

ASS. REC. BY: Ram

REF: NS/INC20005151/Fqf3

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. 5086411337-03 (29/11/19-28/11/2020)Claims No. MT/1091203-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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 2546TYr Regn. 06/12/2018

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

Truck / Trailer or _____

Make: TOYOTA PRIUS HYBRID c.c. 1798Colour: blue A/C: Insured / Std / NI / NASp. Reading: 170840 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU403077662Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65 RIS

R: _____

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

TOYO / YOKO or

DAVANTI

Front

Rear

R/Bal. 7 mmR/Bal. 8 mmL/Bal. 7 mmL/Bal. 8 mmD.O.A. 08/04/2020D.O.I. 9/04/2020Survey held at condat d'agro (Leygue)Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time | Action / Instruction

NTUC

FF

LS

Date/Time, File Pass to?

☐ : Preli. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Report Format: _____

Lump Sum / L&M: \$ _____

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHC2546T DOA: '08.04.20

Date: 08.04.20

Make : Toyota

Insurance: NTUC

Model : Prius (G4)

MVA: LKE

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR VIEW MIRROR ASSY LH <i>MIS</i>			\$1,390.00
1	OUTER MIRROR COVER LH <i>MIS</i>			\$141.90
1	FRT DOOR LH <i>Bul</i>			\$1,264.00
1	FRT DOOR OUTER HANDLE LH <i>cut/Bul</i>			\$378.90
1	FRT DOOR INNER LOCK LH <i>?</i>			\$688.80
1	FRT DOOR GLASS LH <i>SC</i>			\$313.60
1	REAR DOOR LH <i>x(B)</i>			\$1,258.30
1	REAR DOOR WEATHERSTRIPE LH <i>cut</i>			\$176.60
SUB TOTAL				\$5,612.10
LESS 25%				\$1,403.03
DISCOUNTED TOTAL				\$4,209.08
1	FRT DOOR COMFORT LOGO RH <i>rec</i>			\$75.00
1	REAR DOOR APPS. STICKER RH <i>rec</i>			\$80.00
				\$155.00
Labour Charge				
PANEL BEATING				
SPRAY PAINTING CHARGE				
WIRING CHARGE				
TRANSFER OF DOOR (FRT & REAR)				
TUFF KOTE				
TOTAL LABOUR				\$1,490.00
ESTIMATE TOTAL				\$5,854.08

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 means shall be used
 Supplementary survey by a motor surveyor 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.

Ram (LKE)
9/08/2020
1505
88622778
981 repair photo
Parasuram@lkkauto.com
LB

\$640 \$700.00 *\$640*
\$400 \$450.00 *\$400*
\$50.00
\$120 \$240.00 *\$120*
\$50.00

Page : 1

JOB CARD Sales Order:

JC NO.: 305392722

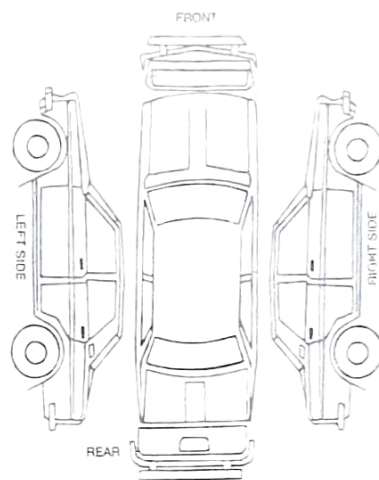
(P) (O)

OUNT CARD NO.

Accident Date: 08.04.2020
NATURE: 3P 08.04.2020

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
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WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE _____

ledgement Slip

Exit Pass

SHC2546T LKE

Vehicle No.: SHC2546T

f Service Advisor

Signature/Date

Name of Service Advisor

Date _____

turned 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 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	08/04/2020 12:07
Date Of Accident	08/04/2020 09:25
Exact Location Of Accident	ALONG BOON LAY WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2546T
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	LIEW JOO HOELIEW JOO HOE
NRIC No	SXXXX643F
Date Of Birth	24/02/1952
Occupation	OUTDOOR
Date Of Driving Pass	31/08/1977
Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86124602
Fax Number	
Contact Number	
Email Address	JOOHOELIEW2402@YAHOO.COM

Address	BLK 308 CLEMENTI AVENUE 4 #11-337
Postcode	120308
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 - OPENING DOOR OF VEHICLE
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)	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

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	PA7501E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	CHEE ENAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH FRONT DOOR
No. Of Passenger (Including Driver)	

Address	BLK 308 CLEMENTI AVENUE 4 #11-337
Postcode	120308
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH FRONT DOOR
No. Of Passenger (Including Driver)	

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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.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Olivia Wendy
NRIC/FIN No.: 00 APR 2020

A = SHC 2546 T

TAXI

STAND



B = PATSOIE
(TOYOTA)



BOON CITY
CITY

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

DECLARATION

We declare the foregoing particulars are true in every respect.

COMMISSIONER OF POLICE
SOUTH AUSTRALIA

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.: 08 APR 2020

3RDPARTYOPENDOOR

Describe Circumstances of the Accident.

On the 08/04/2020 @ about 09:25hrs, I was driving towards taxi stand at Boon Lay Way with 1 passenger on board my taxi.

After my passenger alighted I slowly moved my taxi when suddenly there's an impact on my taxi left front door so I stop to check and found out a vehicle of PA7501E driver had open his right front door.

No injury at the point of accident.

Declaration

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

COMPLIANCE WITH THE ROAD TRANSPORT ACT
CAP 397:01, 2011 EDITION

Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel

08 APR 2020

