

ASS. REC. BY: Taufiq

REF: TM

CS/TM/20069634/Tiy53

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

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: Alway Vehicle: IN / OUT

Veh No: SHD 7087M Yr Regn: 2016, Nov

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: 68778 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB374 003536578

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: u r.

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

TOYO / YOKO or Danubi

Front _____ Rear 6 mm

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

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

D.O.A. _____ D.O.I. 8/9/20

Survey held at Carputer by Luyang

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
<u>11/9/20</u>	<u>45% 1750, 3 day remit to Alway (Red \$2014-22, 53%)</u>

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) 23/9/20 Typist

Report Format:

Lump Sum / B.H. / \$1750F

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$I _____

Photos _____

Others _____

TOTAL

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	08/09/2020 08:33
Date Of Accident	07/09/2020 15:30
Exact Location Of Accident	TUAS AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7087M
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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 LOO KUANG
NRIC No	SXXXX047A
Date Of Birth	24/02/1966
Occupation	OUTDOOR
Date Of Driving Pass	14/10/1989
Driving Experience	30 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92278550
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 48 TEBAN GARDENS ROAD #02-248
Postcode	600048
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	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	GBH3057B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MD SHAMSUL BIN ABDULRAHIM

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

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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) of:
 - (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. 199303821R

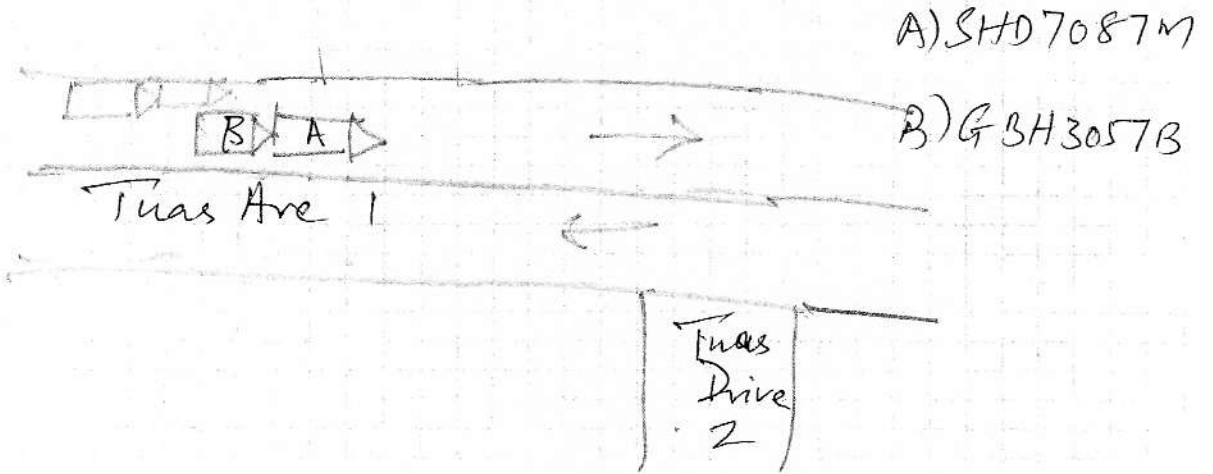
ER Moorthy
CSO 7/9/20

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 7/9/20 at about 1530 when I Veh A was travelling along the main road, Veh B collided onto the rear of my vehicle.

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:
NRIC/Fin No.:

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305421284

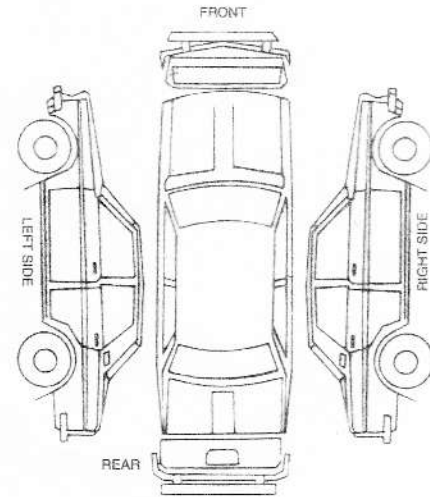
STOMER /MS STOMER NO. DRESS (R) (P) COUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO: SHD7087M	MILEAGE
		MAKE: TOYOTA	FUEL E.....1/2.....F
		MODEL PRIUS HYBRID(G4)07	DATE/TIME IN 07.09.2020 17:05
		YR OF MANU. 11.11.2016	TARGET DATE
		CHASSIS CODE JTDKB3FU003536878	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 07.09.2020

NATURE: 3P 07.09.2020

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHD7087M** **CHIANG**

Vehicle No.: **SHD7087M**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: **Tokio Marine Insurance Singapore Ltd (HQ)**
CTPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	07/09/2020
Vehicle Reg. No.:	SHD7087M	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS HYBRID, 1.8 CVT (A)	Vehicle Reg. Date:	11/11/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZRR959465	Chassis No:	JTDKB3FU003536878
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	2,333.22
Miscellaneous Items	11.00
Labour	1,420.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	3,764.22
+ GST 7.00% (\$\$)	263.50
Nett Amount (\$\$)	4,027.72

This claim is handled by: CHIANG LIAT CHOON

Generated using *Merimen e-Claims Internet Estimation & Adjusting System*

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 08 Sep 2020)

Parts: 144 TOYOTA PRIUS HYBRID 1.8 CVT (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHD7087M/08/09/2020 11:00

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	de ✓ 20.00	0.00	*458.60 FL
2	1		*REAR BUMPER UNDER COVER	de ✓ 20.00	0.00	*552.60 FL
3	1		*REAR BUMPER REINFORCEMENT	un photo ✓ 20.00	0.00	*318.80 FL
4	2		*REAR BUMPER REINFORCEMENT STAY ARM LH/RH	un ✓ 20.00	0.00	*279.20 FL
5	10		*REAR BUMPER CLIPS	de ✓ 20.00	0.00	*22.00 FL
6	2		*REAR BUMPER SIDE RETAINER LH/RH	un x 20.00	0.00	*225.40 FL
7	1		*REAR BUMPER TOW COVER	un x 20.00	0.00	*82.70 FL
8	1		*REAR BUMPER UNDER COVER CENTRE	un x 20.00	0.00	*232.00 FL
9	1		*SMART KEY ANTENNA SENSOR	un ✓ 20.00	0.00	*147.00 FL
10	1		*REAR TRUNK LID PRIUS EMBLEM	de ✓ 20.00	0.00	*52.40 FL
11	1		*REAR TRUNK LID HYBRID EMBLEM	de ✓ 20.00	0.00	*52.90 FL
12	1		*REAR TRUNK LID TOTOTA EMBLEM	de ✓ 20.00	0.00	*60.80 FL
13	1		*REAR TRUNK LID APP STICKER	de ✓ 0	0.00	*40.00 FS
14	2		*REAR TRUNK LID COMFORT & TEL NO. STICKER	de ✓ 0	0.00	*120.00 FS
15	1		*REAR REVERSE SENSOR	un ✓ 0	0.00	*135.70 FS
16	1		*REAR BUMPER MAT	de ✓ 0	0.00	*50.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (S\$)	2,830.10
- List Item Discount on L Items (S\$)	496.88
Total Parts (S\$)	2,333.22

ComfortDelGro Engineering Pte Ltd/SHD7087M/08/09/2020 11:00. Not valid without Reference section.
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1199.30
25% - 899.47
SN - 375.70
1245.17

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			<u>11.00</u>

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	480. 680.00
2	SPRAY PAINTING	New	400 500.00
3	WIRING CHARGE	New	30. 60.00
4	TUFF COATING	New	44 X 120.00
5	REMOVE/REFIX REVERSE SENSOR	New	30 60.00
Gross Labour Cost (S\$)			<u>940 1,420.00</u>

ComfortDeIGro Engineering Pte Ltd/SHD7087M/08/09/2020 11:00. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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:

Tanpin 97495749
'wp' 8/4/20 e 3pm
1/3 Resurvey after repair
Tanpin 1/3 auto-w
2-3 days
Davanti

1245.17'
 11
 940
2196.17
 1/3 \$1750
 3 days #