

ASS. REC. BY:

Steve

REP:

AITUC

ASSIGNMENT

From:

Date:

Veh No:

SH 68815

Yr Regn:

30/8/17

Estimated Cost:

Type: M/Car / M/Cycle / Bus / Van / Lorry (Taxi) / Prime Mover /

QD / WS / IP RES / QD RES / EVA / INV / MY

Truck / Trailer or

To inspect Vehicle No:

Make:

Toyota PMS

c.c

1798

at Workshop m/s

Colour:

Blue

A/C: Insured / Std / NI / NA

of

Bp. Reading

286.655

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No:

C/No:

JTOKB3F4803561575

Claims No:

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

Modl: Nil / S/Rim / STD / Rim or

(Policy Condition)

Tyre Size:

F:

P15/65R15

R:

H

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

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

Bal. or Market Value:

Front

Rear

IDAC Accident Report:

Consistent? : Yes or No

R/Bal.

4

mm

R/Bal.

4

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

4

mm

L/Bal.

4

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

7/10/20

D.O.A.

13/10/20

Cum Sum:

%

3 Val.: Yes or No

Survey held at

Comfort de bps

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

Date:

Person Contacted:

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

Date / Time Action / Instruction

confirm the finalize \$360 (P/P, before GST). 2 repair days.
Red: 601.42;62%)

Date/Time, File Pass to?

☐

: Prel. Report

Days Of Repair:

2

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Rep. Forms:

Lump Sum / L.E.I. /

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 12.10.2020
Time: 17:08:44
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 : 305427644
REGN NO : SH 6881S
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 30.08.2017
DATE/TIME IN : 12.10.2020 15:20
ACCIDENT DATE : 07.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2292-A	PRIG4 COVER FRONT BUMPER	1 L	499.90	25.00	374.92	X R
0002 04-01-0302-2267-G	PRIVC BUMPER PIECE	10 L	22.00	25.00	16.50	X NY
SUB-TOTAL :						391.42

JOB NATURE

0000 L	PANEL BEATING	320.00	169
0001 23-502	SPRAYPAINT ON AFFECTED AREA	250.00	299
SUB-TOTAL :		570.00	

TOTAL : 961.42

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Steve (LKK) WL Arjit
2 days
L/S (10 pad, P/P)
13/10/20, 9.45 am
Ry AL SLy

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:

ORTDELGRO ENGINEERING

Der of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops
59 Luyang Drive Singapore 508969 24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
45 Panjaitan Road Singapore 604288 501 Yishun Industrial Park A Singapore 758732
920 Old Road Singapore 730649

Date/Time: 12.10.2020 16:37

Page : 1

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305427644

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

NTUC

REGN NO. SH 6881S	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)12	DATE/TIME IN 12.10.2020 15:20
YR OF MANU 30.08.2017	TARGET DATE
CHASSIS CODE JTDKB3FU803561575	COMPLETION DATE/TIME:

COUNT CARD NO.

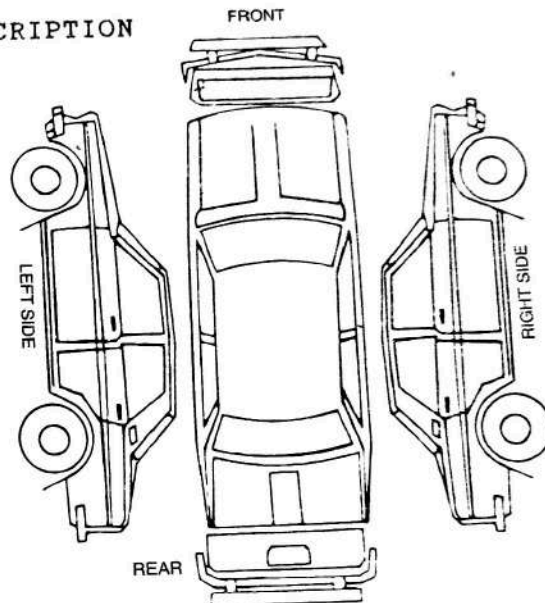
JOB DESCRIPTION

Accident Date: 07.10.2020
NATURE: 3P 07.10.2020

S/NO

LABOR CODE

DESCRIPTION



ED & PASSED OUT BY:

CUSTOMER'S SIGNATURE

SERVICE ADVISOR

gement Slip

SH 6881S

LKE

STEVE

Exit Pass

Vehicle No.:

SH 6881S

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

Report correctly the details of the accident to speed up the claims process.
Form must be completed by the Policyholder and/or the Authorised Driver.
Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to
dispute policy liability.
The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
Any false reporting may be referred to the Police for investigation.
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 08/10/2020 15:26
Date Of Accident 07/10/2020 16:05
Exact Location Of Accident MARYMOUNT RD BEFORE BISHAN ST 23
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH6881S
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 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 CHUA KAI KEE(CAI KAIJI)
NRIC No SXXXX641G
Date Of Birth 25/05/1976
Occupation OUTDOOR
Date Of Driving Pass 26/06/2003
Driving Experience 17 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-94311410
Fax Number
Contact Number
Email Address WINCENTCHUA@GMAIL.COM

455A #06-41 ENKGANG WEST AVENUE
791455

Is an employee of the Insured's Company NO
Relationship of the Driver with the Insured OTHER - TAXI DRIVER
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 (TP REVERSE)
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

SEE ATTACH.

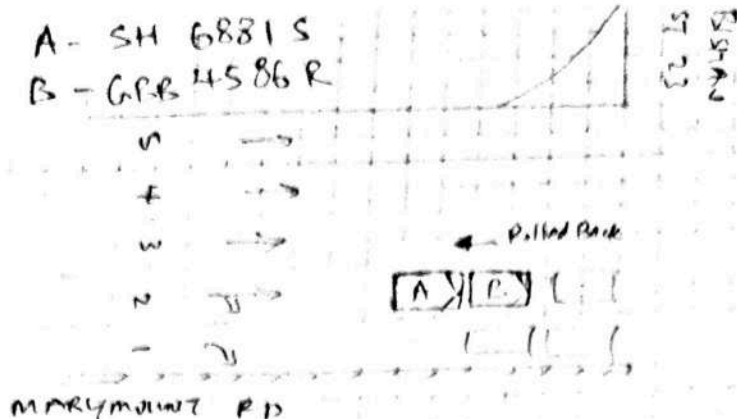
Attachment(s)

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 GBB4586R
Vehicle Make/Model/Colour
Details Of Properties COMMERCIAL VEHICLE
Vehicle Category
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage NOT SURE
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1



SIN PINE AVE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07.10.2020, at about 1605 hrs, I stopped my taxi, SH 6881 S, behind a pick up truck, B, on lane 2 along Marginal Rd before the junction with Bishop St 23 due to red lights.

After more than 5 seconds, I noticed B brake lights were off and started to roll back.

I sounded the horn but B kept rolling back and then hit my taxi front.

I have a video recording of the accident.

No pax in my taxi and no injury.

DECLARATION

We declare the foregoing particulars are true in every respect

COMFORT TRANSPORTATION PTE LTD
CO REG NO 199303821R

Driver's Signature
(if driver is not the policyholder)
Date & Time: 08.10.2020

Reporting Centre Personnel's Signature
Name: Larry Ng
NRIC/Fin No.: 1.4

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 the 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: 08.10.2020
1445m

Reporting Centre Personnel's Signature
Name: Larry Ng
NRIC/Fin No.:

