

ASS. REC. BY:

RAN

REF:

NS/INC20002847/Fyd3

## 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: SJS 2378D

Policy No. 5113334825 (18/10/19 - 17/10/2020)

Claims No. MT/1089526-003

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 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:

Sha 6214K

Yr Regn: 31/05/2019

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

Truck / Trailer or

Make:

Toyota Prius hybrid

c.c 1798

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading:

113685

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3F0003081189

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

Tyre Size:

F:

195/65 R15

R:

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

TOYO / YOKO or

DUNANT 1

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

17/02/2020

D.O.I.

18/02/2020

Survey held at

Comfort Add (10/2/20)

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

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

Date / Time

Action / Instruction

SHA 6214K - NS/INC17020761 / Klr bn2

SJS 2378D - NS/INC14016353 / H/qm3c3

NTUC

P/P

DOA: 30/10/17

DOA: 28/8/14

P/P: \$994.45/- with 2 repairs days (Red \$835.25, 45%)

Confirm on 7/04/2020 with Larry

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

6/5/20 Typist

Days Of Repair:

2

Resurvey No. of Trip:

2

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format:

Lump Sum / L.B.R. (\$

P/P \$994.45

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

17/02/2020 12:48

Vehicle No.(For Motor)

SJS2378D

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5113334825		AXIS PRINT SOLUTIONS	532507252E	GPC	drivo CLASSIC	SJS2378D	SJS2378D	18/10/2019	17/10/2020

## 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	17/02/2020 14:06
Date Of Accident	17/02/2020 12:15
Exact Location Of Accident	ROCHOR RD X QUEEN ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6214K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
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	WONG LEE SUNG
NRIC No	SXXXXX613D
Date Of Birth	03/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	18/06/1991
Driving Experience	28 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94524968
Fax Number	
Contact Number	
EEmail Address	MIKEWONGLEESUNG@HOTMAIL.COM.SG

Address	49 03-763 CIRCUIT ROAD
Postcode	3700049
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	COLLISION - HEAD TO REAR
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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

SEE ATTACH.

#### 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	SJS2378D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAP
NRIC/Passport Number	
Contact Number	98893448
Address	

Postcode

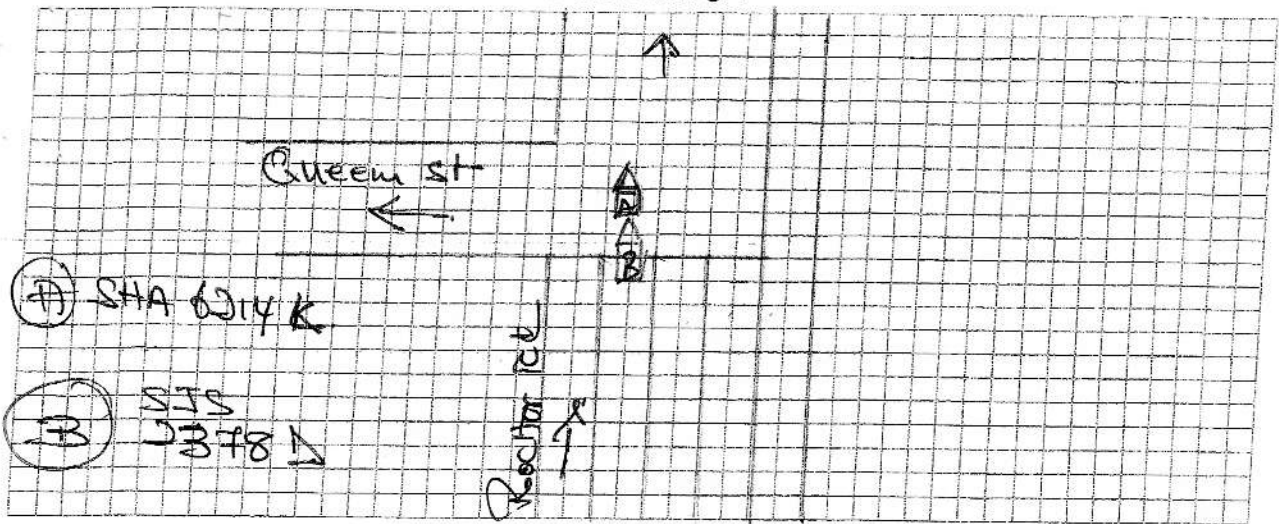
Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 17 Feb 2020 @ 12:15 hrs. I

VEH (A) slow down and stop due to infant

vehicle stop, I suddenly veer (B)

from the rear lane veer (A) rear (A)

the point of accident VEH (A)

few two male passengers were injured.

## DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 1993038211

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.:

J.M. 17/2

**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 Purpose
- (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. 199303821R

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.:



Date/Time: 17.02.2020 17:06

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 30538200

CUSTOMER

MR/MS COMFORT TRANSPORTATION PTE LTD  
CUSTOMER NO. 7010045  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
TEL. (R) 65508755 (O)

VAR

REGN NO.: SHA6214K	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 17.02.2020 12:5
YR OF MANU 31.05.2019	TARGET DATE
CHASSIS CODE JTDKB3FU003081109	COMPLETION DATE/TIME

DISCOUNT CARD NO.

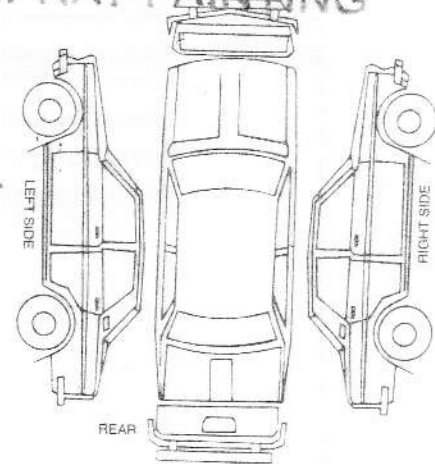
Accident Date: 17.02.2020  
NATURE: 3P 17.02.2020

JOB DESCRIPTION

TAKE PHOTOGRAPH  
BEFORE / AFTER  
DESCRIPTION SPRAY PAINTING

S/NO LABOR CODE

NTUC - Rear  
LKR



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA6214K LARRY

Vehicle No.: SHA6214K

Larry Ng

Signature/Date

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard



## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA6214K

DATE: 18. Feb. 2020

MAKE : TOYOTA

MODEL : PRIUS - G4

DOA: 17. Feb. 2020

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper X (R)			\$458.60
1	Rear Bumper Reinforcement X Xnn			\$318.80
1	Rear Bumper Undercover <del>Xnn</del> DEF			\$552.60
10	Rear Bumper Clips Xnn		\$2.20	\$22.00
SUB TOTAL				\$1,352.00
LESS 25%				\$338.00
DISCOUNTED TOTAL				\$1,014.00
1	Reverse Sensor Xnn			\$135.70
				Nett
				\$135.70
Labour Charge				
1	Panel Beating		\$320	\$350.00
1	Spray Painting Charge		\$200	\$250.00
1	Remove/refix reverse sensor		\$60	\$80.00
TOTAL LABOUR				\$680.00
ESTIMATE TOTAL				\$1,829.70

LKK Auto Con...  
the Repairer...  
To resurvey...  
• To display...  
• Parts prices are subject to confirmation  
• Third party survey...  
• No illegal mot...  
• Supplemental...  
is subject to final approval from insurance Company

Acknowledged by Repairer

Signature:

Date:

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.

20/2/2020  
18/02/2020 1330  
Rear (LKE)  
Paul Surve...  
88622778  
PRP  
2 repair days

# COMFORTDELGRO ENGINEERING

Our Job Ref No. : 305382009

Date : 24. Feb. 2020

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHA6214K

Date of Accident: 17. Feb. 2020

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

1. The repair job shall bill to: NTUC SJS2378D

2. The finalized amount shall be:

(a) Spare Parts after List discount

\$414.45

(b) Labour Charges

\$580.00

**Total for Part-By-Part Repair Cost**

**\$994.45**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: \_\_\_\_\_

**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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature: 

Name : Ram

Date : 17/2/2020

### 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		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

\_\_\_\_\_