

ASS. REC. BY:

Steve

REF:

TOKIO Marine

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:

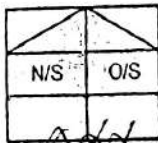
Excess:

(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:

Vehicle: IN / OUT

Date / Time

Action / Instruction

L/S \$1200.00 (RED: \$730.70, 37%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

09/10/20 TYPIST

Pop. Format:

Lump Sum / L/S: L/S \$1200.00

Veh No:

SHC 2317M

Yr Regn:

3/10/17

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

333.889

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU903565148

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

1

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

7/10/20

D.O.I.

7/10/20

Survey held at

Comfort Algon

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Days Of Repair:

2

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

S + RS \$

ComfortDelGro Engineering Pte Ltd (Co.Reg No:199506048W)
 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

Lim Tien Siong

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

(45)

Singapore

LKK - Steve Chen

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	07/10/2020
Vehicle Reg. No.:	SHC2317M	Driveable?	NO
Party At Fault:	UNKNOWN		

Make/Model:	TOYOTA PRIUS HYBRID, 1.8 CVT (A)	Vehicle Reg. Date:	03/10/2017
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZRS066685	Chassis No:	JTDKB3FU903565148
Odometer:	0 KM		

Paint Type:	
List Item Discount:	25.00 %
Total Loss?	NO
Est. Duration of Repair (day)	3

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS	Amount
Parts	1,199.70
Miscellaneous Items	11.00
Labour	720.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,930.70
+ GST 7.00% (S\$)	135.15
Nett Amount (S\$)	2,065.85

This claim is handled by: LIM TIEN SIONG

Repairer Estimates

Lim Tien Siong

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 07 Oct 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/SHC2317M/07/10/2020 13:13
 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 / DD	25.00	0.00	*458.60 FL
2	1		*REAR BUMPER CENTER-BLACK / CUT	25.00	0.00	*552.60 FL
3	1		*REAR BUMPER REINFORCMENT ?	25.00	0.00	*318.80 FL
4	10		*REAR BUMPER CLIPS / MC	25.00	0.00	*22.00 FL
5	1		*REAR BUMPER MAT / MC	0.00	0.00	*50.00 F
6	1		*REVERSE SENSOR / Shorted	0.00	0.00	*135.70 F

F=Franchise part. L=List/ItemDisc.

Sub Total (S\$) 1,537.70

- List Item Discount on L Items (S\$) 338.00

Total Parts (S\$) 1,199.70

ComfortDelGro Engineering Pte Ltd/SHC2317M/07/10/2020 13:13. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Repairer Estimates

Page 2 of 3

Lim Tien Siong

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	320 350.00
2	SPRAY PAINTING	New	200 250.00
3	R/I REVERSE SENSOR	New	30 120.00
Gross Labour Cost (S\$)			720.00

ComfortDelGro Engineering Pte Ltd/SHC2317M/07/10/2020 13:13. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Steve CLKK) WA P17L
L/S
7/10/20, 7.30pm
2 dgs
By AL SJ

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Luyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

320 Road Singapore 609286

24 Senoko Loop Singapore 758156

7 Sungai Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 07.10.2020 12:47

Page : 1

member of COMFORTDELGRO

JOB CARD Sales Order:

JC NO.: 305426861

Team: ARC Repair TP(CLSO)1

OWNER

COMFORT TRANSPORTATION PTE LTD

7010045

OWNER NO

383 SIN MING DRIVE

RESS

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

OUNT CARD NO.

JOB DESCRIPTION

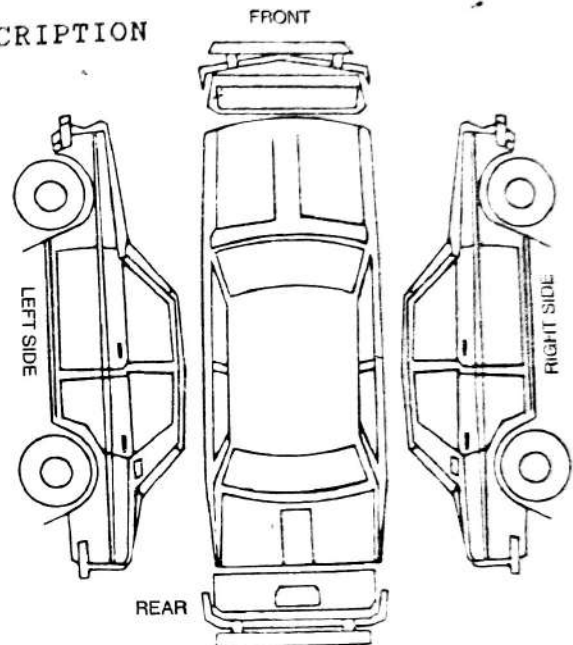
Accident Date: 07.10.2020

NATURE: 3P 07.10.2020

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: SHC2317M

LIMITS

Vehicle No.:

SHC2317M

Signature of Service Advisor

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 07/10/2020 11:09
Date Of Accident 07/10/2020 08:45
Exact Location Of Accident ALONG LOR 1 TOA PAYOH TOWARDS LOR 6 TOA PAYOH BEFO
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC2317M
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 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 LOW NAM HING
NRIC No SXXXXX579G
Date Of Birth 30/07/1960
Occupation OUTDOOR
Date Of Driving Pass 11/12/1991
Driving Experience 28 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-81801188
Fax Number
Contact Number
Email Address LOWNAMHING@YAHOO.COM

Address 304 13-55 CANBERRA ROAD
Postcode 750304
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 -
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

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 SKN1212U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver FELICIA
NRIC/Passport Number
Contact Number 96702217
Address
Postcode
Insurance Company Name
Nature Of Damage FRT
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1:

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by
ambulance?
Address
Postcode

LOW NAM HING
60
GIDDY
SHC2317M
YES
NO

Sketch Plan Pg. 1

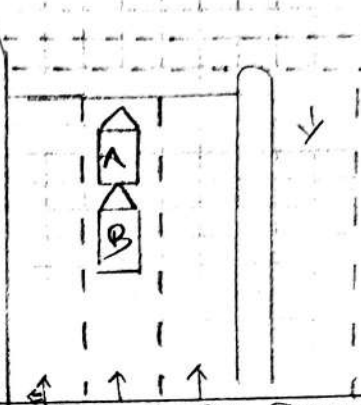
A = SHC 2317M

200.6 100
PAVICH

TOP ROAD
NORTH

B = SKN 12124
(MERCEDES)

[Signature]



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached 200.1 100 PAVICH

DECLARATION

We declare the foregoing particulars are true in every respect.

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

[Signature]

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]
Wendy
07 OCT 2020

Describe Circumstances of the Accident.

On the 07/10/2020 @ 08:45hrs, I was driving along Lor 1 Toa Payoh towards Lor 6 Toa Payoh direction with no passenger on board my taxi.

I stop at the traffic light junction waiting for the green light when suddenly there's an impact from behind my taxi. I step out to check and found out a vehicle of SKN1212U front portion had collided onto my taxi rear portion.

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

Declaration

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

IMPORT TRANSPORTATION PTE. LTD.
CO. REG. NO. 199303821K

Policyholder's Signature/Date &
Time

Driver's Signature (If driver is not the policyholder)/Date
& Time

Witnessed by Reporting
Centre Personnel

Olivia Wendy

07 OCT 2020