# CC3/TMI20008008/T1sf3

From: Date.	Veh No: SHC2905R. Yr Regn: 2017, Oct  Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  Truck / Trailer or  Make:
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.	Truck/Trailer or  Make: Tous + Prius c.c 1745  Colour Bue A/C: Insured/Std/NI/NA  Sp.Reading 59569, T/Radio: Insured/Std/NI/NA  Eng/No:  C/No: TDVC3 + 4 003 569136  Gen. Cond: Good/Fair/Poor/Burnt  Steering: Ingreder/Jammed/Leaked/Burnt or  Brake: Ingreder/Jammed/Leaked/Burnt or  Modi: Nil/S/Rlm / STD A/Rim or  Tyre Size: F: (95/65 Rc)  R: BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/
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:	Gen. Cond: Good / Fair / Poor / Burnt  Steering: Inorder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or  Modi: Nil / S/R/Im / STD A/Rim or  Tyre Size: F: (95/65 Rc)  R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
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:	Steering: Inorder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or  Modi: Nil / S/R/m / STD A/Rim or  Tyre Size: F: (95/65/65/65)  R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
(Client's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:	Brake: Indrder / Jammed / Leaked / Burnt or  Modi: Nil / S/R/m / STD A/Rim or  Tyre Size: F: (95/65 Rc5  R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
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	Front R/Bal.  R/Bal.  G mm R/Bal.  G mm  L/Bal.  D.O.A.  D.O.I.  Survey held at  Compositively to your  Des. of Damages: Frt / Rear / 678 / N/S / U/C / Rooftop or
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
	Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:  Site Insp (\$ )s+Rs_st

## COMFORTDELGRO ENGINEERING PTE LTD

#### REPAIR ESTIMATE

DATE:	03/08/20

3P INSURANCE: TOKIO MARINE

MODEL: TOYOTA PRIUS HYBRID

SURVEYOR: LKK

VEH NO.: SHC2905R

MVA: OLIVIA

ART NO.	DESCRIPTIO	N	QTY	LIST PRICE	REMARKS	
	Rear Fender, RH		1		\$836.70	
	Panel Sub-Assy, Rear Door, RH		1		\$1,258.30	
	Rocker Panel (Garnish) RH		1		\$576.00	le,
		05 040T0 0UD TOTAL			£2 674 00	
	SPARE PARTS SUB TOTAL  LESS 20%  DISCOUNTED SPARE PARTS TOTAL				<b>\$2,671.00</b> \$534.20	
					\$534.20 \$2,136.80	┪
	DISCOUNTED	SPARE PARTS TOTAL			\$2,130.00	
	Rear Door Comfort & Apps Sticker		1		\$80.00	Nett NU/
		NETT TOTAL			\$80.00	
	SPARE I	PARTS & NETT TOTAL			\$2,216.80	
		LKK Auto Consultants		otify		
	MEDIMENLEE	the Repairer of the fo • To resurvey before/after:	lowing: pray painti	ng		
	MERIMEN FEE	<ul> <li>To display damaged part</li> </ul>	s) during re	survey	11.00	_
	Panel Beating	<ul> <li>Parts prices are subject t</li> <li>Third party survey is on a</li> </ul>			\$700.00 64	
	Spray Painting	<ul> <li>No illegal modification(s)</li> </ul>	is allowed		\$500.00 40	0
	Tuff Kote 17495749	<ul> <li>Supplementary item(s) re is subject to final approve</li> </ul>	ust be resu I from Insu	rveyed and unce Company	\$40.00 30	
	Tauften 97495749 W/ 3/8/20 25/m	Acknowledged by Repaire				
	ala Province Late of	Signature: Date:				
	Wing Williams	LABOUR TOTAL			\$1,240.00	1
	2-3days	ESTIMATE TOTAL			\$3,456.80	1
			1	l		1



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ComfortDelGro Engineering Pte Ltd

205 Braudell Road Singapore 579761 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

59 Loyang Orive Singapore 508969 188 Sin Ming Drive Singapore 575717

REGN NO. SHC2905R

YR OF MANU. 10. 2017

CHASSIS CODE JTDKB3FU003569136

MAKE: TOYOTA

Date/Time: 03.08.2020 15:44

Page : 1

ARC Repair TF (CLSO)1 ream:

JOB CARD Sales Order:

JC NO.: 305414584

E.....F

COMPLETION DATE/TIME:

MILEAGE

TARGET DATE

FUEL

TOMER

VIS

RESS

(R)

COMFORT TRANSPORTATION PTE LTD

7010045

TOMER NO 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(P)

OUNT CARD NO

JOB DESCRIPTION

TOKO

PRIUS HYBRID (G4)03.08.2020 12:05

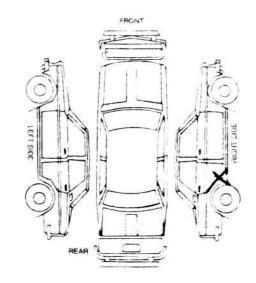
Accident Date: 02.08.2020 NATURE: 3P 02.08.2020 / PAF

S/NO

LABOR CODE

TAKE PHOTOGRAPH BEFORE / AFTER SPRAY PAINTING

DESCRIPTION



KED & PASSED OUT BY

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Stip

SHC2905R

OLIVIA

Vehicle No.

Exit Pass

SHC2905R

Service Advisor

Signature/Date

Name of Service Advisor

Date

furned to Service Reception upon collection

To be kept by Security Guard

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT MOTICE

- 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 proceded must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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

ACCIDENT ST	

Date Of Report 03/08/2020 13:59 Date Of Accident 02/08/2020 21:15

**Exact Location Of Accident** BLK 174 TOA PAYOH LOR 1

Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC2905R

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

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 **GOH ENG POH** NRIC No SXXXX094B Date Of Birth 15/08/1965 Occupation OUTDOOR **Date Of Driving Pass** 23/04/1985

**Driving Experience** 35 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96606058

Fax Number

Contact Number

EMail Address DPRINTSGP@GMAIL COM

BLK 183A RIVERVALE CRESCENT #06-259 Address 541183 Postcode 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 **CHAIN COLLISION** Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 3 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 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) YES Are accident photos available for attachment? YES Was there any video captured by Car Camera? Remarks/ Reasons: Was there any audio recorded? NO DETAILS OF OTHER VEHICLE PROPERTY (SE Vehicle Registration Number

SMH7056Y

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

RIGHT FRT

THE RESERVE THE PROPERTY OF THE PARTY OF

makering of many words

### DETAILS OF OTHER VEHICLE PROPERTY 2:

Vehicle Registration Number SLX2478Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 97859947

Address Postcode

Insurance Company Name

Nature Of Damage FRT

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.
- 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 setout 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)
  - (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/mall 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 my be sited outlide 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:
  - 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 ourt orders.

COMEORT TRANSPORTATION PTE LID CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature

NRIC/Fin No :

SKETCH MLAN

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TAI	>	B) SMH 70567
	PICI	C) 91X2478Z
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Veh R -		
DECLARATION		Λα Α
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CO REG NO 199303821		cso 3 (8) 20
Policyholder's Signature Dete & Time:	Oriver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: