

ASS. REC. BY:

Ram

REF: NS/ INC20005153/FY #3

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. _____

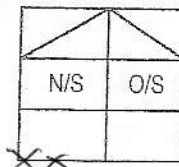
Claims No. MT/1091205-002

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: SH 7007T Yr Regn: 30/05/2017Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) Prime Mover /

Truck / Trailer or

Make: TOYOTA PRIUS HYBRID (GA) c.c. 1798Colour: blue A/C: Insured / Std / NI / NASp. Reading: 444330 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTAKB3FU103557111 *Gen. 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 R15

R: _____

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

TOYO / YOKO or DAVANT

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 8 mmL/Bal. 7 mm L/Bal. 8 mmD.O.A. 09/04/2020 D.O.I. 14/4/20Survey held at comfortdelgro (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

NTVC

LIS

L/S: \$1400/= with 2 repair days (Red \$516-20, 26%)

confirm on 27/04/2020 with LKE.

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

8/5/20 TypistDays Of Repair: 2Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Report Format:

Lump Sum / E.H. (\$) \$1400/=

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
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	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	
EEmail 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	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

UNKNOWN(RIDER)

Approximate Age

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:

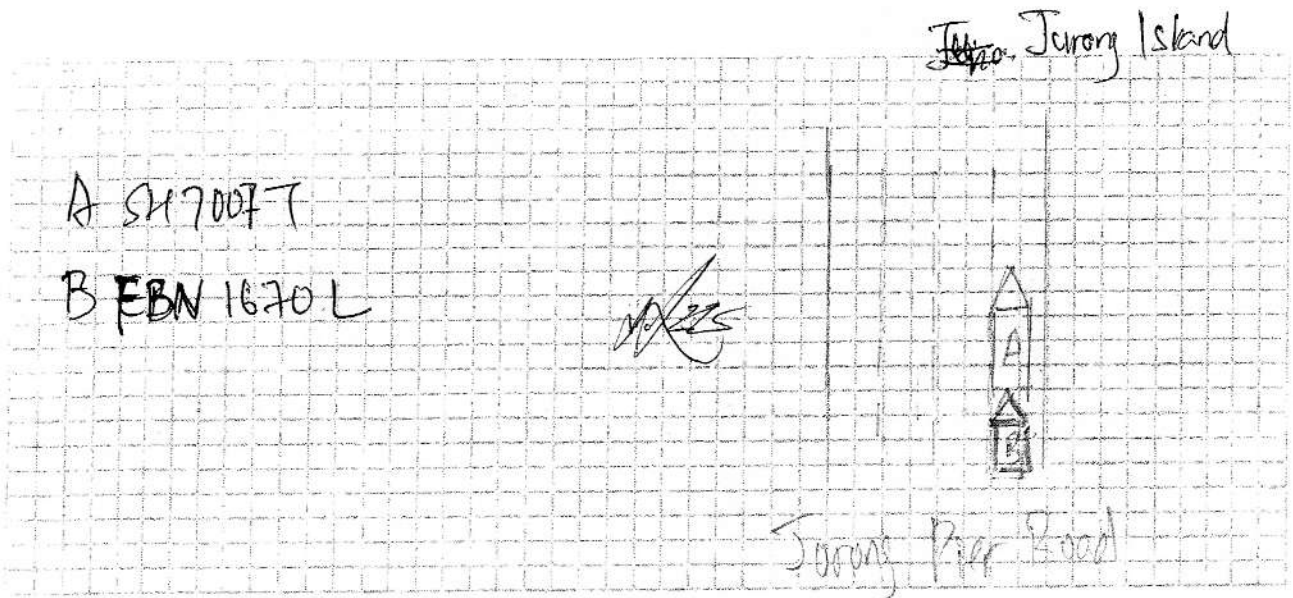
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

COMPOSITE PHOTOGRAPH REQUIRED
CO. REG. NO. 255-056216

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. 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 ~~side~~ left portion of my taxi.

The rider injured on his hand, ambulance come to check on him and not conveyed.

DECLARATION

We declare the foregoing particulars are true in every respect.

COMPANY POLICYHOLDERS
CO. REG. NO. 101033418

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.: SH7007T

Vehicle to be Exported: No

Intended Deregistration Date: 13 Apr 2020

Vehicle Make: TOYOTA

Vehicle Model: PRIUS HYBRID 1.8 CVT

Primary Colour: Blue

Manufacturing Year: 2017

Engine No.: 2ZRS043555

Chassis No.: JTDKB3FU103557111

Maximum Power Output: 90.0 kW (120 bhp)

Open Market Value: \$31,008.00

Original Registration Date: 30 May 2017

First Registration Date: 30 May 2017

Transfer Count: 0

Actual ARF Paid: \$5,000.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 29 May 2025

PARF Rebate Amount: \$3,750.00

Intended COE Rebate Details

COE Expiry Date: 29 May 2025

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

COE Period(Years): 8

PQP Paid: \$40,532.00

COE Rebate Amount: \$25,972.00

Total Rebate Amount: \$29,722.00

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 13 Apr 2020

OK

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

320 Ubi Road 3 Singapore 408649

24 Senoko Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 09.04.2020 13:53

Page : 1

JOB CARD

Sales Order:

JC NO.305393012

Team: ARC Repair TP(CLSO)1

Customer:

IS COMFORT TRANSPORTATION PTE LTD

Customer NO. 7010045

Address 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

Document NO.

REGN NO.:

SH 7007T

MILEAGE

MAKE:

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)09.04.2020 10:30

DATE/TIME IN

YR OF MANU.

30.05.2017

TARGET DATE

CHASSIS CODE

JTDTKB3FU103557111

COMPLETION DATE/TIME:

JOB DESCRIPTION

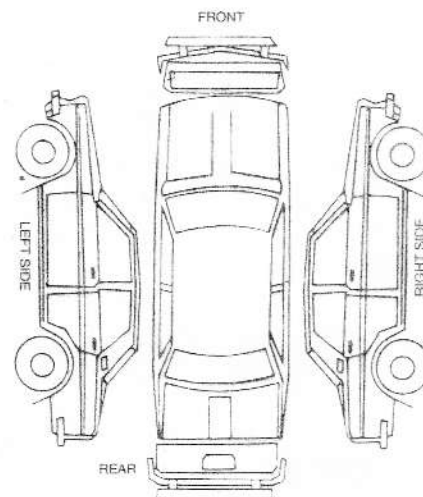
Accident Date: 09.04.2020

Accident Time: 3P 09.04.2020

Sl/NO

LABOR CODE

DESCRIPTION



Worked & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: SH 7007T

LKE

Vehicle No.:

SH 7007T

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

L/Ce

NTUC

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 ADVERTISMENT LOGO	50.00	
0001 20-05	REAR FENDER ADVERTISMENT LOGO LH	100.00	
0002 20-05	REAR FENDER ADVERTISMENT LOGO RH	100.00	
0003 L	PANEL BEATING	350.00	\$320
0004 23-502	SPRAYPAINT ON AFFECTED AREA	300.00	\$200
0005 20-22	REMOVE/REFIX REVERSE SENSOR	80.00	\$60

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:

Ram (LKK)
(LIS)

9/04/2020 1535

RamSum@LKKauto.com

88622772

AST repair plate

(2) dependys

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 09.04.2020

Time: 14:30:42

Page: 2

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
DATE OF REGN : 30.05.2017
DATE/TIME IN : 09.04.2020 10:3
ACCIDENT DATE : 09.04.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 980.00

TOTAL : 1,916.20

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

SURVEYOR NAME & SIGNATURE

DATE :

DATE :

Approved by Repairer
Signature
Date

COMFORTDELGRO ENGINEERING

Our Job Ref No. 305393012

Date : 24.04.20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr RAM

Vehicle Reg No. SH7007T CTPL

09.04.20

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

1. The repair job shall bill to: NTUC --- FBN1670L

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

Total for Part-By-Part Repair Cost

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

20%

\$1,400.00

Final Lumpsum Repair cost

\$1,400.00

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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : Ram

Date : 27/04/2020

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: