

ASS. REC. BY:

Tayfun

REF:

NS/INC 20006299/T1vf3

## 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
	X

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

Chiang

Veh No:

SHA7348B

Yr Regn:

2019, Dec

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

Truck / Trailer or

Make:

Togh Prius

c.c

1798

Colour

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

42802

T/Radio: Insured / Std / NI / NA

Eng/No:

JTDKB3F480.3090205

C/No:

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:

21 195/65R15

R:

u u

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

TOYO/YOKO or

4

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

8/6/20

D.O.I.

9/6/20 @ 150p

Survey held at

Compteligna byang

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

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

Date / Time

Action / Instruction

11/6/20

Final fig \$2298.79 confirmed by email (Red 2523.44, 52%)

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 17/6/20-Typist

Rep. Format:

TP

Lump Sum / L.B.: \$2298.79

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

## COMFORTDELGRO ENGINEERING PTE LTD.

## REPAIR ESTIMATE\*

VEHICLE NO SHA7348B

DATE

09/06/20

MAKE :

CHIANG/NTUC

MODEL TOYOTA PRIUS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER			\$458.60
1	REAR BUMPER SIDE RETAINER RH			\$112.70
1	REAR BUMPER LOWER COVER			\$552.60
1	REAR BUMPER REFLECTOR RH			\$142.00
1	REAR BUMPER TOWING COVER			\$82.70
1	REAR BUMPER UNDER SIDE COVER RH			\$232.00
1	REAR REINFORCEMENT			\$318.80
1	REAR BUMPER STAY RH			\$139.60
10	REAR BUMPER CLIPS		\$2.50	\$25.00
1	REAR TRUNK HYBRID EMBLEM			\$52.40
1	REAR TRUNK PRIUS EMBLEM			\$52.40
1	REAR TRUNK APP COMFORT STICKER			\$40.00
1	REAR TRUNK COMFORT & TEL NO. STICKER			\$60.00
1	REAR EXHAUST PIPE			\$1,163.40
1	REAR EXHAUST PIPE INSULATOR			\$314.60
	<b>SUB TOTAL</b>			<b>\$3,746.80</b>
	<b>25.00%</b>			<b>\$936.70</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$2,810.10</b>
1	REAR REVERSE SENSOR			\$135.70
				\$122.13
	<b>Labour Charge</b>			
	Panel Beating			\$1,050.00
	Spray Painting Charge			\$600.00
	Tuff Kote			\$90.00
	Check Lighting			\$60.00
	Remove/refix reverse sensor			\$90.00
	<b>TOTAL LABOUR</b>			<b>\$1,890.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$4,822.23</b>

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.

Tanji 97495749  
 WP  
 7/6/20 @ 150pm  
 P/P Resurvey before paint.  
 tanji @ lkkauto.com.  
 03 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

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braemar Road Singapore 574701  
 Mobile: + 65 6383 6290 Facsimile: + 65 6280 9755

## Workshops

59 Luyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 120286

320 Pandan Road Singapore 120443

24 Serangoon Road Singapore 556158

7 Selegie Road Singapore 117121

501 Yishun Road Singapore 760401

Date/Time: 09.06.2020 12:45

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.: 305403770

STOMER

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(R)

(O)

(P)

COUNT CARD NO.

REGN NO:

SHA7348B

MILEAGE

MAKE:

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4A09.06.2020 08:10

YR OF MANU.

13.12.2019

TARGET DATE

CHASSIS CODE

JTDRB3FU803090205

COMPLETION DATE/TIME:

Accident Date: 08.06.2020

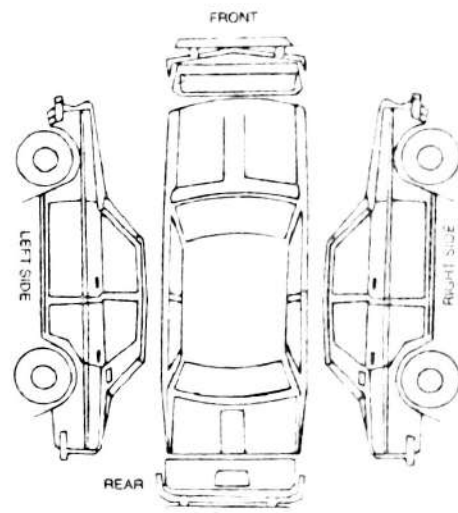
NATURE: 3P 08.06.2020

## JOB DESCRIPTION

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

Vehicle No.: SHA7348B

CHIANG

Vehicle No.:

SHA7348B

Signature/Date

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

relates to Service Reception upon collection

## 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	09/06/2020 09:16
Date Of Accident	08/06/2020 18:20
Exact Location Of Accident	ALONG HOUGANG AVE 4 X HOUGANG AVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7348B
<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	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	TIA TONG MEOW
NRIC No	SXXXX492J
Date Of Birth	21/07/1960
Occupation	OUTDOOR
Date Of Driving Pass	13/07/1981
Driving Experience	38 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97467856
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 116 02-914 POTONG PASIR AVENUE 1  
Postcode 350116  
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? 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.

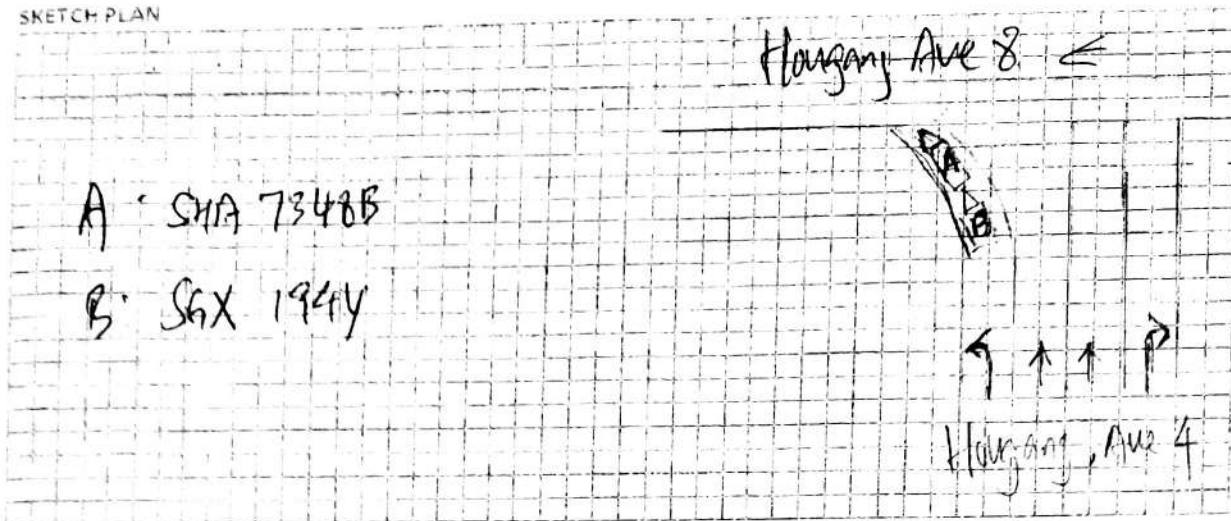
#### Attachment(s)

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 SGX194Y  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver JONATHAN TOH HONG SEN  
NRIC/Passport Number  
Contact Number 97399769  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRT LEFT  
No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/06/2020 1820hr i was driving along  
Hougang Ave 4 turning left towards Hougang Ave 8  
with no passenger.

While i approached the slip road toward Hougang  
Ave 8, i slow down and stop to give way to my right  
hand vehicle, suddenly B vehicle SGX 1941Y hit my rear  
portion of my vehicle A-SHA7348B.

No one was injury at that time of incident.

DECLARATION

/We declare the foregoing particulars are true in every respect

COMFORT TRANSPORTATION PTE LTD  
CC REG NO 199301921R

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



**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 Purpose
- (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  
CC REG NO 195301521R

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



816 1820