

ASS REC BY:

REF:

TMI

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

G.A. / 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

Lim KE

Veh No: SHA117RYr Regn: 2017, SepType: M.Car / M.Cycle / Bus / Van / Lorry ☒ Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Provoc.c. 1798Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 387831

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STD KB 3F4703564385Gen. 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: 2-2

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 2/9/20Survey held at Gumpoldsgen LogenDes. 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

P/P \$2997.32 (RED: \$1635.34, 35%)

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair: 2Resurvey No. of Trip: 2

Survey Fee:

Transportation:

1)

Date/Time, File Return to?

☐

: Final Report

2) 17/09/20 TYPIST

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

) \$ + RS \$

) \$, one

9/2/2020

Repairer Estimates

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

LKK

Like

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	01/09/2020
Vehicle Reg. No.:	SHA1117R	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS HYBRID, 1.8 (A)	Vehicle Reg. Date:	28/09/2017
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZRS064106	Chassis No:	JTDKB3FU703564385
Odometer:	0 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

Parts	Amount
Miscellaneous Items	2,811.66
Labour	11.00
Paintwork Labour	1,810.00
Towing	0.00
	0.00
Gross Total (S\$)	4,632.66
+ GST 7.00% (S\$)	324.29
Nett Amount (S\$)	4,956.95

This claim is handled by: LIM KWOK ENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 02 Sep 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/SHA1117R/02/09/2020 10:16**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	Rx *458.60 FL
2	10		*REAR BUMPER CLIPS	25.00	0.00	X *22.00 FL
3	1		*REAR BUMPER FILLER EXTENSION LH	25.00	0.00	Rx *148.40 FL
4	1		*REAR BUMPER RUBBER MAT	0.00	0.00	X *50.00 F
5	1		*ROCKER PANEL MOULDING LH	25.00	0.00	Rx *570.11 FL
6	1		*REAR DOOR APP LOGO LH	0.00	0.00	nk *80.00 F
7	1		*REAR WHEEL RIM LH	25.00	0.00	cut *1,555.10 FL
8	1		*REAR WHEEL TYRE LH	0.00	0.00	X *216.00 F
9	1		*REAR BUMPER ADVERTISEMENT LOGO	0.00	0.00	nk *50.00 F
10	1		*REAR FENDER ADVERTISEMENT LOGO LH	0.00	0.00	nk *100.00 F
11	1		*REAR FENDER ADVERTISEMENT LOGO RH	0.00	0.00	nk *100.00 F
12	1		*REAR DOOR ADVERTISEMENT LOGO LH	0.00	0.00	nk *100.00 F
13	1		*ROCKER PANEL ADVERTISEMENT LOGO LH	0.00	0.00	nk *50.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	3,500.21
- List Item Discount on L Items (\$\$)	688.55
Total Parts (\$\$)	2,811.66

ComfortDelGro Engineering Pte Ltd/SHA1117R/02/09/2020 10:16. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No Qty Particulars

Amount

Miscellaneous Items

1 1 OD/TP Case (Insurer)

11.00

Sub Total (S\$)

✓

11.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1 PANEL BEATING

New

480

750.00

2 SPRAY PAINTING CHARGE

New

700

850.00

3 TUFF KOTE

New

30

50.00

4 REMOVE/REFIX REVERSE SENSOR

New

30

80.00

5 ADJUST REAR WHEEL ALIGNMENT

New

8 ✓

80.00

Gross Labour Cost (S\$)

1,810.00

ComfortDelGro Engineering Pte Ltd/SHA1117R/02/09/2020 10:16. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tan Ahn 97495749
'WP' 2/9/2020 4pm
As P/P Resurvey after repair
Tan Ahn C 11/11/2020
2-3 days

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 parts must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Date/Time: 01.09.2020 18:02

Page: 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JO. NO. 305420143

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

REG NO.	SHA1117R	MILEAGE	
MAKE	TOYOTA	FUEL	
MODEL	PRIUS HYBRID(G4)01	DATE / TIME IN	09.2020 15:40
YR OF MANU	28.09.2017	TARGET DATE	
CHASSIS NO.	JDRB3FU703564385	COMPLETED DATE / TIME	

Tokio Marine

JOB DESCRIPTION

Accident Date: 01.09.2020
NATURE: 3P 01.09.2020

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHA1117R

LKE

Vehicle No.

SHA1117R

Service Advisor

Signature/Date

Name of Service Advisor

Date

ed 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	01/09/2020 16:39
Date Of Accident	01/09/2020 15:00
Exact Location Of Accident	JOO CHIAT RD X DUKU RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1117R
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	NG CHAI SOONG
NRIC No	SXXXX665G
Date Of Birth	22/07/1970
Occupation	OUTDOOR
Date Of Driving Pass	21/11/1994
Driving Experience	25 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81250263
Fax Number	
Contact Number	
Email Address	SOONG-27@YAHOO.COM

Address	BLK 246 KIM KEAT LINK #08-13
Postcode	310246
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)	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 * TYPE OF ACCIDENT :- HEAD TO SIDE

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

Vehicle Registration Number	SLN7351A
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

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 insured(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

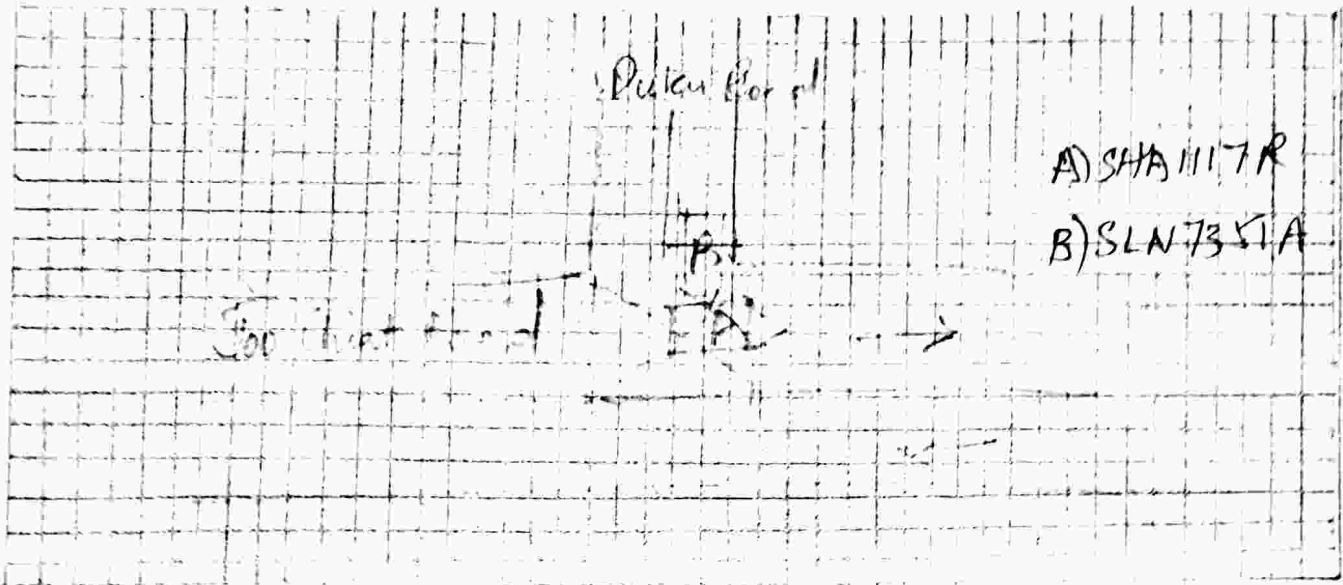
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/9/20 at about 1500hrs while I Veh A was travelling along the main road, Veh B exited from the side road and collided on the left rear portion of my moving vehicle.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 19230321R

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

[Signature]
1/9/20

