

ASS. REC. BY: Tougher

REF:

INC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ 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 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

Date / Time Action / Instruction

Safety checkVeh No: SH191881SYr Regn: 2017, 011Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Prime Mover /

Truck / Trailer or

Make: Toyota Priusc.c. 1798Colour: BLK

A/C: Insured / Std / NI / NA

Sp. Reading: _____

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDK B3F4 403568782Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / ☒ SRim / STD A/Rim orTyre Size: F: 195/65R15R: 1 1

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 11/8/20Survey held at Comfortdelays Wazey

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

Rear o/s

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

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS \$

Photos

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Insp (\$

☐

Week end (\$

Rep. Form: _____

Lump Sum / FB: _____

CITYCAB PTE LTD
REPAIR ESTIMATE

Vehicle No.: SHA1881S
Make : TOYOTA
Model : PRIUS
DOA :

Date :
Insurance:
MVA : CHIANG /NTUC

Qty	Parts Description / Labour	Qty	Unit Price	Amount
1	REAR BUMPER			\$458.80
1	REAR BUMPER UNDER COVER			\$552.80
1	REAR BUMPER UNDER SIDE RH			\$232.00
1	REAR BUMPER REINFORCEMENT			\$318.80
10	BUMPER CLIPS			\$22.00
1	REAR BUMPER SIDE RETAINER RH			\$112.70
1	TOWING COVER			\$82.70
	SUB TOTAL			\$1,779.40
	LESS 25%			\$444.85
				\$1,334.55
1	REVERSE SENSOR		10.00%	135.70
1	REAR BUMPER MAT			50.00
1	Advertisement Fender	\$100.00		\$172.13
	Labour Charge			
	PANEL BEATING			600.00
	SPRAY PAINTING			400.00
	WIRING			60.00
	TUFF KOTE			60.00
	REMOVE/REFIX REVERSE SENSOR			60.00
	TOTAL LABOUR			\$1,180.00
	ESTIMATE TOTAL			\$2,686.68

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.

Tanpin 97415749
11/8/20 @ 3pm
02 days
Lumpsum
Resurvey after repair
tanpin @ Kuantan

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Part prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No final modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

A member of COMFORTDELGRO

Date/Time: 11.08.2020 12:38

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO: 305415675

STOMER

/MS COMFORT TRANSPORTATION PTE LTD

STOMER NO. 7010045

DRESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(R) (O)

(P)

COUNT CARD NO.

REGN NO:

SHA1881S

MAKE:

TOYOTA

MODEL

PRIUS HYBRID(G4)08.08.2020 16:20

YR OF MANU

06.10.2017

CHASSIS CODE

JTDKB3FU403568782

MILEAGE

FUEL

E 1/2 F

DATE/TIME IN

TARGET DATE

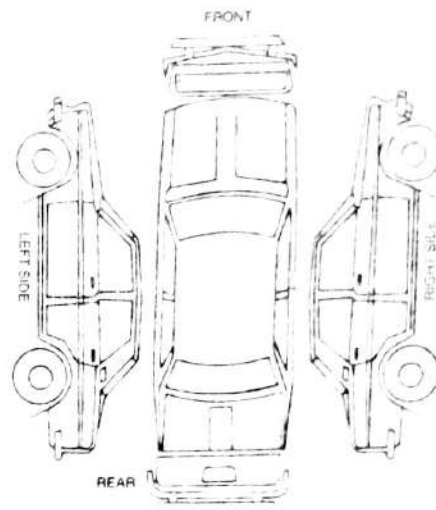
COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 08.08.2020

NATURE: 3P 08.08.2020

S/NO LABOR CODE DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

s No. SHA1881S

CHIANG

Vehicle No

SHA1881S

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 11/08/2020 10:34
Date Of Accident 08/08/2020 13:20
Exact Location Of Accident DUNMAN RD & TG KATONG RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA1881S
Insured/Policyholder
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Co Reg No 1XXXXX821R
Email Address FLEETSAFETY@CDGETAXI.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 CHEONG CHEE MENG
NRIC No SXXXX629H
Date Of Birth 23/06/1953
Occupation OUTDOOR
Date Of Driving Pass 07/09/1973
Driving Experience 46 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91179113
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 130 ANG MO KIO AVENUE 3
#05-1567
Postcode 560130
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 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? 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 SLE8747H
Vehicle Make/Model/Colour BMW
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver UNKNOWN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage FRONT LH
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHEONG CHEE MENG

Approximate Age

Injures Sustain

LEFT SHOULDER

Injured person in which vehicle?

SHA1881S

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)
 - (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, 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
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time

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

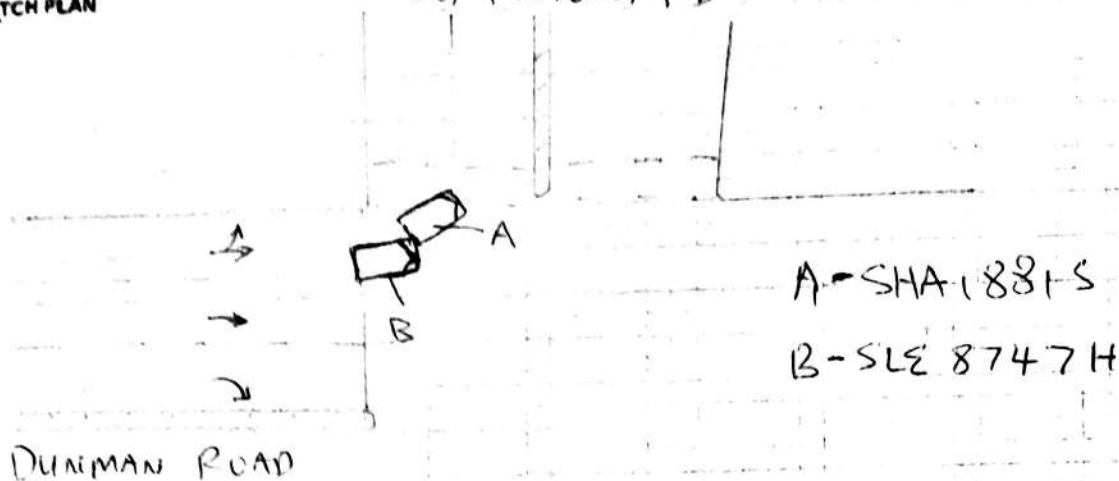
11.08.2020
0935h

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

Larry Ng

SKETCH PLAN

TC, KATONG RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Student affected

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

11.08.2020
09:35h

Reporting Centre Personnel's Signature
Name: Larry Ng
NRIC/FIN No:

NRIC/FIN No. Larry Ng

Describe Circumstances of the Accident.

On 08.08.2020, at about 1320hrs I stopped my Comfort taxi, SHA1881A, on the left lane, near the junction of Dunman Rd and Tg Katong Rd due to red lights. When the lights turned green, the front vehicles moved and I moved too, turning left into Tg Katong Rd. I slowed down and stopped at the pedestrian crossing to allow pedestrians to cross. While stopping, I felt an impact from the rear.

A private car, B, had hit my taxi rear right side. I have a video recording of the impact.

Weather was clear and moderate traffic. No pax in my taxi.

After the accident, I felt some pain in my left shoulder.

Declaration

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

COMFORT TRANSPORTATION PTE LTD

CO. REG. NO. 199303821R

Time

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

& Time

11.08.2020

0935h

Larry Ng

Witnessed by Reporting
Centre Personnel