

ASS. REC. BY:

Steve

REF:

NS/INC20010561/Eqf3

## 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. 5069270654-05 (24/02/2020-23/02/2021)

Claims No.

Sum Insured:

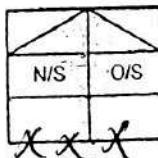
Excess:

(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:

4

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHA 7292C

Yr Regn:

13/12/19

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

129326

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTOKB 3F4 693390199

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brakes: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size:

F:

175 / 65 R15

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

1/10/20

D.O.A.

1/10/20

Survey held at

Comfort del gro

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

05/10/20 @ 7.01pm Steve finalised with Jumani final fig \$7137.96, 4 days. (Red \$896.69, 11%)

Date/Time, File Pass to?



: Prell. Report

06/10 Typist



: Final Report

Date/Time, File Return to?

2)

Rep. Form:

TP

Rep. Sum / F.E.R.:

7137.96

Days Of Repair:

4

Resurvey No. of Trip:

1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Fees

Others

TOTAL

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 01.10.2020

Time: 15:20:34

Page: 1

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

JOB NO : 305425624  
 REGN NO : SHA7292C  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4A)  
 DATE OF REGN : 13.12.2019  
 DATE/TIME IN : 01.10.2020 10:45  
 ACCIDENT DATE : 01.10.2020

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0302-2282-G	COVER REAR BUMPER%	1	458.60	25.00	343.95	/	DD
0002	04-01-0302-2287-G	GUARD-REAR BUMPER CENTER	1	552.60	25.00	414.45	/	BR
0003	04-01-0302-2288-G	REINFORCEMENT -ASSY REAR	1	318.80	25.00	239.10	/	DD
0004	04-01-0302-2286-G	COVER REAR BUMPER-TOW HOO	1	82.70	25.00	62.02	/	CUT
0005	09-01-0302-2005-A	REVERSE SENSOR ASSY	1	135.70	10.00	122.13	/	Shaded
0006	28-01-0302-0006-A	REAR BOOT 65521111 CTPL	1	30.00	10.00	27.00	/	REC
0007	28-01-0302-2015-A	REAR BONNET COMFORTDELGRO	1	30.00	10.00	27.00	/	REC
0008	28-01-9999-2025-A	APP LOGO REAR BONNET CTPL	1	40.00	10.00	36.00	/	REC
0009	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50	/	REC
0010	04-01-0302-2269-G	ORNAMENT SUB-ASSY BACK DO	1	45.80	25.00	34.35	/	REC
0011	04-01-0302-2270-G	PLATE-BACK DOOR NAME (HYB	1	52.40	25.00	39.30	/	REC
0012	04-01-0302-2271-G	PLATE-BACK DOOR NAME (PRI	1	52.40	25.00	39.30	/	REC
0013	04-01-0302-0581-G	LENS & BODY RR COMBIN LAM	1	433.70	25.00	325.27	X	

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 01.10.2020  
Time: 15:20:34  
Page: 2

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

JOB NO : 305425624  
REGN NO : SHA7292C  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID  
DATE OF REGN : 13.12.2019  
DATE/TIME IN : 01.10.2020 10:4  
ACCIDENT DATE : 01.10.2020

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT	
0014 04-01-0302-0796-G LENS & BODY REAR LAMP LOW	1	481.90	25.00	361.42	X	
0015 04-01-0302-2346-G GARNISH SUB ASSY BACK DOO	1	881.70	25.00	661.27	/	BR
0016 04-01-0302-2347-G COVER REAR FLOOR	1	220.50	25.00	165.37	X	
0017 04-01-0302-1150-A PRIG4 BUMPER PROTECTOR MA	1	50.00	2.50-	50.00	/	REC
0018 04-01-0302-2256-G PRIG4 PANEL SUB-ASSY BACK	1	1,126.60	25.00	844.95	/	DD
0019 04-01-0302-2257-G PRIG4 GLASS BACK WINDOW F	1	720.90	25.00	540.67	/	REC
0020 04-01-0302-2258-G PRIG4 GLASS BACK DOOR	1	1,569.70	25.00	1,177.27	/	REC
0021 04-01-0302-2383-G PRIG4 PANEL SUBASSY BODY	1	602.10	25.00	451.57	/	DD

SUB-TOTAL : 5,978.89

JOB NATURE

0000 PB PANEL BEATING

1000.00 960

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 01.10.2020  
Time: 15:20:34  
Page: 3

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

JOB NO : 305425624  
REGN NO : SHA7292C  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID  
DATE OF REGN : 13.12.2019  
DATE/TIME IN : 01.10.2020 10:4  
ACCIDENT DATE : 01.10.2020

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001 SP	SPRAYPAINT CHARGE	900.00		<del>800</del> 800		
0002 17-01	CHECK ALL LIGHTING	50.00		30		
0003 L	REMOVE/REFIX REVERSE SENSOR ASSY	80.00		30		
SUB-TOTAL :						2,030.00
TOTAL :						8,008.89

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Steve (LKK) with P/L  
4 days  
P/P  
Ry Bel spy  
1/10/20, 2.00pm

**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 Pandan Road Singapore 609649

24 Senoko Loop Singapore 758156

7 Sungai Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

**COMFORTDELGRO  
ENGINEERING**

Member of COMFORTDELGRO

Date/Time: 01.10.2020 13:38

Page : 1

**JOB CARD Sales Order:**

JC NO.: 305425624

Team: ARC Repair TP(CLS0)1

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

(R) (O)  
 (P)

OUNT CARD NO.

REGN NO: SHA7292C	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4A01)	DATE/TIME IN 10.2020 10:45
YR OF MANU. 13.12.2019	TARGET DATE
CHASSIS CODE JTDKB3FU603090199	COMPLETION DATE/TIME:

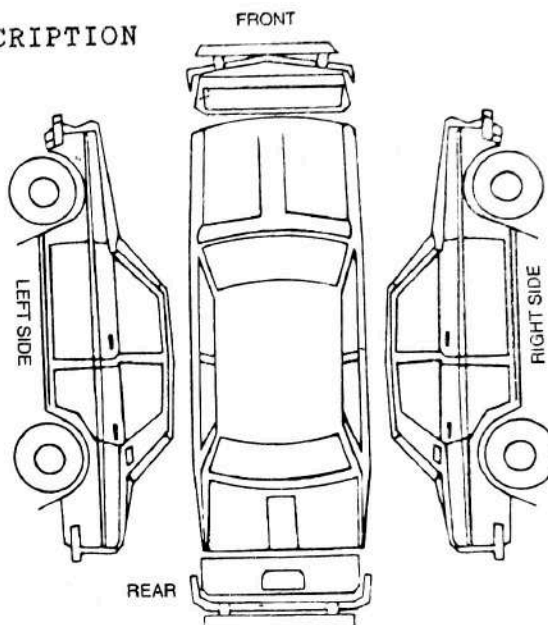
JOB DESCRIPTION

Accident Date: 01.10.2020  
 NATURE: 3P 01.10.2020

S/NO

LABOR CODE

DESCRIPTION



CHECKED &amp; PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.:

SHA7292C

JU NTUC LKK

Vehicle No.:

SHA7292C

Signature/Date

Signature/Date

Name of Service Advisor

Date

turned 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 01/10/2020 11:21  
Date Of Accident 01/10/2020 09:50  
Exact Location Of Accident CTE EXIT TOWARDS BRADDELL ROAD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA7292C  
**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 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 KOH GIN HEAN  
NRIC No SXXXX968F  
Date Of Birth 22/04/1962  
Occupation OUTDOOR  
Date Of Driving Pass 03/10/1979  
Driving Experience 40 YEARS AND 11 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-96341440  
Fax Number  
Contact Number  
Email Address KKLEE092@GMAIL.COM

BLK 669B JURONG WEST STREET 64  
#07-76

642669

Is 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 -  
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? YES  
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

#### 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 SKC5555L  
Vehicle Make/Model/Colour TOYOTA  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver ZHANG TE  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRONT  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

KOH GIN HEAN

GIDDY

SKC5555L

YES

NO

ate Age

Sustain

jured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance?

Address

Postcode



**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. 199303821R

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Olivia Wong  
NRIC/Fin No.:

01 OCT 2020

SKETCH PLAN

A = CHA7292C

B = SKG5SSSL

(TOYOTA)

CTE EXIT

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the 11/10/2020 @ 0950hrs I was driving along CTE EXIT towards Braddell Road direction with no passenger on board my taxi.

I stop at the stopping lane checking for any incoming vehicle before proceed to drive out when suddenly there's an impact from behind my taxi.

I step out to check and found out a vehicle of SKG5SSSL front portion had collided into my taxi rear portion.

I felt slight dizziness from the impact and will consult doctor later.

## 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: Olivia Wendy  
NRIC/Fin No.:

01 OCT 2020