

ASS. REC. BY: T. Anglin REF: 124

**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.

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: Lim Ts Vehicle: IN / OUT

Veh No: SNC 3879K Yr Regn: 249, May  
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: 183613 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: STDURB3 F4303081248  
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: 195/65R15  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Michelin  
Front \_\_\_\_\_ Rear \_\_\_\_\_  
R/Bal. 68 mm R/Bal. 6 mm  
L/Bal. 6 mm L/Bal. 6 mm  
D.O.A. \_\_\_\_\_ D.O.I. 24/8/12  
Survey held at Campbell's Car Wash  
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

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

1) \_\_\_\_\_  
Date/Time, File Return to?

2) \_\_\_\_\_

Rep. Format: \_\_\_\_\_

Lump Sum / I.B. / C. \_\_\_\_\_

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

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

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\$ + RS. \$ \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL \_\_\_\_\_

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 24.08.2020  
Time: 11:21:24  
Page: 1

Ag Asia-LIS

12 IS

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

JOB NO : 305418359  
REGN NO : SHC3879B  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 31.05.2019  
DATE/TIME IN : 24.08.2020 08:40  
ACCIDENT DATE : 22.08.2020

1130hrs

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2282-G	REAR BUMPER	1	458.60	25.00	343.95	de
0002 04-01-0302-2287-G	REAR BUMPER CENTER-Black	1	552.60	25.00	414.45	de
0003 04-01-0302-2267-G	REAR BUMPER CLIPS	10	22.00	25.00	16.50	nei
0004 04-01-0302-2286-G	REAR BUMPER TOW COVER	1	82.70	25.00	62.02	X
0005 09-01-0302-2005-A	REVERSE SENSOR	1	135.70	<del>2.50</del>	135.70	nu

SUB-TOTAL : 972.62

JOB NATURE

0000 PB	PANEL BEATING	350.00	320
0001 SP	SPRAYPAINT CHARGE	250.00	200
0002 L	R/I REVERSE SENSOR	120.00	30

SUB-TOTAL : 720.00

Tanpin 17475749  
24/8/2020 4pm  
1/5 Resurvey after repair  
2 days  
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
- 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 PTE LTD

REPAIR ESTIMATE

Ag Asia

Date: 24.08.2020

Time: 11:21:24

Page: 2

12 JS

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

JOB NO : 305418359  
REGN NO : SHC3879B  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID  
DATE OF REGN : 31.05.2019  
DATE/TIME IN : 24.08.2020 08:4  
ACCIDENT DATE : 22.08.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

Limfs

TOTAL : 1,692.62

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

**RE: Accident involving SHC3879B and your insured SLQ2509E dated 22.08.2020**

AIG SGP, Claims-Survey <AIGSGP\_ClaimsSurvey@aig.com>

Mon 24/8/2020 11:41 AM

To: Lim Tien Siong <limts@cdge.com.sg>

CAUTION : This email originated from an external party outside ComfortDelGro. Do not click on links or open attachment unless you know the sender.

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Hi Sir,

We'll appoint LKK to conduct survey.

Thanks.

AIG Claims Survey

**From:** Lim Tien Siong [mailto:limts@cdge.com.sg]

**Sent:** Monday, August 24, 2020 11:28 AM

**To:** AIG SGP, Claims-Survey <AIGSGP\_ClaimsSurvey@aig.com>

**Cc:** Wong, Ken-FK <Ken-FK.Wong@aig.com>

**Subject:** [EXTERNAL] Accident involving SHC3879B and your insured SLQ2509E dated 22.08.2020

**This message is from an external sender; be cautious with links and attachments.**

Officer in charge,

Best Regards,

Lim Tien Siong

Taxi Accident Repair / ComfortDelgro Engineering Pte Ltd

Off:62148398 / Fax:65468156



Think Before Printing

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**From:** canon@comfortdelgro.com.sg <canon@comfortdelgro.com.sg>

**Sent:** Monday, 24 August 2020 11:20 AM

**To:** Lim Tien Siong <limts@cdge.com.sg>

**Subject:** Scan Image

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ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]



# OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

### Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

320 Upper Road Singapore 320549

24 Senoko Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 24.08.2020 10:55

Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 305418359

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

JUNT CARD NO.

REGN NO.

SHC3879B

MILEAGE

MAKE :

TOYOTA

FUEL

E.....1/2.....F

MODEL

PRIUS HYBRID(G4)24.08.2020 08:40

DATE/TIME IN

YR OF MANU.

31.05.2019

TARGET DATE

CHASSIS CODE

JTDKB3FU303081248

COMPLETION DATE/TIME:

## JOB DESCRIPTION

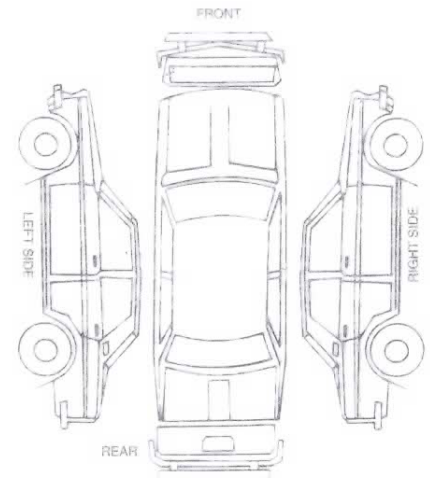
Accident Date: 22.08.2020

NATURE: 3P 22.08.2020

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist Slip

Exit Pass

No.: SHC3879B

LIMITS

Vehicle No.:

SHC3879B

Signature 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	24/08/2020 10:25
Date Of Accident	22/08/2020 14:15
Exact Location Of Accident	TAMPINES ST 41 X TAMPINES ST 41
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3879B
<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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	NG POH CHUAN
NRIC No	SXXXX384F
Date Of Birth	27/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	14/02/1984
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98717455
Fax Number	
Contact Number	
EMail Address	POHCHUANNG@YAHOO.COM.SG

Address	351A 06-317 CANBERRA ROAD
Postcode	751351
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

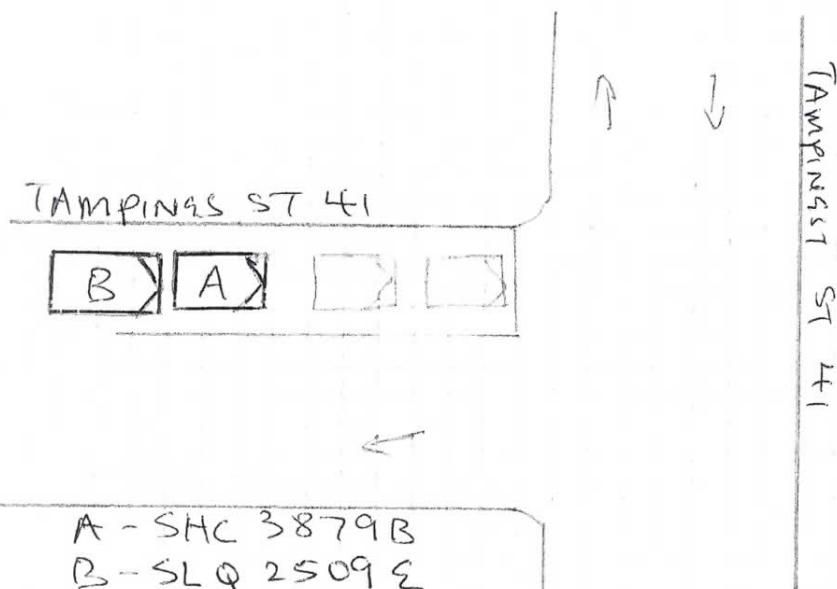
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ2509E
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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22.08.2020 at about 1415hrs, I stopped my Comfort taxi, SHC 3879B, behind some vehicles at the T-junction of Tampines ST 41 and Tampines ST 41.

While stopping, I suddenly felt an impact from the rear. I went out and saw a private car, B, had hit my taxi rear.

I have a video recording of the accident impact.

I made Pat in my taxi, no injury.

## 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:

24.08.2020  
0920hrs

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.

JMFORT TRANSPORTATION PTE LTD  
CO REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 24.08.2020  
09.20h

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