

ACC. REC. BY: Ram

REF: 1

## 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.

N/S	O/S
XX	

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SH 7007T Yr Regn: 30/05/2017

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

Truck / Trailer or \_\_\_\_\_

Make: TOYOTA PRUS HYBRID (G4) c.c 1798

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

Sp. Reading: 444330 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDKB3FU103557111

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 DAVANTI

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 8 mm

L/Bal. 7 mm L/Bal. 8 mm

D.O.A. 09/04/2020 D.O.I. 9/08/2020

Survey held at comfort dealers (loyang)

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 \_\_\_\_\_

NTUC  
LIS

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

1) \_\_\_\_\_

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\_\_\_\_ \$ + RS \_\_\_\_ \$

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL

Report Format: \_\_\_\_\_

Lump Sum / L&L: \$ \_\_\_\_\_

L/ce

NT4C

COMFORTDELGRO ENGINEERING PTE LTD

Date: 09.04.2020

REPAIR ESTIMATE

Time: 14:30:42

Page: 1

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

JOB NO : 305393012  
 REGN NO : SH 7007T  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 30.05.2017  
 DATE/TIME IN : 09.04.2020 10:30  
 ACCIDENT DATE : 09.04.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1 L	458.60	25.00	343.95	DEF/scr
0002	04-01-0302-2267-G	PRIVC BUMPER PIECE	10 L	22.00	25.00	16.50	wec
0003	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1 L	552.60	25.00	414.45	scr
0004	04-01-0302-2865-G	PRIG4 FILLER-REAR BUMPER	1 L	148.40	25.00	111.30	DEF
0005	04-01-0302-1150-A	PRIG4 BUMPER PROTECTOR MA	1 N	50.00	2.50	50.00	wec

SUB-TOTAL : 936.20

## JOB NATURE

0000	20-05	REAR BUMPER ADVERTISEMENT LOGO				50.00	
0001	20-05	REAR FENDER ADVERTISEMENT LOGO LH				100.00	
0002	20-05	REAR FENDER ADVERTISEMENT LOGO RH				100.00	
0003	L	PANEL BEATING		350.00		\$520	
0004	23-502	SPRAYPAINT ON AFFECTED AREA				300.00	\$200
0005	20-22	REMOVE/REFIX REVERSE SENSOR				80.00	\$60

L/ce - L/ce Consultants hence notify  
 the Repairer of the following:  
 • To rectify 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:

RAM (L/ce)  
 LIS

9/04/2020 1535

RaveSum@L/ceauto.com

8862773

Asst repair photo

24hrs

Date/Time: 09.04.2020 13:53 Page : 1

ARC Repair TP(CLS0)1

JOB CARD Sales Order: JC NO 305393012

COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

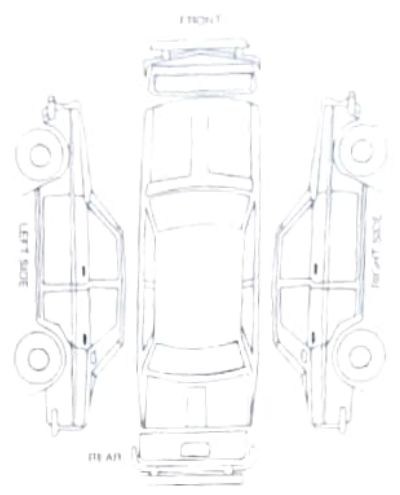
REGN NO	SH 7007T	MILEAGE
MAKE	TOYOTA	FUEL
MODEL	PRIUS HYBRID(G4)09	DATE/TIME IN
YR OF MANU	30.05.2017	TARGET DATE
CHASSIS CODE	JTDKBB3FU103557111	COMPLETION DATE/TIME

NTUC

JOB DESCRIPTION

Accident Date: 09.04.2020  
NATURE: 3P 09.04.2020

1/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No. SH 7007T

LKE

RAM

Vehicle No.: SH 7007T

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	09/04/2020 11:25
Date Of Accident	09/04/2020 08:10
Exact Location Of Accident	ALONG JURONG PIER RD TOWARDS JURONG ISLAND
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7007T
<b>Insured/Policyholder</b>	
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	LEE TIAN NAM
NRIC No	SXXXX618I
Date Of Birth	25/04/1946
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1966
Driving Experience	53 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93392168
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 22 GHIM MOH LINK #34-210
Postcode	271022
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?	YES
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	FBN1670L
Vehicle Make/Model/Colour	MOTORCYCLE
Details Of Properties	MOTORCYCLE
Vehicle Category	UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

FRONT

DETAILS OF INJURED PERSON 1

Name	
Approximate Age	UNKNOWN(RIDER)
Injuries Sustain	HANDS
Injured person in which vehicle?	FBN1670L
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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: Ang Lay Tack  
NRIC/FIN No.:

A SH7007T  
B FBN 1670L

Jurong Island

Jurong Pier Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On. 09/4/2020 @ 0810hr I was driving along Jurong Pier Road toward Jurong Island with one passenger.

As i was driving suddenly there a sound on my rear portion of my taxi so i stop and check. a motorcycle FBN 1670L had skidded and hit onto my taxi Rear ~~right~~ left portion of my taxi.

Then rider jumped on his hand, ambulance come to check on him and not conveyed.

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: