

CS/TM/2007492/T1653

ASS. REC. BY: Taughlin

REF:

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. _____

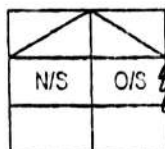
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



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: SHA9521D Yr Regn: 2016 out

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

Truck / Trailer or

Make: Toyota Prius c.c. 1798

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

Sp. Reading: 527390 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU503534281

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

Modl: 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 Davanth

Front

Rear

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

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

D.O.A. _____ D.O.I. 20/7/16

Survey held at Comptel delgado Loyang

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

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

Date / Time Action / Instruction

COR I/s \$3050 , 3 days.(red: 2638.97; 46%)

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: 3

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Transportation: _____

Rep. Format: _____

S. + RS. \$ _____

Lump Sum / L.B. / C. _____

Photos _____

Others _____

Add Fee: ☐ Site Insp (\$ _____)

☐ Interview (\$ _____)

☐ Tech. Invs (\$ _____)

☐ Workshop (\$ _____)

7/20/2020

Repairer Estimates

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)59 Loyang Drive
Singapore 508969
Tel: 6214 8300**TP INSURER:** Tokio Marine Insurance Singapore Ltd (HQ)
CCPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	18/07/2020
Vehicle Reg. No.:	SHA9521D	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS HYBRID, 1.8 CVT (A)	Vehicle Reg. Date:	21/10/2016
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	2ZRR946010	Chassis No:	JTDKB3FU503534284
Odometer:	527390 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	3,802.97
Miscellaneous Items	11.00
Labour	1,870.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	5,683.97
+ GST 7.00% (S\$)	397.88
Nett Amount (S\$)	6,081.85

This claim is handled by: CHIANG LIAT CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 20 Jul 2020)**Parts:** 144 TOYOTA PRIUS HYBRID 1.8 CVT (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHA9521D/20/07/2020 13:54**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk *.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR FENDER RH	25.00	0.00	Rx *836.70 FL
2	1		*REAR DOOR RH	25.00	0.00	bt ✓ *1,258.30 FL
3	1		*REAR ROCKER RH	25.00	0.00	Rx *576.00 FL
4	1		*REAR BUMPER	25.00	0.00	Rx *458.60 FL
5	1		*REAR BUMPER BRACKET RH	25.00	0.00	X *112.70 FL
6	1		*REAR RIM RH	25.00	0.00	cut ✓ *1,555.00 FL
7	1		*FRT DOOR CCPL LOGO	0	0.00	rel ✓ *75.00 FS
8	1		*REAR DOOR CCPL APP LOGO	0	0.00	rel ✓ *80.00 FS
9	1		*BUMPER MAT	0	0.00	X *50.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (S\$) **5,002.30**- List Item Discount on L Items (S\$) **1,199.33**Total Parts (S\$) **3,802.97**

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Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			✓ 11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New 640	760.00
2	SPRAY PAINTING	New ✓	800.00
3	REMOVE/REFIX DOOR PARTS	New 60	120.00
4	TOFF KOTE	New 40	100.00
5	CHECK WIRING	New 30	90.00
Gross Labour Cost (S\$)			1,870.00

ComfortDelGro Engineering Pte Ltd/SHA9521D/20/07/2020 13:54. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tanphir 9749 5747
- WP'

20/7/2020 4pm

lump sum

Resurvey after repair.

Tanphir @ lkhands.com
03 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modifications allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.:305412001

CUSTOMER

VMS CITYCAB PTE LTD
CUSTOMER NO. 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L (R) 65551188 (O)
(P)

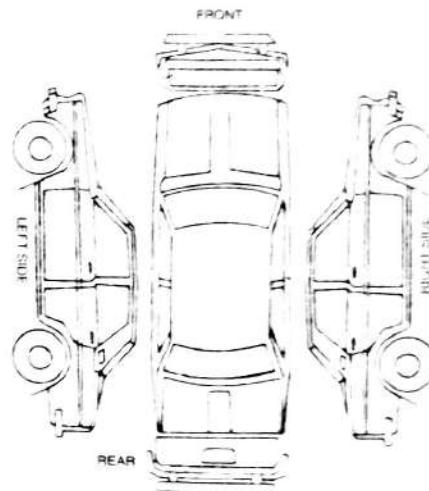
SCOUNT CARD NO

REGN NO. SHA9521D	MILEAGE
MAKE TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 20.07.2020 09:40
YR OF MANU. 21.10.2016	TARGET DATE
CHASSIS CODE JTDKB3FU503534284	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 18.07.2020
NATURE: 3P.18.07.2020

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No. SHA9521D CHIANG

Vehicle No. SHA9521D

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned 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 20/07/2020 11:07
Date Of Accident 18/07/2020 15:50
Exact Location Of Accident NORTH BRIDGE ROAD
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA9521D
Insured/Policyholder
Name Of Registered Owner CITYCAB PTE LTD
Co Reg No 1XXXXX839G
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-18088937MFSH
Cover Note Number

Driver

Name of Driver CHUA BEE HUAT
NRIC No SXXXX126A
Date Of Birth 22/10/1965
Occupation OUTDOOR
Date Of Driving Pass 08/04/1991
Driving Experience 29 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-81288367
Fax Number
Contact Number
Email Address ERICCHUA7441@GMAIL.COM

Address BLK 340 WOODLANDS AVENUE 1 #02-573
Postcode 730340
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? NO
Was any injured conveyed to hospital by ambulance?
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

PLS REFER TO 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

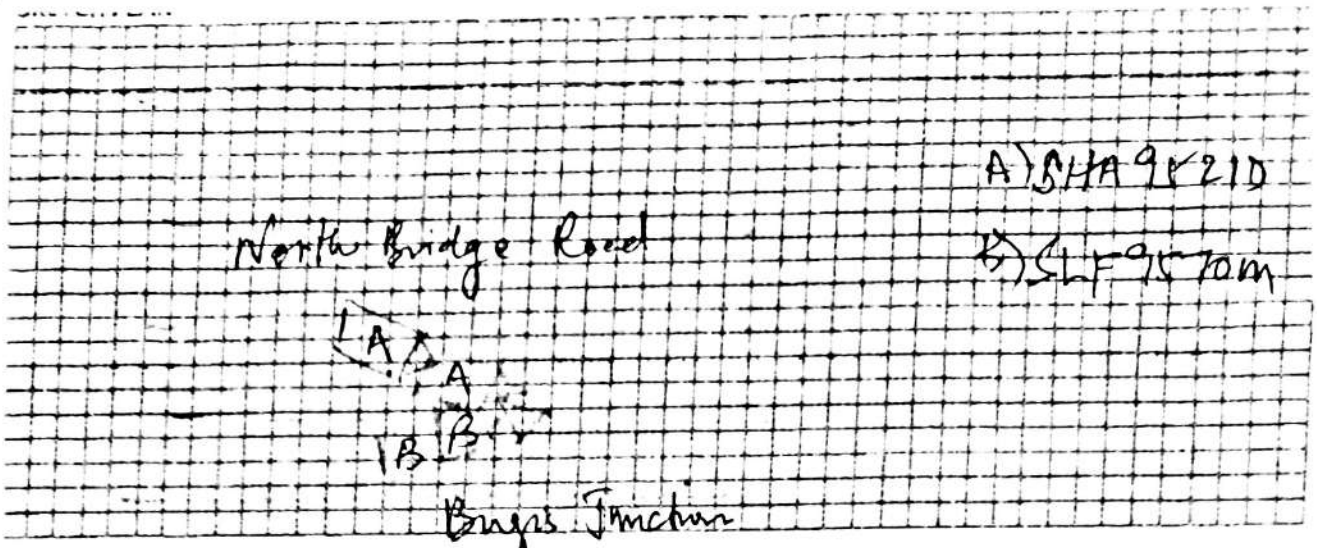
Vehicle Registration Number SLF9570M
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage LEFT FRT

No Of Passenger (Including Driver)

Sketch Plan Pg. 1

1999-2000 10/27/00

- [illegible]



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/7/20 at about 1550hrs when I Veh A was filtering to the right lane gradually when Veh B also exited from the stationary position along the extreme right lane and filtered to left onto the line on his left and there was a collision. Veh B was damaged on the left front corner.

DECLARATION

I declare the foregoing particulars are true in every respect

CHEONG FIE LEE
CP 12-6 NO 1905021303

Policyholder's Signature
& Time:

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

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

