

ASS. REG. BY:

Steve

REF.

Tokio Marine

CC3/TMI20011067/Evd3

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: SLZ 3051D

Policy No. MR00175

Claims No. M2005020

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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SHD 4319P

Yr Regn:

1/4/19

Type: M.Car / M.Cycle / Bus / Van / Lorry

☒ Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota Proace

c.c

1798

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp Reading

20640

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDK33F4993079913

Gen. Cond: Good / ☒ Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brakes: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

195/65R15

R:

17

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.

12/10/20

D.O.I.

13/10/20

Survey held at

Comfordelgn

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

16/10/20

Steve confirmed \$1470.42 by email (Red 989.33, 40%)

Date/Time, File Pass to?

☐

: Prelim. Report

Date/Time, File Return to?

☐

: Final Report

16/10/20-Typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Pop. Formed: Merimen

Lump Sum / L.E.I. : \$1470.42

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	10/10/2020
Vehicle Reg. No.:	SHD4319P	Driveable?	YES
Party At Fault:	UNKNOWN		

Make/Model:	TOYOTA PRIUS, 1.5 HYBRID CVT (A)	Vehicle Reg. Date:	01/04/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZR2C06914	Chassis No:	JTDKB3FU203079913
Odometer:	206405 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	1,368.75
Miscellaneous Items	11.00
Labour	1,080.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,459.75
+ GST 7.00% (S\$)	172.18
Nett Amount (S\$)	2,631.93

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: 13 Oct 2020)
 Parts: 144 TOYOTA PRIUS 1.5 HYBRID CVT (A) (Catalogue: Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: ComfortDelGro Engineering Pte Ltd/SHD4319P/13/10/2020 09:09
 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 / DR	25.00	0.00	*458.60 FL
2	1		*REAR BUMPER UNDER COVER / CUT	25.00	0.00	*552.60 FL
3	21		*REAR BUMPER SIDE RETAINER LH/RH (CLH) / DR (RH) X	25.00	0.00	*225.40 FL
4	10		*REAR BUMPER CLIP / NPC	25.00	0.00	*22.00 FL
5	1		*REAR BUMPER REINFORCEMENT ?	25.00	0.00	*318.80 FL
6	1		*REAR BUMPER MAT / NK	0	0.00	*50.00 FS
7	1		*REAR BUMPER REVERSE SENSOR ?	0	0.00	*135.70 FS

F=Franchise part, S=SpocNett, L=ListItemDisc.

Sub Total (S\$) 1,763.10
 - List Item Discount on L Items (S\$) 394.35
 Total Parts (S\$) 1,368.75

ComfortDelGro Engineering Pte Ltd/SHD4319P/13/10/2020 09:09. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

Qty	Particulars	Amount
	<u>Miscellaneous Items</u>	11.00
1	OD/TP Case (Insurer)	
	Sub Total (S\$)	11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
	<u>Labour Items</u>		
1	PANEL BEATING	New 320	480.00
2	SPRAY PAINTING	New 200	450.00
3	TUFF COATING	New X	90.00
4	REMOVE/ REFIX REVERSE SENSOR	New 30	60.00
	Gross Labour Cost (S\$)		1,080.00

ComfortDelGro Engineering Pte Ltd/SHD4319P/13/10/2020 09:09. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Steve (LKK) w/L Part
13/10/20, 10.30 am
P/P
Ry BoL sm
2 days

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:

COMFORTDELGRO ENGINEERING

ber of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 8383 6280 Facsimile + 65 8280 9755

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pongalan Road Singapore 609206
320 Pongalan Road Singapore 609206

24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time 12.10.2020 16:51

Page : 1

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.:305427646

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

REGN NO.	SHD4319P	MILEAGE
MAKE:	TOYOTA	FUEL E.....1/2.....F
MODEL	PRIUS HYBRID(G4)12	DATE/TIME IN 10.2020 14:10
YR OF MANU	01.04.2019	TARGET DATE
CHASSIS CODE	JTDKB3FU203079913	COMPLETION DATE/TIME:

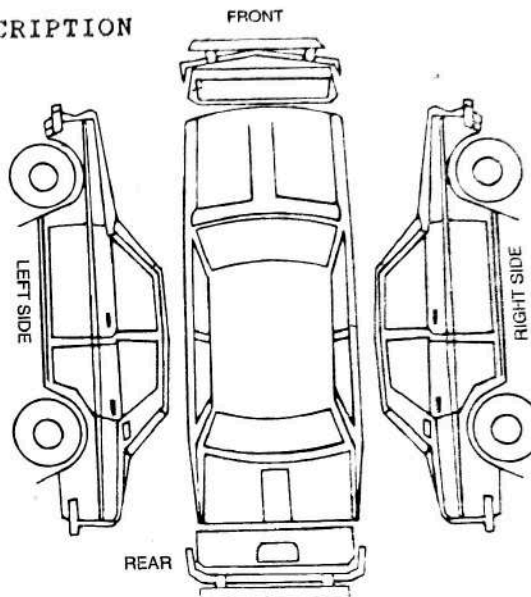
COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 10.10.2020
NATURE: 3P 10.10.2020

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

Vehicle No.: SHD4319P CHIANG

Vehicle No.: SHD4319P

Signature/Date

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 willful 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 if needed.

ACCIDENT STATEMENT

Date Of Report	12/10/2020 15:47
Date Of Accident	10/10/2020 14:35
Exact Location Of Accident	YISHUN TO CTE BEFORE EXIT OF ANG MO KIO AVE 1
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4319P
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	KER SENG GIAP
NRIC No	SXXXX252Z
Date Of Birth	10/04/1958
Occupation	OUTDOOR
Date Of Driving Pass	27/07/1983
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98559619
Fax Number	
Contact Number	
Email Address	SENGGIAPKER@YAHOO.COM

Address BLK 605 SENJA ROAD #17-41
Postcode 670605
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 CHAIN COLLISION
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 3
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: : 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

PLS REFER TO 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 SLZ3051D
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

TOKIO MARINE INSURANCE SINGAPORE LTD

Nature Of Damage

REAR AND FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMJ6507J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

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. 103303211

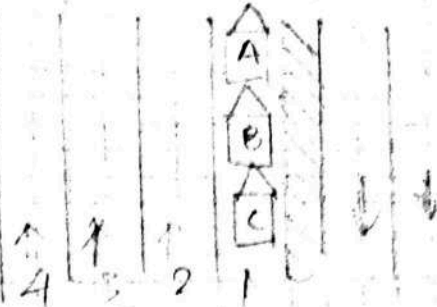
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A SHD4319P
 B SLZ 3051D
 C SMJ 6507J



Yishun to CTE Before
 Exit Ang Mo Kio Ave 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/10/2020 @ about 1435hrs, i was travelling along from Yishun to CTE expressway with 3 passenger onboard. I was on first lane by reaching before exit Ang Mo Kio Ave 1, my front vehicle slow down and stop, so i also slow down behind, before i could stop, i feel impact where vehicle B - SLZ 3051D hit my fox rear portion. And there is another impact where vehicle C - SMJ 6507J hit vehicle B rear portion. I came out check realizes is a chain collision with B and C vehicle. No one was injured at that time. So after exchange particular and take photo at the scene, i continues to send my customer to destination.

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: *Hong Kong Lee*
 NRIC/Fin No.:

