

ASS. REC. BY: Tan Jiah

REF:

# 7M1 ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD OP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

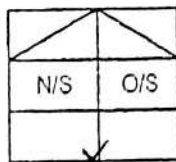
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: Lim WE

Vehicle: IN / OUT

Veh No: S11D727014 Yr Regn: 2018, Nov

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

Truck / Trailer or

Make: Toyota Prius c.c. 1748

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

Sp. Reading: \_\_\_\_\_ T/Radio: Insured / Std / NI / NA

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

C/No: JTDKB3FU33077441

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / P/R / SUMI /

TOYO / YOKO or

Davanti

Front

Rear

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

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

D.O.A. \_\_\_\_\_ D.O.I. 18/8/20

Survey held at Conquelllye Cozy

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

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

Date / Time Action / Instruction Lim WE

COR \$1025.45 , 2 days. (red: 490.45%)

Date/Time, File Pass to?

☐ : Preli. Report

1) Date/Time, File Return to?

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

\$ + RS \$

Photos

8/7/2020

Repairer Estimates

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive  
Singapore 508969  
Tel: 6214 8300

TP INSURER:  
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

*LKR*

Singapore

*LKR*

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	17/08/2020
Vehicle Reg. No.:	SHD7270A	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS HYBRID, 1.8 (A)	Vehicle Reg. Date:	27/11/2018
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZR2B81990	Chassis No:	JTDKB3FU303077491
Odometer:	0 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	2		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	824.90
Miscellaneous Items	11.00
Labour	680.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	1,515.90
+ GST 7.00% (\$\$)	106.11
Nett Amount (\$\$)	1,622.01

This claim is handled by: LIM KWOK ENG

**REPAIR DETAILS****Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 17 Aug 2020)

Parts: 144 TOYOTA PRIUS HYBRID 1.8 (A) (Catalogue: Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHD7270A/17/08/2020 17:59

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 BUMPER COVER	25.00	0.00	Rp *458.60 FL
2	10		*REAR BUMPER CLIPS	25.00	0.00	A *22.00 FL
3	1		*REAR BUMPER LOWER COVER	25.00	0.00	dev *552.60 FL
4	1		*REAR BUMPER RUBBER MAT	0.00	0.00	all *50.00 F
Sub Total (S\$)						1,083.20
- List Item Discount on L Items (S\$)						258.30
Total Parts (S\$)						824.90

F=Franchise part. L=ListItemDisc.

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Generated using Merimen e-Claims IEAS

## 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	320 350.00
2	SPRAY PAINTING CHARGE	New	200 250.00
3	REMOVE/ REFIX REVERSE SENSOR	New	30 80.00
Gross Labour Cost (S\$)			680.00

ComfortDelGro Engineering Pte Ltd/SHD7270A/17/08/2020 17:59. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tanpin 97495749  
'wr' 18/8/2004 pm  
02 days  
p/s Resurvey after repair  
tanpin @ (whatsapp) wa.  
dovanti

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

ComfortDelGro Engineering Pte Ltd

270 Orchard Road, Singapore 238851  
Tel: +65 6343 6290 Fax: +65 6343 6755

Workshops:  
24 Tanjong Pagar Road, Singapore 088506  
241 Old Airport Road, Singapore 088506  
40 Pagar Road, Singapore 088506  
24 Tanjong Pagar Road, Singapore 088506  
241 Old Airport Road, Singapore 088506  
40 Pagar Road, Singapore 088506

MEMBER OF COMFORTDELGRO

Date/Time: 17.08.2020 16:46 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JO NO. 305417220

COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

REGN NO	SHD7270A	MILEAGE
MAKE	TOYOTA	FUEL E 1/2 F
MODEL	PRIUS HYBRID(G4)	DATE/TIME IN 17.08.2020 12:40
YR OF MANU	27.11.2018	TARGET DATE
CHASSIS CODE	JTDKB3FU303077491	COMPLETION DATE/TIME

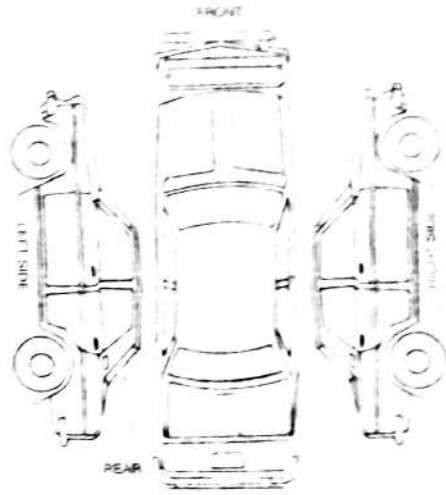
Tokio Marine

PRINT CARD NO.

JOB DESCRIPTION

Accident Date: 17.08.2020  
NATURE: 3P 17.08.2020

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Workshop Slip

Exit Pass

SHD7270A

LKE

Taufik

Vehicle No.:

SHD7270A

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 17/08/2020 14:01  
Date Of Accident 17/08/2020 06:55  
Exact Location Of Accident PIE TWDS TUAS BEFORE BENDEMEER ROAD EXIT  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD7270A  
**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 WONG WAI KHAY  
NRIC No SXXXXX853F  
Date Of Birth 26/09/1978  
Occupation OUTDOOR  
Date Of Driving Pass 11/03/2000  
Driving Experience 20 YEARS AND 5 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-87771555  
Fax Number  
Contact Number  
Email Address WAIKHAY78@GMAIL.COM

Address	BLK 8C UPPER BOON KENG ROAD
	#24-546
Postcode	383008
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?	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	SMS259S
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	96631117
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	WONG WAI KHAY
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SHD7270A
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.
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

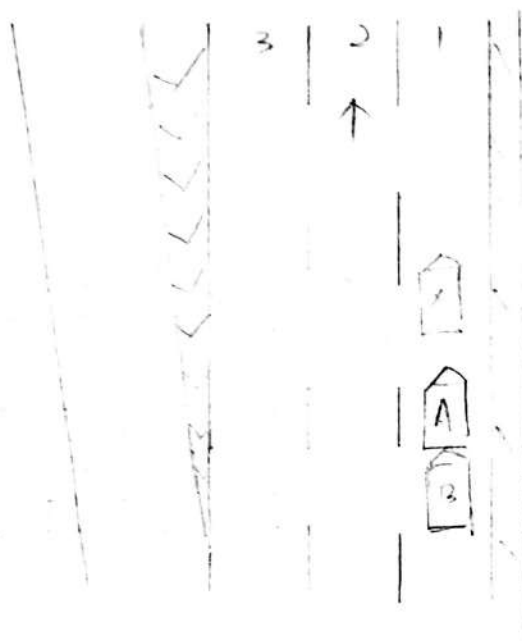
Policyholder's Signature  
Date & Time:

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

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

## SKETCH PLAN

A: SHD 7570A  
B: SMS 259S



PIE - roads,  
Tuas  
before  
Bendemeer  
Road exit

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/8/2020 at about 06:55 hrs, I Veh A was driving at above said location without pass. Suddenly traffic ahead brake to stop and I follow suit. A I managed stop my taxi in time to avoid collision with the vehicle in front. Subsequently Veh B came from behind collided onto the rear portion of my taxi. Both of us have take scene photo. I felt neck pain due to accident. will consult doctor later on.

## 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:

Reporting Centre Personnel's Signature  
Name: Loke Wei Yiong  
NRIC/Fin No:

