

ASS. REC. BY:

Taufik

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: \_\_\_\_\_

Policy No. 5071734289-05 (29/05/2020-28/05/2021)

Claims No. MT/1100621-002

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 Report: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 1 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Juman

Veh No: SHC15665 Yr Regn: 2017 Sep.

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

Truck / Trailer or

Make: Toyota Prius c.c. 1798

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

Sp. Reading: 29845 T/Radio: Insured / Std / NI / NA

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

C/No: STDKUB3FY 303564304

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: 4 4.

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

TOYO / YOKO or Westlake

Front Rear

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

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

D.O.A. D.O.I. 20/8/20

Survey held at Confrontation by Juman

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

27/08/20@1.01pm Taufikh finalised with Juman LS \$250, 1 day (Red \$1099, 81%)

Date/Time, File Pass to?

☐ : Prel. Report

1) 31/08 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 1

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + PS \$

Prints

Others

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)

Form: TP

250

NTUC - CLKK  
JH

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

DATE: 20.08.2020

3P INSURANCE: NTUC

MODEL: TOYOTA PRIUS HYBRID

SURVEYOR: LKK

VEH NO.: SHC1566S

MVA: JU

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Front Door Side Mirror, RH	1		\$1,390.10
	Cover, Outer Mirror RH	1		\$141.90
	SPARE PARTS SUB TOTAL			\$1,532.00
	LESS 25%			\$383.00
	DISCOUNTED SPARE PARTS TOTAL			\$1,149.00
	NETT TOTAL			\$-
	LESS 10%			\$-
	DISCOUNTED NETT TOTAL			\$-
	SPARE PARTS & NETT TOTAL			\$1,149.00
	Panel Beating			\$100.00 ✓
	Spray Painting			\$100.00 ✓
	LABOUR TOTAL			\$200.00
	ESTIMATE TOTAL			\$1,349.00

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.

- 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:

Tanjong 17495744

- up  
20/8/20 @ 1pm

old day

Resurvey after repair

Tanjong C 11/08/2020

Went to the

# COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Bras Basah Road, Singapore 189571  
Mainline: 65 6361 5266, Faxline: 65 6361 9733

Workshops

34 Loo Lay Drive Singapore 570969

383 Sin Ming Drive Singapore 571717

45 Ponggol Drive Singapore 600756

26 Tampines Expressway Singapore 520146

7 Selegie Road Singapore 118257

501 Labrador Road Singapore 119079

Date/Time: 20.08.2020 11:33

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO. 305417763

CUSTOMER

MS

CUSTOMER NO.

ADDRESS

(R)

(P)

COUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

REGN NO.

SHC1566S

MILEAGE

MAKE:

TOYOTA

FUEL

E. 1/2 F

MODEL

PRIUS HYBRID(G4)20.08.2020 10:00

DATE/TIME IN

YR OF MANU

20.09.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU303564304

COMPLETION DATE/TIME:

Accident Date: 20.08.2020

NATURE: 3P 20.08.2020

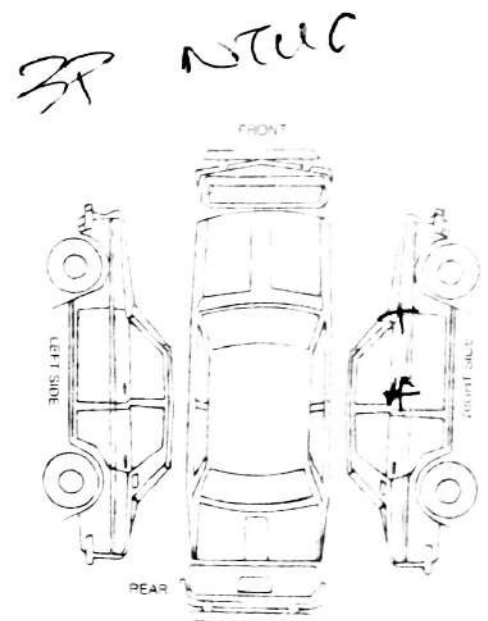
JOB DESCRIPTION

S/NO

LABOR CODE

DESCRIPTION

TAKE PHOTOGRAPH  
BEFORE / AFTER  
SPRAY PAINTING



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHC1566S

JU NTUC

Vehicle No.:

SHC1566S

Signature/Date

Signature/Date

Name of Service Advisor

Date

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 20/08/2020 10:45  
Date Of Accident 20/08/2020 09:05  
Exact Location Of Accident ALONG ANG MO KIO AVE 10  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC1566S  
**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 QUEK HAN KOK  
NRIC No SXXXXX703G  
Date Of Birth 30/06/1957  
Occupation OUTDOOR  
Date Of Driving Pass 24/01/1995  
Driving Experience 25 YEARS AND 6 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-81001659  
Fax Number  
Contact Number  
Email Address QUEKHANKOK@GMAIL.COM

Address BLK 109 WHAMPOA ROAD  
#09-13  
Postcode 321109  
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? 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) 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

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 SKT2873Z  
Vehicle Make/Model/Colour TOYOTA  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver WONG HAW HENG  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name

Nature Of Damage

UNSURE

No. Of Passenger (Including Driver)

## 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.
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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)**

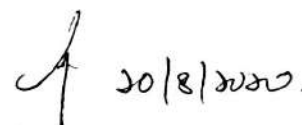
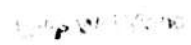
I understand, acknowledge, agree and consent that:

- (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 PTE LTD  
CC. REG. NO. 159303021K

Policyholder's Signature  
Date & Time:

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

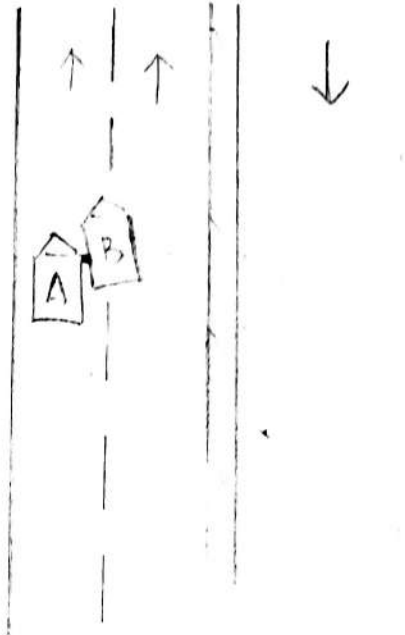
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/Fin No: 

## SKETCH PLAN

Ang Mo Kio  
Ave 10

A: SHL 1566S.

B: SKT 08732



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/8/2020 at about 09:05 hrs, I Veh A. was stationary at above said location pick up a passenger. Suddenly I heard a thud sound from right hand side, Veh B encroached into my path and it hit onto my taxi right wing mirror thus damaging it. The said driver stop his vehicle further up road, we have take photo of the scene. The driver offered \$20 to private settle, I declined. I made pax inside my taxi. No injury reported.

## 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 YONG YONG  
NRIC/Fin No.:

