

ASS. REC. BY:

REF:

INCL

## 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. \_\_\_\_\_

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

LMTS

Veh No:

SHC 1123L

Yr Regn:

209, Dec

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

101059

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDK153F4303059690

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:

~ ~

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.

21/8/20

Survey held at

Confidentially by

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

Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair: \_\_\_\_\_

1)

☐

Final Report

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

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

Survey Fee:

Transportation:

S + RS SI

Photos

Others

Per. Form(s): \_\_\_\_\_

Form No. 1123 L 10

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 21.08.2020

Time: 13:55:55

Page: 1/2

TS

NTUC - PIP  
LKK - Taufik.

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010045  
 ADDRESS : COMFORT TRANSPORTATION PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65508755

JOB NO : 305417769  
 REGN NO : SHC1123L  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4A)  
 DATE OF REGN : 05.12.2019  
 DATE/TIME IN : 21.08.2020 11:45  
 ACCIDENT DATE : 21.08.2020

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0302-2712-G	REAR BUMPER	1	458.60	25.00	343.95	Rx
0002	04-01-0302-2713-G	REAR BUMPER CENTER-Black	1	552.60	25.00	414.45	de ✓
0003	04-01-0302-2714-G	REAR BUMPER RETAINER RH	1	112.70	25.00	84.52	?
0004	04-01-0302-2965-G	REAR BUMPER EXTENSION RH	1	232.00	25.00	174.00	X
0005	04-01-0302-2288-G	REAR BUMPER REINFORCEMENT	1	318.80	25.00	239.10	?
0006	04-01-0302-2267-G	REAR BUMPER CLIPS	10	22.00	25.00	16.50	no ✓
0007	04-01-0302-2723-G	REAR BUMPER REFLECTOR RH	1	30.50	25.00	22.87	X
0008	04-01-0302-2715-G	REAR BUMPER TOW COVER	1	82.70	25.00	62.02	de ✓
0009	04-01-0302-2717-G	TAILLAMP UPR RH	1	557.90	25.00	418.42	X
0010	04-01-0302-2719-G	TAILLAMP LWR RH	1	548.40	25.00	411.30	X
0011	09-01-0302-2005-A	REVERSE SENSOR	1	135.70	10.00	122.13	X
0012	04-01-0302-1150-A	REAR BUMPER MAT	1	50.00		50.00	?

SUB-TOTAL : 2,359.26

JOB NATURE

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

NTUC-CP/P)

LKK-Taufik.

Date: 21.08.2020

Time: 13:55:55

Page: 2

TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010045  
 ADDRESS : COMFORT TRANSPORTATION PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65508755

JOB NO : 305417769  
 REGN NO : SHC1123L  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(C  
 DATE OF REGN : 05.12.2019  
 DATE/TIME IN : 21.08.2020 11:45  
 ACCIDENT DATE : 21.08.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0000 PB PANEL BEATING  
 0001 SP SPRAYPAINT CHARGE  
 0002 17-01 CHECK ALL LIGHTING  
 0003 L R/I REVERSE SENSOR

350.00 320  
 250.00 200  
 40.00 30  
 40.00 30

SUB-TOTAL : 680.00

TOTAL : 3,039.26

Lmkf

MVA NAME &amp; SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME &amp; SIGNATURE

DATE :

Taufik 97493749  
 - WP 21/8/2020 4pm  
 02 days  
 P/P Resurvey before paint  
 Taufik @ 11am/2pm.

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
- Supplemental 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

205 Braddell Road Singapore 577711  
 Mailing : 65 6383 6280 Facsimile : 65 6280 9755

## Workshops

54 Loyang Drive Singapore 508969 24 Serangoon Road Singapore 554158  
 380 Sin Ming Drive Singapore 571717 7 Geylang Road Singapore 409191  
 45 Pandan Road Singapore 117096 501 Marun Industrial Park Singapore 108792  
 820 21st Avenue Singapore 151201

Date/Time: 21.08.2020 13:40

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.: 305417769

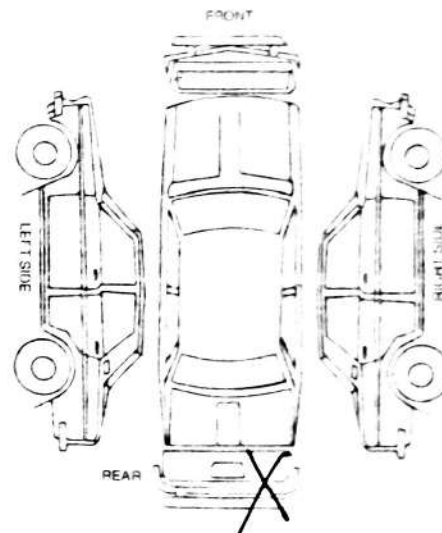
CUSTOMER IS COMFORT TRANSPORTATION PTE LTD MEMBER NO. 7010045 ADDRESS 383 SIN MING DRIVE SINGAPORE SINGAPORE 575717 (P) 65508755 (O) (P) DOUNT CARD NO.	REGN NO.	SHC1123L	MILEAGE
	MAKE :	TOYOTA	FUEL
	MODEL	PRIUS HYBRID(G4A21	E 1/2 F
	YR OF MANU.	05.12.2019	DATE/TIME IN
	CHASSIS CODE	JTDKB3FU303089690	COMPLETION DATE/TIME:

Accident Date: 21.08.2020

NATURE: 3P 21.08.2020

## JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



D & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Payment Slip

Exit Pass

SHC1123L

LIMITS

Vehicle No.:

SHC1123L

## 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	21/08/2020 13:16
Date Of Accident	21/08/2020 00:05
Exact Location Of Accident	PASIR RIS DR 3 NEAR PASIR RIS RISE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1123L
<b>Insured/Policyholder</b>	
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	LEE CHOON KIAN
NRIC No	SXXXX285B
Date Of Birth	02/02/1960
Occupation	OUTDOOR
Date Of Driving Pass	07/12/1982
Driving Experience	37 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91631386
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	630 05-55 YISHUN STREET 61
Postcode	760630
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?	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

SEE ATTACH.

#### 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

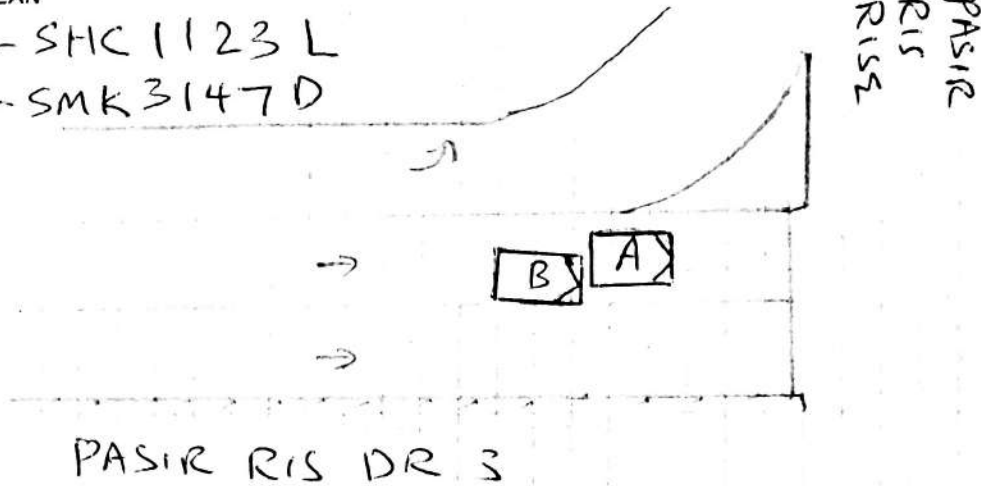
#### DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number	SMK3147D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

## SKETCH PLAN

A - SHC 1123 L  
B - SMK 3147 D



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21.08.2020, about 0005hrs, I stopped my Comfort taxi, SHC 11232, behind a car at the T-junction of Pasir Ris Dr 3 (towards Loyang) and Pasir Ris Rise due to red lights.

When the lights turned green, and before I could move, a private car, B, came and hit my taxi rear.

I made pay in my taxi, no injury. Clear weather and light traffic.

## DECLARATION

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

PORT TRANSPORTATION PTE LTD  
REG. NO. 100302901R

Policyholder's Signature  
Date & Time:

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

21.08.2020

1230hrs

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



# 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.
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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.

INFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303621R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 21.03.2020  
1230m

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