

ASS. REC. BY: Toughlin

REF:

INC

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / P / 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

WP

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

Vehicle: IN / OUT

Jumani

Veh No: SHD4203P Yr Regn: 2019, Pec.

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: 84642 T/Radio: Insured / Std / NI / NA

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

C/No: STD RB 3FU - 203040636

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: 195/65R15R: m m

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

TOYO / YOKO or

Wentlake.

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 10/6/20Survey held at Amfadelgo Layan

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

Date/Time, File Pass to?

☐ : Preli. Report

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

☐ : Final Report

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. \_\_\_\_ SI

Photos

Others

Rep. Form: \_\_\_\_\_

Lump Sum / L.S. / P. \_\_\_\_\_

*NTM JH. CIP*

COMFORTDELGRO ENGINEERING PTE LTD

Date: 10.06.2020

REPAIR ESTIMATE

Time: 14:20:41

Page: 1

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

JOB NO : 305403776  
REGN NO : SHD4203P  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4A)  
DATE OF REGN : 27.12.2019  
DATE/TIME IN : 10.06.2020 10:25  
ACCIDENT DATE : 10.06.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-0594-G	MIRROR ASSY OUTER REAR VI	1	1,390.10	25.00	1,042.57	<i>eng ✓</i>
0002	04-01-0302-0898-G	COVER OUTER MIRROR RH	1	89.50	25.00	67.12	<i>eng ✓</i>
0003	04-01-0302-0592-G	PANEL SUB-ASSY FRONT DOOR	1	1,264.00	25.00	948.00	<i>bt ✓</i>
0004	04-01-0302-3911-G	COVER SUB-ASSY FRT PILLAR	1	96.00	25.00	72.00	<i>wt ✓</i>
0005	28-01-0103-0003-A	FRT DOOR LOGO COMFORT-CTP	1 N	75.00	10.00	67.50	<i>wt ✓</i>
0006	04-01-0302-0574-G	FENDER SUB-ASSY FRONT LH	1	945.30	25.00	708.97	<i>LP ✓</i>
0007	04-01-0302-2297-G	EMBLEM SIDE PANEL (HYBRID	1	85.60	25.00	64.20	<i>wt ✓</i>

SUB-TOTAL : 2,970.36

JOB NATURE

0000	PB	PANEL BEATING	700.00	<i>640.</i>
0001	SP	SPRAYPAINT CHARGE	700.00	<i>600.</i>
0002	17-01	CHECK ALL LIGHTING	50.00	<i>30</i>
0003	20-00	TUFF COAT ON AFFECTED PARTS.	530.00	<i>30.</i>

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 10.06.2020  
Time: 14:20:41  
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 : 305403776  
REGN NO : SHD4203P  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID  
DATE OF REGN : 27.12.2019  
DATE/TIME IN : 10.06.2020 10:2  
ACCIDENT DATE : 10.06.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 1,980.00

TOTAL : 4,950.36

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Taughlin 97495749  
WP

10/6/20 @ 220pm

P/P Resurvey before paint  
taughlin@lkkauto.com.  
3-4 days

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:

# COMFORTDELGRO ENGINEERING

Member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

201 Braddell Road Singapore 119073  
Mainline: +65 6363 6230 Facsimile: +65 6280 9755

## Workshops

54 Loyang Drive Singapore 508969 34 Serangoon Loop Singapore 168166  
387 Sin Ming Drive Singapore 575717 1 Sungei Kadut Road Singapore 120447  
48 Pongkor Road Singapore 120765 501 Veerapalan Road Singapore 168702

Date/Time: 10.06.2020 13:49 Page: 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

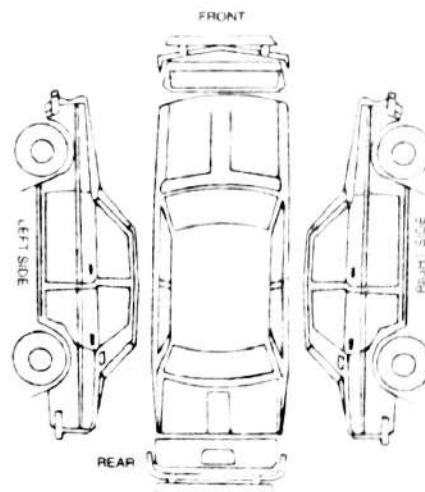
JC NO. 305403776

OWNER  COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)	REGN NO. SHD4203P	MILEAGE
IS OWNER NO. RESS	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL PRIUS HYBRID(G4A10	DATE/TIME IN 10.06.2020 10:25
	YR OF MANU. 27.12.2019	TARGET DATE
DUNT CARD NO.	CHASSIS CODE JTDKB3FU203090636	COMPLETION DATE/TIME

## JOB DESCRIPTION

Accident Date: 10.06.2020  
NATURE: 3P 10.06.2020/C

S/NQ LABOR CODE DESCRIPTION



Poli

BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No. SHD4203P

JU NTUC LKK

Vehicle No.:

SHD4203P

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	10/06/2020 13:31
Date Of Accident	10/06/2020 09:20
Exact Location Of Accident	ALONG MARRYMOUNT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4203P
<b>Insured/Policyholder</b>	
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	LEE KAH SENG
NRIC No	SXXXX061A
Date Of Birth	21/08/1945
Occupation	OUTDOOR
Date Of Driving Pass	29/10/1976
Driving Experience	43 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91230377
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 869 07-175 TAMPINES STREET 83  
Postcode 520869  
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 SIDE SWIPE  
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? YES  
Remarks/ Reasons: -  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number GBH5182J  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver MUHAMMAD ISKANDER BIN JAAFAR  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage LEFT FRT  
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 Authorized 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

OMFPORT TRANSPORTATION PTE LTD  
CO REG NO 19930421R

Policyholder's Signature  
Date & Time

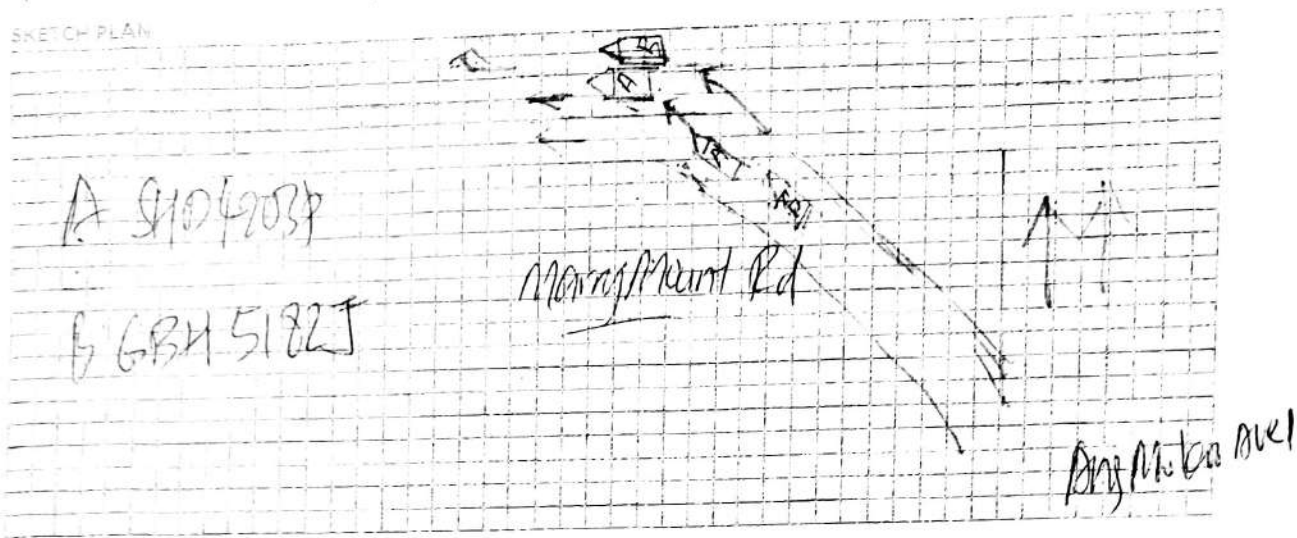
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

Reporting Centre Personnel's Signature  
Name  
NRIC/FIN No



# Sketch Plan Pg. 1

SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 10/6/2020 0920hr i was driving along Ang Mo Kio Ave 6 turn left to Marrymount Rd. With no passenger on board, After on the slip road towards Marrymount Rd there is B vehicle GBH 5182J follow my vehicle A SHD 4203P behind suddenly cut into my lane and hit onto my front right portion.

After the accident i realized that the B vehicle driver was hiding a body child while driving.

No one was injury at that time of accident.

## DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.  
CO. REG. NO. 11111111

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.





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