

ASS. REC. BY:

Steve

REF: NT4C

## 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:

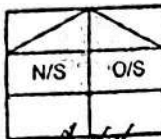
Excess:

(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 Report: Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Turn Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SH 8377T

Yr Regn:

10/8/17

Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Prime Mover /

Truck / Trailer or

Make:

Toyota Hilux Prius

c.c 1798

Colour:

A/C: Insured / Std / NI / NA

Sp Reading:

128244

T/Radio: Insured / Std / NI / NA

Eng/No:

446088

C/No:

JTD KB3FE4 003563093

Gen. Cond: Good / ☒ Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / ☒ S/D/Rim or

Tyre Size:

F:

195/65R15

R:

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.

9/10/20

D.O.I.

12/10/20

Survey held at

Comfal del gra

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

Date/Time, File Return to?

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Pop. Form 1

Dump Sum / U.C. /

COMFORTDEGRO PTE LTD  
REPAIR ESTIMATE

Vehicle No.: SH8377T  
Make : TOYOTA  
Model : PRIUS  
DOA :

Steve (LKK) M. P. L.  
12/10/20, 945am

2 day  
Date :  
Insurance :  
MVA : CHIANG /NTUC  
L/S, R, H, S, M

Qty	Parts Description / Labour	Qty	Unit Price	Amount
1	REAR BUMPER / BR			\$458.60
1	REAR BUMPER UNDER COVER / CUT			\$552.60
1	REAR REINFORCEMENT STAY ARM RH / LH X		\$139.60	\$139.60
1	REAR BUMPER REINFORCEMENT / BT			\$318.80
10	BUMPER CLIPS / NK			\$22.00
1	REAR BUMPER SIDE RETAINER LH / RH X		\$112.70	\$225.40
1	REAR BUMPER UNDER SIDE COVER LH X			\$276.00
1	REAR BUMPER UNDER SIDE COVER RH X			\$276.00
1	REAR BUMPER UNDER CENTRE COVER / CR			\$252.60
1	REAR CROSSMEMBER UNDER PANEL X			\$353.00
1	REAR FLOOR UNDER COVER X			\$334.00
1	TOWING COVER / MIS			\$82.70
1	KEY SMART TRANSMITTER ?			\$447.10
1	TRUNK LID EMBLEM PRIUS X			\$52.40
1	TRUNK LID EMBLEM HYBRID X			\$52.40
1	TOWING COVER X			\$82.70
	<b>SUB TOTAL</b>			<b>\$3,925.90</b>
	<b>LESS 25%</b>			<b>\$981.48</b>
				<b>\$2,944.43</b>
1	REVERSE SENSOR / BR		10.00%	\$135.70
1	TRUNK COMFORTDEGRO/ TEL NO. STICKER X		10.00%	\$60.00
1	TRUNK COMFORT APP STICKER X		10.00%	\$40.00
1	REAR BUMPER ADVERTISEMENT / NK			\$50.00
1	REAR BUMPER MAT / NK			\$50.00
				<b>\$262.13</b>
	<b>Labour Charge</b>			
	PANEL BEATING			960.00
	SPRAY PAINTING			600.00
	WIRING			60.00
	TUFF KOTE			60.00
	REMOVE/REFIX REVERSE SENSOR			60.00
	<b>TOTAL LABOUR</b>			<b>\$1,740.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$4,946.56</b>

This is an initial estimate based on visual inspection of the above vehicle. The final repair quantum will be prepared after the Repair is surveyed by a motor Surveyor appointed by the insurance company.

- 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:

# FORTDELGRO ENGINEERING

Member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 570701  
Mainline : 65 6383 6280 Facsimile : 65 6280 9755

**Workshops**  
591 Layan Drive Singapore 508969 24 Senoko Loop Singapore 758156  
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791  
45 Pandan Road Singapore 609500 501 Yishun Industrial Park A Singapore 768736  
320 Woodlands Road Singapore 730649

Date/Time: 10.10.2020 10:05

Page : 1

Job: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO.:305427340

Customer: COMFORT TRANSPORTATION PTE LTD  
MS 7010045  
CUSTOMER NO. 383 SIN MING DRIVE  
ADDRESS Singapore SINGAPORE 575717  
65508755 (O)  
(R)  
(P)

REGN NO. SH 8377T	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)09	DATE/TIME IN 10.2020 15:35
YR OF MANU. 10.08.2017	TARGET DATE
CHASSIS CODE JTDKB3FU003563093	COMPLETION DATE/TIME:

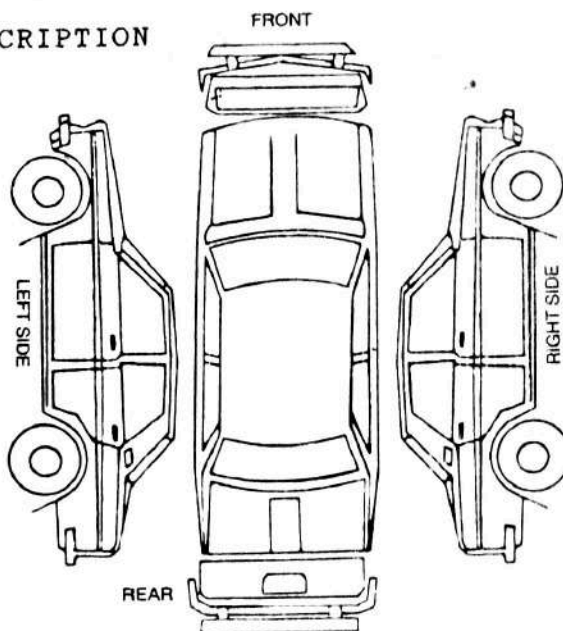
COUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 09.10.2020  
NATURE: 3P 09.10.2020

S/NO LABOR CODE

### DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

No.: SH 8377T CHIANG

Vehicle No.: SH 8377T

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned 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 addressed.

### ACCIDENT STATEMENT

Date Of Report 10/10/2020 08:40  
Date Of Accident 09/10/2020 13:55  
Exact Location Of Accident ALONG YISHUN AVE 2  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SH8377T  
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 GOH BENG KEONG  
NRIC No SXXXX894F  
Date Of Birth 25/10/1954  
Occupation OUTDOOR  
Date Of Driving Pass 27/03/1975  
Driving Experience 45 YEARS AND 6 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-90615205  
Fax Number  
Contact Number  
Email Address NOEMAIL

151 #05-25 SIMEI STREET 1  
520151

Is the Driver an employee of the Insured's Company NO  
Relationship of the Driver with the Insured OTHER - TAXI DRIVER  
Is the 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? 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) 4  
Passenger 1 NAME: : -  
GENDER: : FEMALE

Passenger 2 NAME: : -  
GENDER: : MALE

Passenger 3 NAME: : -  
GENDER: : FEMALE

#### 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 SKS9427M  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver TAY YAN LI  
NRIC/Passport Number

Number

92368717

Insurance Company Name

Type Of Damage

FRT

Name Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

GOH BENG KEONG

Approximate Age

66

Injuries Sustain

CHEST

Injured person in which vehicle?

SH8377T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

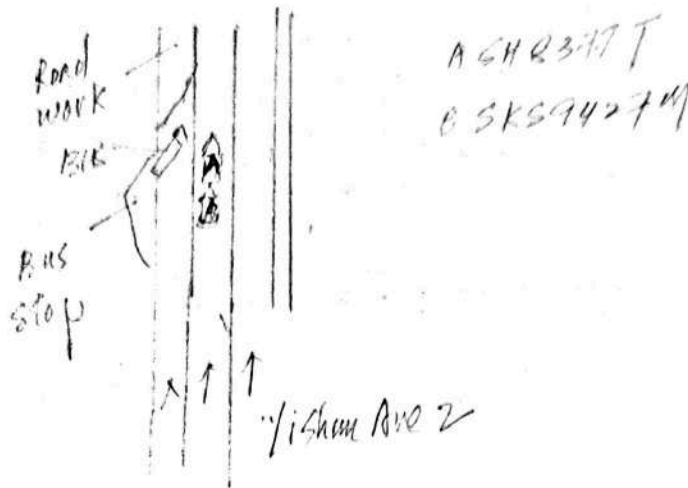
NO

Address

Postcode



ETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/10/2020 @ 1355 hrs, I was travelling along Yishun Ave 2 towards Yishun Street 72 to where my passenger destination. I was at centre lane along Yishun Ave 2 when I reached the bus stop. The bus lane was black due to construction going on. I saw there is one bus cutting out from bus stop and slowly filter into my lane. so I slow down my speed in order to give way to the bus, few second later I felt an impact and I have been hit by behind vehicle B. SKS9427M. No one was injured at that moment. I later exchange particular with the other party. I continues to send my passenger to destination, and I straight come to lobby to report. I will consult doctor later on because I feel my chest pain.

## DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LIL  
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.: Hong Leong Teik

**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.

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

*Gold Beng Leong*

*09/10/2020*

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: *Hang Leong Teck*  
NRIC/Fin No.:



