

ASS. REG. BY: Tanfah

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. _____

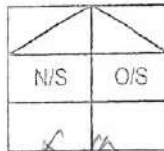
Claims No. _____

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: Chay Vehicle: IN / OUTVeh No: SUC3851EYr Regn: 2019 DecType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.c. 1798Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 95184 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STDWR3FU703089112Gen. 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: 195/65R15R: W

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

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 3/18/20Survey held at Confederates by the

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 _____

COR \$3380.13, 3 days.
(Red: 556.33;14%)

Date/Time, File Pass to?

☐
☐

: Preli. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Photos

Others

TOTAL

Add Fee:

☐
☐
☐
☐

: Site Insp (\$

: Interview (\$

: Tech. Invs (\$

: Weekend (\$

Rep. Format: _____

Lump Sum / L.B.L. /

COMFORT DELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Vehicle No.: SHC3851E
 Make : TOYOTA
 Model : PRIUS
 DOA : 31.08.2020

Date : 31.08.2020
 Insurance: NTUC
 MVA : CHIANG
 Admin :

Part No.	Parts Description / Labour	Qty	Unit Price	Amount	
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE			\$889.70	can ✓
1	REAR TRUNK LID LOGO (PRIUS)			\$60.80	rel ✓
1	REAR TRUNK LID LOGO (HYBRID)			\$52.40	rel ✓
1	REAR TRUNK LID LOGO (TOYOTA STAR)			\$52.90	rel ✓
1	REAR BUMPER			\$458.60	de ✓
1	REAR BUMPER UNDER COVER			\$552.60	de ✓
1	REAR BUMPER SIDE RETAINER LH/RH		\$112.70	\$225.40	? ✓
1	REAR BUMPER UNDER COVER CENTRE			\$232.00	? ✓
1	REAR BUMPER TOWING COVER			\$82.70	mis ✓
10	REAR BUMPER CLIPS			\$22.00	rel ✓
1	REAR BUMPER REINFORCEMENT			\$318.80	? ✓
	SUB TOTAL			\$2,947.90	
	LESS 25%			\$736.98	
	DISCOUNTED TOTAL			\$2,210.93	
1	REAR TRUNK LID APPS STICKER			\$40.00	N rel ✓
1	REAR TRUNK LID COMFORT & TEL NO. STICKER			\$60.00	N rel ✓
1	REAR BUMPER REVERSE SENSOR			\$135.70	N rel ✓
			Less 10%	\$235.70	
	Labour Charge				
	Panel Beating			\$640.00	480 ✓
	Spray Painting Charge			\$500.00	400 ✓
	Wiring Charge			\$90.00	30 ✓
	Tuff Kote			\$120.00	✓
	Remove/Refix Reverse Sensor			\$90.00	30 ✓
	TOTAL LABOUR			\$1,440.00	
	ESTIMATE TOTAL		3,936.63	\$3,886.63	

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.

Tanpin 97493749
 WP 31/8/20 @ 4pm
 P/S Resurvey before paint 3 days
 Tanpin @ 11/10/2020

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

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 578791

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508968

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

420 Lorong Jooe Singapore 706448

24 Serangoon Loop Singapore 768195

7 Sungei Kadut Way Singapore 728791

501 Yohari Industrial Park A Singapore 768732

Date/Time: 31.08.2020 14:26

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305419784

STOMER

/MS COMFORT TRANSPORTATION PTE LTD

STOMER NO. 7010045

DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(P) (O)

COUNT CARD NO.

REGN NO.

SHC3851E

MILEAGE

MAKE :

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4A31.08.2020 12:10

DATE/TIME IN

YR OF MANU.

05.12.2019

TARGET DATE

CHASSIS CODE

JTDKB3FU703089112

COMPLETION DATE/TIME:

JOB DESCRIPTION

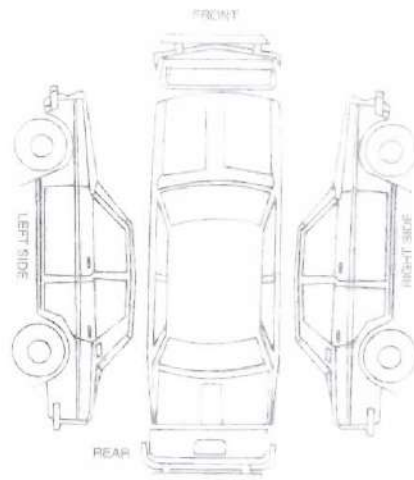
Accident Date: 31.08.2020

NATURE: 3P 31.08.2020

S/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.: SHC3851E

CHIANG

Vehicle No.:

SHC3851E

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned 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	31/08/2020 13:48
Date Of Accident	31/08/2020 10:45
Exact Location Of Accident	PIE (TWDS JURONG) BEFORE JURONG TOWN HALL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3851E
Insured/Policyholder	
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	KAMARULZAMAN B MOHD YAACOB
NRIC No	SXXXXX023C
Date Of Birth	22/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	29/08/1979
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97379894
Fax Number	
Contact Number	
Email Address	MYKAZAM1958@GMAIL.COM

Address	233 #09-621 TAMPINES STREET 21
Postcode	521233
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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	GBD5127R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

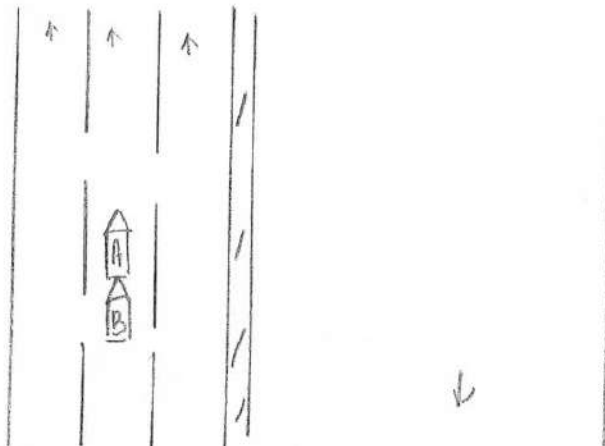
Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



A - SHC 3851E
B - GBD 5127R

Along PIE TWDS Jurong Before Jurong Town Hall Exit
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 31.08.2020 at about 10:45 hours I was travelling along PIE TWDS
Jurong Before Jurong Town Hall Exit with Two Male Passenger onboard
While I saw the vehicle in front of me performed emergency break , I
followed too . Suddenly Veh B (GBD 5127R) lost control and collided
into my taxi A - Left Rear Portion .
As it take place too fast I could not take evasive action to prevent .
I have company video and photo to support my claims .
Veh B (GBD 5127R) - Mr Low Hwa Huat


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: 31.08.2020
@ 1305 hrs


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

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. 199301421R

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 31.08.2020

1305m

Reporting Centre Personnel's Signature
Name:

NRIC/Fin No.: Larry Ng

