

Ram

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 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:

SHC 8616K

Regn

14/01/2016

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

Truck / Trailer or

Make:

Toyota Prius Hybrid (G3) c.c. 1798

Colour

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

417112

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTPKN36U501959992

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 DANANTI

R:

WESTLAKE

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

07/04/2020

D.O.I.

8/04/2020

Survey held at

comfortdelgro (loyale)

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

China
L/S

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS SI

Photos

Others

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Weekend (\$

Report Format:

Long Form / Short Form

COMFORTDELGRO PTE LTD
REPAIR ESTIMATE

Vehicle No.: SHC8616K
Make : TOYOTA
Model : PRIUS
DOA :

Date : 4/7/2020
Insurance: CHINA
MVA : LIM TS

Qty	Parts Description / Labour	Qty	Unit Price	Amount
1	REAR BUMPER DEF/CTG			\$458.60
1	REAR BUMPER SIDE RETAINER RH ?			\$112.70
1	TOWING COVER xnn			\$82.70
	SUB TOTAL			\$654.00
	LESS 25%			\$163.50
				\$490.50
1	REVERSE SENSOR xnn			135.70
				135.70
	<u>Labour Charge</u>			
	PANEL BEATING			380.00 \$320
	SPRAY PAINTING			400.00 \$200
	WIRING			60.00 \$30 xnn
	TUFF KOTE			60.00 \$30
	REMOVE/REFIX REVERSE SENSOR			60.00 /
	TOTAL LABOUR			\$960.00
	ESTIMATE TOTAL			\$1,586.20

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.

Ran (LKK)
8/04/2020 1230
Paresuram@lkkccat.com
88622778
aft repair photo
LTS
2 repair days

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Team: ARC Repair TP(CLS0)1

ComfortDelGro Engineering Pte Ltd

205 Biddell Road Singapore 379701
Mainline : 65 4281 1000 Facsimile : 65 4280 9755

Workshops

59 Loyang Road Singapore 508969

883 Selegie Road Singapore 372717

45 Pandan Road Singapore 609236

220 Selegie Road Singapore 372717

21 Senoko Loop Singapore 758156

Sungei Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 760

Date/Time: 08.04.2020 10:06

Page : 1

JOB CARD Sales Order:

JC NO.: 305392689

CUSTOMER

COMFORT TRANSPORTATION PTE LTD
7010045

IR/MS

CUSTOMER NO.

ADDRESS

383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

EL. (R)

(P)

(O)

DISCOUNT CARD NO.

REGN NO.

SHC8616K

MILEAGE

MAKE :

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G3)07.04.2020 16:35

DATE/TIME IN

YR OF MANU

14.01.2016

TARGET DATE

CHASSIS

JTDRN36U501959992

COMPLETION DATE/TIME:

Accident Date: 07.04.2020

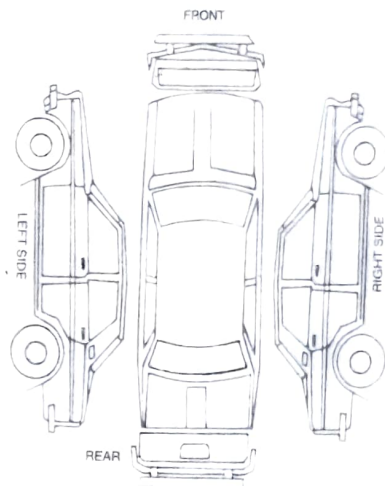
NATURE: 3P 07.04.2020

JOB DESCRIPTION

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

ne:

No.:

icle No.:

SHC8616K

LIMITS

Vehicle No.:

SHC8616K

ne of Service Advisor

Signature/Date

Name of Service Advisor

Date

be 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 Authorised 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. This report will be transmitted 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 submission 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 afterwards.

ACCIDENT STATEMENT

Date Of Report 08/04/2020 08:29
Date Of Accident 07/04/2020 17:50
Exact Location Of Accident WHITLEY RD >> PIE(TUAS)
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8616K
Insured/Policyholder
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Co Reg No 1XXXXX821R
Email Address FLEETSAFETY@CDGETAXI.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 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 POH GEOK CHOON
NRIC No SXXXX427E
Date Of Birth 09/03/1964
Occupation OUTDOOR
Date Of Driving Pass 12/07/1990
Driving Experience 29 YEARS AND 8 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98465535
Fax Number
Contact Number
Email Address PGEOCKHOON@YAHOO.COM

Address	BLK 747C BEDOK RESERVOIR CRESCENT #01-27
Postcode	473747
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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	SFT2320L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	90043724
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT

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.
- 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 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.
- 8 **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

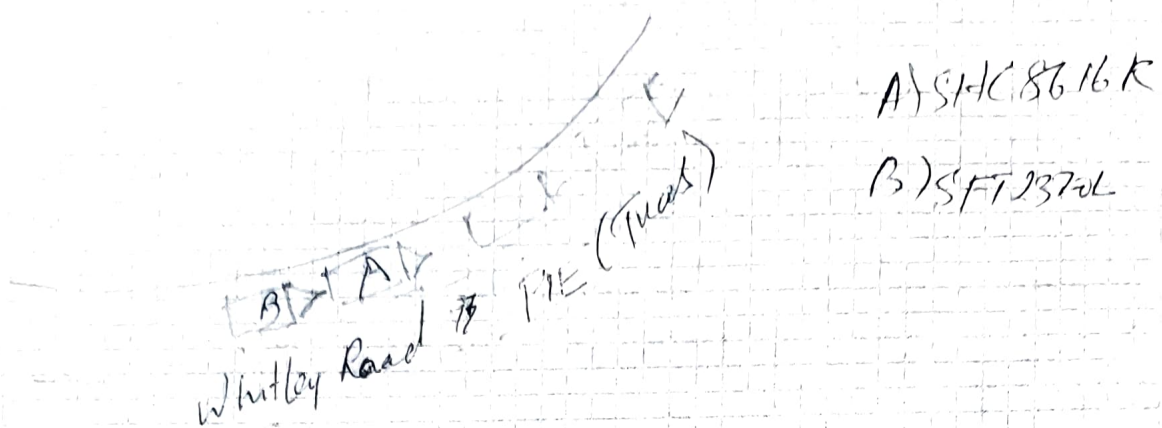
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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, investigation, 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.

COMPANION TO THE ACCIDENT REPORT FORM

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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/4/20 at about 1750hrs while I Voh A was travelling along road, stopped because vehicles in front stopped. Voh B collided onto the rear of my vehicle

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:

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

821R

Vehicle Details

Vehicle No.:

SHC8616K

Vehicle to be Exported:

No

Intended Deregistration Date:

08 Apr 2020

Vehicle Make:

TOYOTA

Vehicle Model:

PRIUS CVT

Primary Colour:

Blue

Manufacturing Year:

2015

Engine No.:

2ZR6443732

Chassis No.:

JTDKN36U501959992

Maximum Power Output:

100.0 kW (134 bhp)

Open Market Value:

\$32,920.00

Original Registration Date:

14 Jan 2016

First Registration Date:

14 Jan 2016

Transfer Count:

0

Actual ARF Paid:

\$5,000.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

13 Jan 2024

PARF Rebate Amount:

\$3,750.00

Intended COE Rebate Details

COE Expiry Date:

13 Jan 2024

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

8

PQP Paid:

\$45,307.00

COE Rebate Amount:

\$21,313.00

Total Rebate Amount:

\$25,063.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 08 Apr 2020

OK