair: 2
 Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)

Survey Fee: _____
 Transportation: 250
 S + RS: 11
 Photos: _____

\$1,459.98 P/P

261

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	23/09/2019 09:49
Date Of Accident	22/09/2019 19:15
Exact Location Of Accident	CTE TO TPE LEADING TWDS PASIR RIS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1583S
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	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	TAY BOON KIAT
NRIC No	S0931407E
Date Of Birth	14/10/1949
Occupation	OUTDOOR
Date Of Driving Pass	23/11/1979
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97604616
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 10 GLOUCESTER ROAD #10-29
Postcode	210010
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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

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	SLL8477A
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHD SHABIN ABDUL LATIFF
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

LH REAR

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

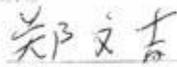
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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. 100302021R

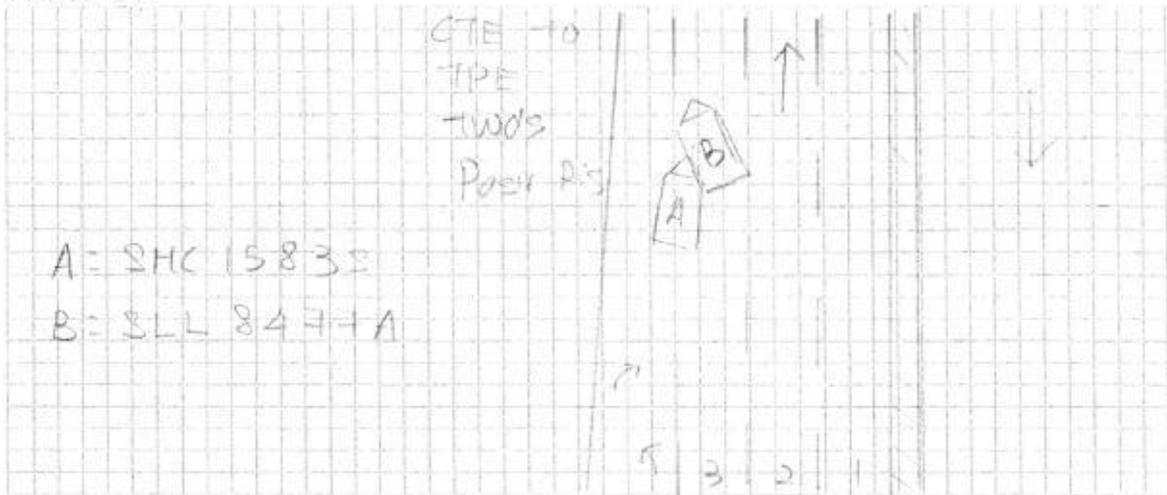
Policyholder's Signature
Date & Time:


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

 22/9/19
Reporting Centre Personnel's Signature
Name: Loke Wai Yiong
NRIC/FIN No.:

3. 5 3. 8

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/9/19 at about 19:15 hrs, when I was driving in lane 3, Van B overtook my taxi from behind and swerved into my path. As it took place too fast, I couldn't prevent the accident. As a result, Van B's left rear portion hit and grazed onto the right front portion of my taxi. One male passenger in my taxi. No injury reported in this accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
 611 0165 MC 199303921P

Policyholder's Signature
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name
 NRIC/FIN No.

(Signature) 22/9/19

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

Jumani

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CTPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	22/09/2019
Vehicle Reg. No.:	SHC1583S	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS, 1.8 HYBRID CVT (A)	Vehicle Reg. Date:	28/09/2017
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZRS065858	Chassis No:	JTDKB3FU803564914
Odometer:	0 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,083.90
Miscellaneous Items	11.00
Labour	1,000.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,094.90
+ GST 7.00% (S\$)	146.64
Nett Amount (S\$)	2,241.54

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 23 Sep 2019)
 Parts: 144 TOYOTA PRIUS 1.8 HYBRID CVT (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: **ComfortDelGro Engineering Pte Ltd/SHC1583S/23/09/2019 10:56**
 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		*FRT BUMPER ASSY <i>X my 2</i>	25.00	0.00	*499.90 FL
2	1		*FRT RH FENDER <i>Hold</i>	25.00	0.00	*945.30 FL
Sub Total (S\$)						1,445.20
- List Item Discount on L Items (S\$)						361.30
Total Parts (S\$)						1,083.90

ComfortDelGro Engineering Pte Ltd/SHC1583S/23/09/2019 10:56. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (\$\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	320 400.00
2	SPRAYPAINT	New	460 500.00
3	WIRING	New	11 50.00
4	TUFF KOTE	New	20 50.00
Gross Labour Cost (\$\$)			1,000.00

ComfortDelGro Engineering Pte Ltd/SHC1583S/23/09/2019 10:56. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalin 10000
23/9/19 1110L
2 Days
P/P
Before Paint pht

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:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305335301
 REGN NO : SHC1583S
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 28.09.2017
 DATE/TIME IN : 23.09.2019 08:40
 ACCIDENT DATE : 22.09.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001 04-01-0302-0573-A PRIG4 FENDER SUB-ASSY FRO	1		945.30	20.00 ²⁵	756.24 ^{708.98}
SUB-TOTAL :					756.24

JOB NATURE

0000 PB	PANEL BEATING				320.00
0001 SP	SPRAYPAINT CHARGE				400.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.				20.00
0003 L	MERIMEN			11.00	
SUB-TOTAL :					751.00
TOTAL :					1,507.24

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
 DATE :

SURVEYOR NAME & SIGNATURE
 DATE :

Our Job Ref No 305335301

Date : 24/09/2019

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHC1583S

305333809 22.09.19

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: TOKIO --- SLL8477A
###
2. The finalized amount shall be:

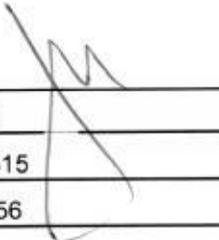
		<u>\$ 708.98</u>
(a) Spare Parts after List discount		\$756.24
(b) Labour Charges	###	<u>\$751.00</u>
Total for Part-By-Part Repair Cost		\$1,507.24 \$1459.98
	###	
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: <u>20%</u>		
Final Lumpsum Repair cost		

3. Estimated normal period for repairs: 2 working days

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kalvin

Date : 25/9/19

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/TMI19016793/K1SF3N2

Date: 25/09/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MK000575
Claimant Vehicle No :	SHC1583S	Insured Vehicle No :	SLL8477A
Date of Loss:	22/09/2019	Nature of Claim:	TP
		Claim No:	M1907427

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC1583S	Engine No:	2ZRS065858
Make & Model:	TOYOTA PRIUS, 1.8 HYBRID CVT (A)	Chassis No:	JTDKB3FU803564914
Reg. Date:	28/09/2017 (Man. Year: 2017)	Odometer:	280853 km
Colour:	Blue		
Engine Capacity:	1798 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Average

CONDITION OF TYRES

Front Tyre Size:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Davanti 7 mm	Rear Left Side:	Davanti 7 mm
Front Right Side:	Davanti 7 mm	Rear Right Side:	Davanti 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,083.90	708.97	374.93	34.59
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,000.00	740.00	260.00	26.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,094.90	1,459.97	634.93	30.31
+ GST 7.00/7.00% (S\$)	146.64	102.20	44.44	30.31
Nett Amount (S\$)	2,241.54	1,562.17	679.37	30.31

INSPECTION

Date of Assignment:	24/09/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	23/09/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days		

Adjuster: KALVIN ANG WEI KUN**Manager:** Hiew May Fung

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

Different 1 cents -Finalise confirm amount: \$1,459.98

REPAIR DETAILS

Reference	
Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 25 Sep 2019)
Parts: 144	TOYOTA PRIUS 1.8 HYBRID CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC1583S)
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 *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount	
1	1		*FRT BUMPER ASSY	Repair	499.90 FL	*- FL	
2	1		*FRT RH FENDER	Buckled	945.30 FL	*945.30 FL	
					Sub Total (\$\$)	1,445.20	945.30
					- List Item Discount on L Items 25.00/25.00% (\$\$)	361.30	236.33
					Total Parts (\$\$)	1,083.90	708.97

F=Franchise part. L=ListItemDisc.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
Miscellaneous Items				
1	1	OD/TP Case (Insurer)	11.00	11.00
Sub Total (\$\$)			11.00	11.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	400.00	320.00
2	SPRAYPAINT	New	500.00	400.00
3	WIRING	New	50.00	0.00
4	TUFF KOTE	New	50.00	20.00
Gross Labour Cost (\$\$)			1,000.00	740.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >