

NS/INC20006556/T1qf3

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: MT/1094878-002Policy No. 5115012680 (19/12/2019-18/12/2020)

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: 4 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: SHL2352KYr Regn: 2019, Jan.

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

Truck / Trailer or

Make: Toyota Prius Hybridc.c. 1798Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 205977

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 3TDRB3FU903077835Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim, or

Tyre Size: F: 195/65R15R: n n

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

TOYO / YOKO or Sakura

Front

Rear

R/Bal. 6

mm

R/Bal. 6

mm

L/Bal. 6

mm

L/Bal. 6

mm

D.O.A. _____

D.O.I. 22/6/20Survey held at Compass Delgado Agency

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

Int o/s

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

Date / Time Action / Instruction

25/06/20@3.47pm Taufikh finalised with Jumani final fig \$6512.31, 4 days. (Red \$2741.31, 30%)

Date/Time, File Pass to?

☐ : Prel. Report

1) 26/06 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Form: TPLump Sum / U/C: 6512.31Days Of Repair: 4Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Wash (\$

S + RS \$

Photos

Others

NTUC-TM (P/P)

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 22.06.2020
Time: 11:10:19
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 : 305406207
REGN NO : SHC2352K
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 07.01.2019
DATE/TIME IN : 20.06.2020 10:55
ACCIDENT DATE : 20.06.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2292-G	COVER FRONT BUMPER	1	499.90	25.00	374.92	de ✓
0002	04-01-0302-0633-G	COVER FRONT BUMPER HOLE R	1	28.38	25.00	21.28	mis ✓
0003	04-01-0302-0572-G	HOOD SUB-ASSY	1	950.50	25.00	712.87	bt ✓
0004	04-01-0302-0573-G	FENDER SUB-ASSY FRONT RH	1	933.10	25.00	699.82	bt ✓
0005	04-01-0302-2297-G	EMBLEM SIDE PANEL (HYBRID	1	86.00	25.00	64.50	ne ✓
0006	04-01-0302-4991-G	LAMP ASSY FOG RH	1	920.00	25.00	690.00	any ✓
0007	04-01-0302-2915-G	UNIT ASSY HEADLAMP RH	1	3,455.00	25.00	2,591.25	com ✓
0008	04-01-0302-2298-G	REINFORCEMENT SUB-ASSY FR	1	696.40	25.00	522.30	?
0009	04-01-0302-2164-G	GRILLE SUB-ASSY RADIATOR	1	438.00	25.00	328.50	?
0010	04-01-0302-2971-G	SUPPORT FRONT BUMPER SIDE	1	76.90	25.00	57.67	de ✓
0011	04-01-0302-2974-G	SUPPORT RADIATOR UPPER RH	1	76.10	25.00	57.07	q. R ✓
0012	04-01-0302-2975-G	SUPPORT SUB-ASSY RADIATOR	1	234.70	25.00	176.02	?
0013	04-01-0302-2277-G	SUPPORT SUB-ASSY RADIATOR	1	361.10	25.00	270.82	?

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 22.06.2020

Time: 11:10:19

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)
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 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305406207
 REGN NO : SHC2352K
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID
 DATE OF REGN : 07.01.2019
 DATE/TIME IN : 20.06.2020 10:5
 ACCIDENT DATE : 20.06.2020

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0014 04-01-0302-2062-G GRILLE RADIATOR LOWER NO.	1	163.40	25.00	122.55	?
0015 04-01-0302-0988-G EMBLEM ASSY RADIATOR GRIL	1	88.00	25.00	66.00	48
0016 04-01-0302-2234-G COVER ENGINE UNDER COVER	1	180.00	25.00	135.00	X
0017 04-01-0302-2233-G ENGINE UNDER COVER NO.1	1	457.40	25.00	343.05	X

SUB-TOTAL : 7,233.62

JOB NATURE

0000 PB	PANEL BEATING	1000.00	640.
0001 SP	SPRAYPAINT CHARGE	800.00	600.
0002 17-01	CHECK ALL LIGHTING	50.00	30.
0003 18-01	TO VAC. & TOP UP A/C GAS	120.00	?
0004 20-00	TUFF COAT ON AFFECTED PARTS.	50.00	30

SUB-TOTAL : 2,020.00

Tan Jia 97495747
 'wp'

P/P Resurvey before paint
 22/6/20 @ 3pm

3-4 days

Tan Jia @ 11hant.wn.

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 legal action will be allowed
- Supply of parts must be resurveyed and is only valid from Insurance Company

Acknowledged by Repairer

Signature

Date

COMFORTDELGRO ENGINEERING PTE LTD

Date: 22.06.2020

REPAIR ESTIMATE

Time: 11:10:19

Page: 3

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JOB NO : 305406207
REGN NO : SHC2352K
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID
DATE OF REGN : 07.01.2019
DATE/TIME IN : 20.06.2020 10:5
ACCIDENT DATE : 20.06.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 9,253.62


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : _____

AUTHORISED : YES / NO

Date/Time: 22.06.2020 10:31

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO: 305406207

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO 7010045

ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

65508755

(R) (O)

(P)

JUNT CARD NO.

REGN NO SHC2352K

MILEAGE

MAKE TOYOTA

FUEL

E. 1/2 F.

MODEL PRIUS HYBRID(G4)20.06.2020 10:55

DATE/TIME IN

YR OF MANU 07.01.2019

TARGET DATE

CHASSIS CODE JTDKB3FU903077835

COMPLETION DATE/TIME

Accident Date: 20.06.2020

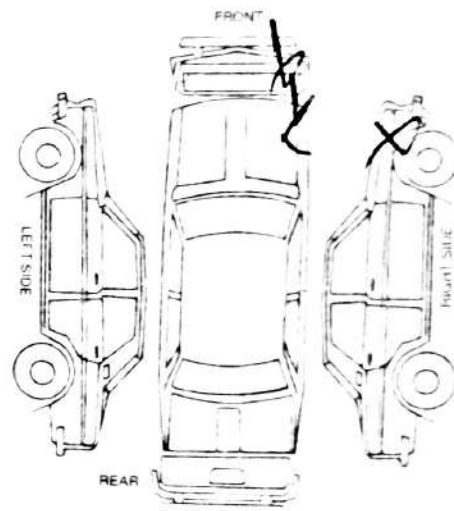
NATURE: 3P 20.06.2020

JOB DESCRIPTION

S/NO

LABOR CODE

DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHC2352K

JU NTUC LKK

Vehicle No:

SHC2352K

Service Advisor

Signature Date

ed to Service Reception upon collection

Name of Service Advisor

Date

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 22/06/2020 08:54
Date Of Accident 20/06/2020 01:20
Exact Location Of Accident BLK 980C BUANGKOK CRES DRIVE WAY
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC2352K
Insured Policyholder
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD COMFORT TRANSPORTATI
Co Reg No 1XXXXX821R
Email Address JOHNTEAM2002@YAHOO.COM
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 TEAM HAI HONG
NRIC No SXXXXX267D
Date Of Birth 26/02/1974
Occupation OUTDOOR
Date Of Driving Pass 19/10/1995
Driving Experience 24 YEARS AND 8 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98766557
Fax Number
Contact Number
Email Address JOHNTEAM2002@YAHOO.COM

Address	BLK 680 CHOA CHU KANG CRESCENT #10-560
Postcode	680680
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	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?	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)	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

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	SML8523M
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALIAS BIN AWANG
NRIC/Passport Number	SXXXX577H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1:

Name	ALIAS BIN AWANG
Approximate Age	
Injuries Sustain	CHEST
Injured person in which vehicle?	SHC2352K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

IMPORTANT NOTICE

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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 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 (c) 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.

COMFORT TRANSPORTATION PTE LTD
CU REG. NO. 190303821R

Policyholder's Signature
Date & Time

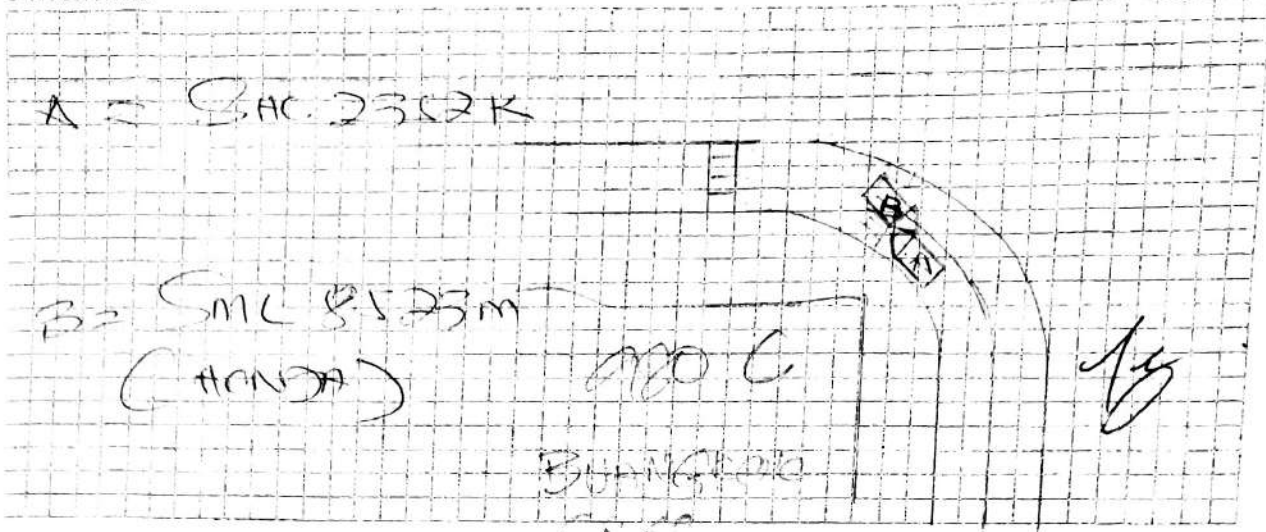
Driver's Signature
(If driver is not the policyholder)
Date & Time

Olivia Wendy

Reporting Centre Personnel's Signature
Name
NRIC/FIN No.

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name

NRIC/FIN No. 20 JUN 2020

Describe Circumstances of the Accident.

On the 20/06/2020 @ about 01:20hrs, I was driving towards BLK 980C Buangkok Cres direction with no passenger on board my taxi.

As I was turning on the bend road I saw an incoming vehicle drove in speedy manner so I slow down to stop. The vehicle of SML8523M cut across the centre dividing line and into my lane, his right portion hit onto my right portion hard.

My chest pain from the impact and will consult doctor later.

Declaration

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature/Date &
Time

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

Olivia Weng

Witnessed by Reporting
Centre Personnel

20 JUN 2020