

ASS. REC. BY: Taufik

REF:

INC

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

Bal. or Market Value: _____

IDAC Accident Report: _____ 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: SH7747R Yr Regn: 2017 / Sep

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

Truck / Trailer or

Make: Toyota Prius c.c. 1798

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

Sp. Reading: 37 9483 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU203564066

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: 195/65R15

R: _____

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

TOYO / YOKO or Davanti

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 15/4/20 D.O.I. 16/4/20

Survey held at Gunjut Layang

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

Frt o/s

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

Date / Time _____ Action / Instruction _____

TP INC: YQ2153T

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

1) _____

Date/Time, File Return to?

2) _____

Report Form(s): _____

Lump Sum / U.C. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Photos _____

Others _____

TOTAL _____

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 7747R

DATE: 16. Apr. 2020

MAKE : TOYOTA

MODEL : PRIUS

DOA: 15. Apr. 2020

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Bumper Cover			\$490.50
10	Front Bumper Clips		\$2.20	\$22.00
1	Front Bumper Side Retainer - RH			\$82.30
1	Headlamp - RH			\$3,455.00
SUB TOTAL				\$4,049.80
LESS 25%				\$1,012.45
DISCOUNTED TOTAL				\$3,037.35
LKK Auto Consultants hereby notify the Repairer of the following:				
<ul style="list-style-type: none"> • 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:				
Labour Charge				
1	Panel Beating		320	\$350.00
1	Spray Painting Charge		200	\$300.00
1	Wiring Charge		30	\$50.00
TOTAL LABOUR				\$700.00
ESTIMATE TOTAL				\$3,737.35

Larry Ng

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.

Taufik 97495744
 02 days. WP 16/4/20 0340
 Lump sum
 Resurvey after repair
 src @ lkk auto.com
 taufik @ lkk auto.com

Date/Time: 16.04.2020 12:17

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305393950

TOMER

MS

TOMER NO

RESS

(R)

(P)

COUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

VARs

REGN NO:

SH 7747R

MILEAGE

MAKE:

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)16.04.2020 09:30

DATE/TIME IN

YR OF MANU.

20.09.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU203564066

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 15.04.2020

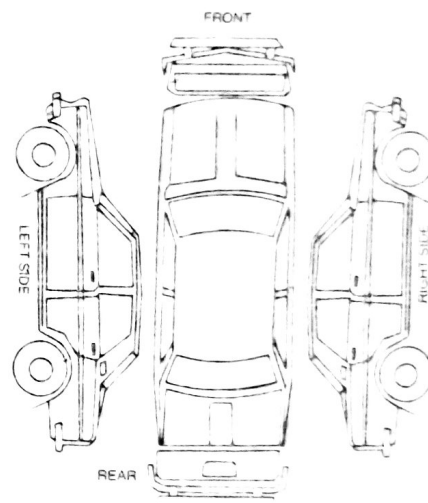
NATURE: 3P 15.04.2020

NO

LABOR CODE

DESCRIPTION

NTUC - Right Front
LKR/



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.:

SH 7747R

LARRY

Vehicle No.:

SH 7747R

Larry Ng

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned 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	16/04/2020 10:52
Date Of Accident	15/04/2020 09:30
Exact Location Of Accident	WHAMPOA MAKAN PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7747R
Insured/Policyholder	
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	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	ONG KIAN CHEE
NRIC No	SXXXX288H
Date Of Birth	24/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	15/11/1979
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96640351
Fax Number	
Contact Number	
Email Address	ONGKIANC@YAHOO.COM

Address 791 07-1447 YISHUN AVENUE 2
Postcode 760791
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR (TP reversed)
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

SEE ATTACH.

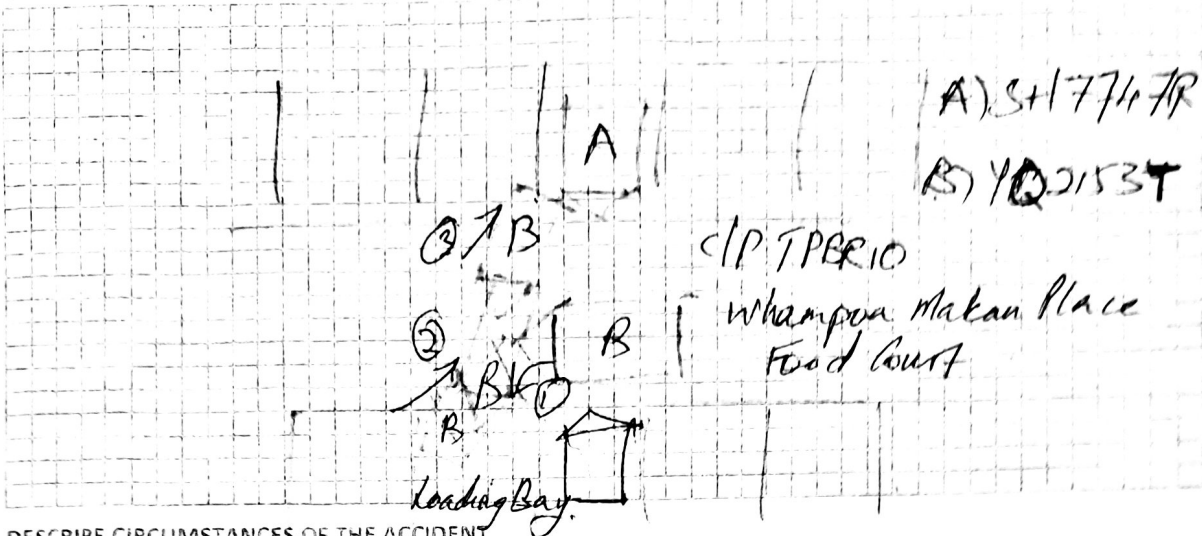
Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YQ2153T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage NO DAMAGE
No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/4/20 at about 2040 hrs when I ~~was~~ A had parked my vehicle and was stretching with the engine switched-off. Veh B who was trying to enter the loading bay could not enter and reversed to position again to re-enter the loading bay. While doing so, he reversed and collided on the right front portion of my stationary vehicle. When approached the 3rd Party driver, he said he was not sure of the collision and did not want to exchange particulars. I was advised to make a police report by the reporting officer. Note: 3rd Party offered \$50 verbally but I did not accept the offer.

DECLARATION

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

OMI CRT TRANSPORT ALLIANCE
CO REG NO 189001601R

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. _____

Sketch Plan Pg. 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 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, 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. 199704041R

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: