

NS/20008593/T1vf3

ASS. REC BY: Toughlin

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: SMN 6514SPolicy No. 5112071196Claims No. MT/1100599-001

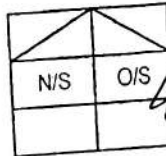
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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

G/A / 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: Lin KE

Vehicle: IN / OUT

Veh No: SHD3608L

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

Truck / Trailer or

Make: Toyota PlusColour: BlueSp. Reading: 426922

Eng/No: \_\_\_\_\_

C/No: STD KB 3 F4 X-03504752Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15R: 4

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

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 13/8/20Survey held at Compass Road by

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

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

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 14/8/20

Date / Time Action / Instruction

24/8/20 LS \$1100 confirmed by email (Red 501.75, 31%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 26/8/20-Typist

Per: TPLump Sum / B.B. LS \$1100
☐ : Preli. Report  
☐ : Final Report
Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

☐ Site Insp (\$  
☐ Interview (\$  
☐ Tech Invs (\$  
☐ Weekend (\$

Survey Fee:

Transportation

S + PS \$

Photos

Others

TOTAL

LKe

NTUC

COMFORTDELGRO ENGINEERING PTE LTD

Date: 13.08.2020

Time: 17:41:20

REPAIR ESTIMATE

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 : 305416532  
 REGN NO : SHD3608L  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 20.09.2017  
 DATE/TIME IN : 13.08.2020 15:15  
 ACCIDENT DATE : 13.08.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001 04-01-0302-2282-G PRIG4 COVER REAR BUMPER	1	L	458.60	25.00	343.95 <i>de</i>
0002 04-01-0302-2267-G PRIG4 BUMPER PIECE	1	L	2.20	25.00	1.65 <i>nei</i>
0003 04-01-0302-2965-G PRIG4 FILLER-REAR BUMPER	1	L	148.40	25.00	111.30 <i>?</i>
0004 04-01-0302-1150-A PRIG4 BUMPER PROTECTOR MA	1	N	50.00	2.50-	50.00 <i>nei</i>

SUB-TOTAL : 506.90

## JOB NATURE

JOB NATURE	QTY	UNIT-PRICE	DISC%	AMOUNT
0000 L PANEL BEATING (repair fender Rh)	500.00	480		
0001 23-502 SPRAYPAINT ON AFFECTED AREA	450.00	400		
0002 20-00 TUFF COAT ON AFFECTED PARTS.	50.00	30		
0003 20-22 REMOVE/REFIX REVERSE SENSOR	80.00	30		

SUB-TOTAL : 1,080.00

*Tanpin 974 15744*  
*we' 14/8/2023*  
*Impress 03 days*  
*Resurvey after repair*  
*anytime thank you*

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

Signature of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Hadden Road Singapore 171791  
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

### Workshops

53 Luyang Drive Singapore 508969 24 Serangoon Road Singapore 758156  
383 Sin Ming Drive Singapore 571177 7 Sungei Kadut Way Singapore 781911  
45 Pandan Road Singapore 607956 501 Yishun Industrial Park A Singapore 768732  
320 Choa Chuang Road Singapore 619444

Date/Time: 13.08.2020 17:05

Page : 1

am: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO: 305416532

MEMO

COMFORT TRANSPORTATION PTE LTD

7010045

MEMO NO

SS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

R)

P)

UNT CARD NO.

REGN NO:	SHD3608L	MILEAGE
MAKE:	TOYOTA	FUEL E.....1/2.....F
MODEL	PRIUS HYBRID(G4)13	DATE/TIME IN 13.08.2020 15:15
YR OF MANU	20.09.2017	TARGET DATE
CHASSIS CODE	JTDKB3FUX03564252	COMPLETION DATE/TIME:

NTUC

### JOB DESCRIPTION

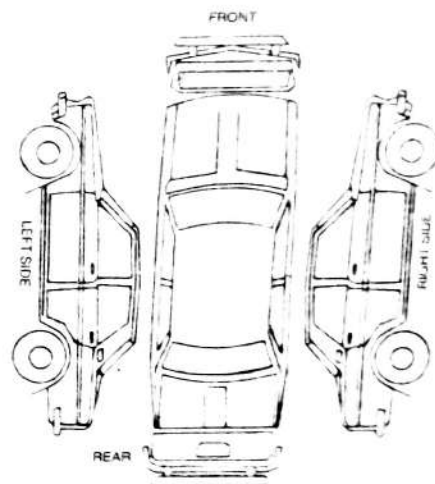
Accident Date: 13.08.2020

ATURE: 3P 13.08.2020

/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

SHD3608L

LKE

Taufik

Exit Pass

Vehicle No

SHD3608L

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

Service Advisor

turned 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 13/08/2020 16:30  
Date Of Accident 13/08/2020 13:45  
Exact Location Of Accident ADAM ROAD HAWKER CENTRE CARPARK  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD3608L  
**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 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 SIN YORK TAN  
NRIC No SXXXX302G  
Date Of Birth 08/07/1969  
Occupation OUTDOOR  
Date Of Driving Pass 17/01/1990  
Driving Experience 30 YEARS AND 6 MONTHS  
Gender MALE  
Mobile Number  
Fax Number  
Contact Number  
Email Address YT121850@GMAIL.COM

Address	BLK 672A CHOA CHU KANG CRESCENT #11-481
Postcode	681672
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	SMN6514S
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR LH
No. Of Passenger (Including Driver)	

Name	SIN YORK TAN
Approximate Age	
Injuries Sustain	RIGHT SHOULDER
Injured person in which vehicle?	SHD3608L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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.
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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 LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

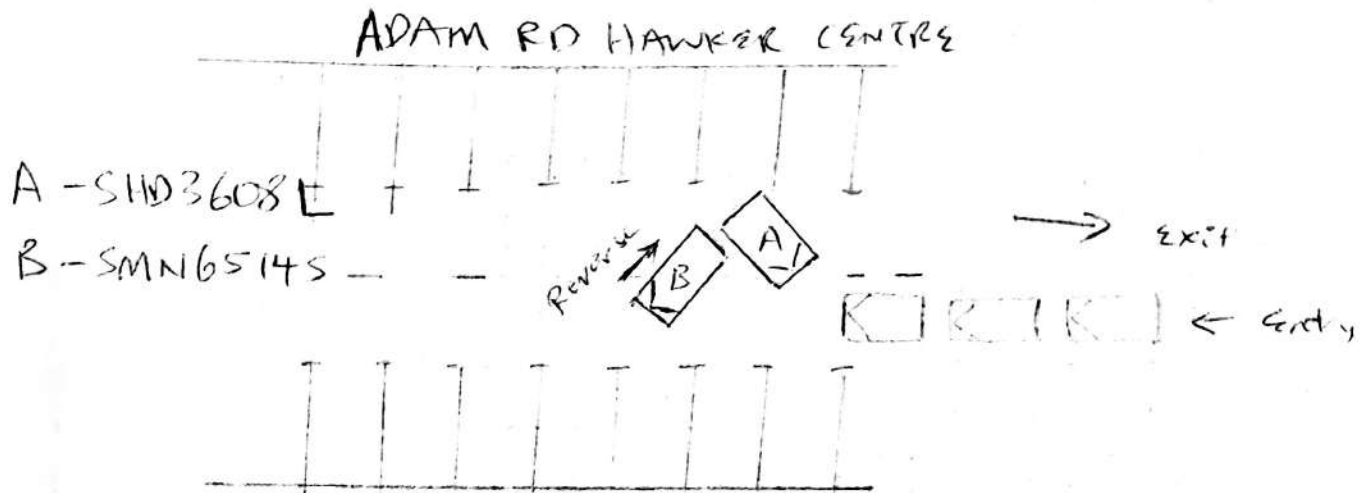
Driver's Signature  
(if driver is not the policyholder)  
Date & Time

13.03.2020  
1545W

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

\* Statement attached \*

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO REG NO 190303B21R

Policyholder's Signature  
Date & Time

Driver's Signature  
(if driver is not the policyholder)  
Date & Time  
13.05.2020  
15.45h

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



