

ASS. REC. BY:

Steve

REF:

NTUC

NS/INC20011375/Eqf3

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. 5116052151 (07/02/2020-06/02/2021)

Claims No. MT/1107454-002

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

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHA 4746E

Yr Regn:

20/9/16

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 / Nil / N

Sp Reading:

701796

T/Radio: Insured / Std / Nil / N

Eng/No:

C/No:

JTKB 3F4 9075 3/921

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/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.

17/10/20

D.O.A.

19/10/20

Survey held at

Conf Mkt/Gr.

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

Rear RH

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

Date / Time

Action / Instruction

26/10/20 @ 8.08pm Steve finalised with Mr Lim LS \$1800, 3 days (Red \$2576.62, 59%)

Date/Time, File Pass to?

☐ : Prel. Report  
☐ : Final Report

29/10 Typist

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Ftuus

Ftuus

TOTAL

Add Fee:

☐ : Site Insp (\$)  
☐ : Interview (\$)  
☐ : Tech. Invs (\$)  
☐ : Weekend (\$)  
☐ :

Copy Form:

TP

Lump Sum / Fee:

1800

**COMFORTDEL GRO ENGINEERING PTE LTD**  
**REPAIR ESTIMATE**

Date: 19.10.2020  
Time: 16:40:28  
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 : 305428824  
REGN NO : SHA4746E  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 20.09.2016  
DATE/TIME IN : 19.10.2020 10:15  
ACCIDENT DATE : 17.10.2020

**JOB / PARTS DESCRIPTION**

**QTY IND UNIT-PRICE DISC% AMOUNT**

**PART REQUISITION**

0001 04-01-0302-2282-G	PRIG4 COVER REAR BUMPER%	1 L	459.40	25.00	344.55	X R
0002 04-01-0302-2267-G	PRIVC BUMPER PIECE	10 L	22.00	25.00	16.50	X
0003 04-01-0302-2965-G	PRIG4 FILLER-REAR BUMPER	1 L	148.40	25.00	111.30	X
0004 04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1 L	552.60	25.00	414.45	X
0005 28-01-9999-2025-A	APP LOGO REAR BONNET CTPL	1 N	80.00	2.50-	80.00	✓ nic
0006 04-01-0302-0810-G	PRIG4 MLDG ASSY BODY ROCK	1 L	290.00	25.00	217.50	X R
0007 03-01-0302-2020-G	PRIG4 WHEEL DISC	1 L	1,555.10	25.00	1,166.32	✗ ✓ CUT
0008 19-01-0302-2022-A	PRIVC/IONIQ WL 195/65R15	1 N	216.00	2.50-	216.00	X

**JOB NATURE**

0000 L	PANEL BEATING (repair rr fender Rh)
0001 23-502	SPRAYPAINT ON AFFECTED AREA
0002 17-01	CHECK ALL LIGHTING

SUB-TOTAL : 2,566.62	
800.00	322
750.00	699
50.00	39

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 19.10.2020  
Time: 16:40:28  
Page: 2

AFOR ENGINE  
Member of  
Team:  
TOMEE

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

JOB NO : 305428824  
REGN NO : SHIA4746E  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID  
DATE OF REGN : 20.09.2016  
DATE/TIME IN : 19.10.2020 10:1  
ACCIDENT DATE : 17.10.2020

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0003 20-00 TUFF COAT ON AFFECTED PARTS.	50.00		X		
0004 20-22 REMOVE/REFIX REVERSE SENSOR	80.00		30		
0005 20-08 ADJUST FRONT WHEEL ALIGNMENT	80.00		60		
SUB-TOTAL :					1,810.00

TOTAL : 4,376.62

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Steve (LKK) W PL  
19/10/20, 4.30pm  
3 dys  
C/S  
Lg L sy

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:

# AFORTIDELGRO ENGINEERING

number of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

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

### Workshops

59 Luyang Drive Singapore 508988 24 Serangoon Loop Singapore 758156  
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791  
45 Pandan Road Singapore 501286 501 Yishun Industrial Park A Singapore 758732  
320 Telok Ayer Street Singapore 06449

Date/Time: 19.10.2020 15:41

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.: 305428824

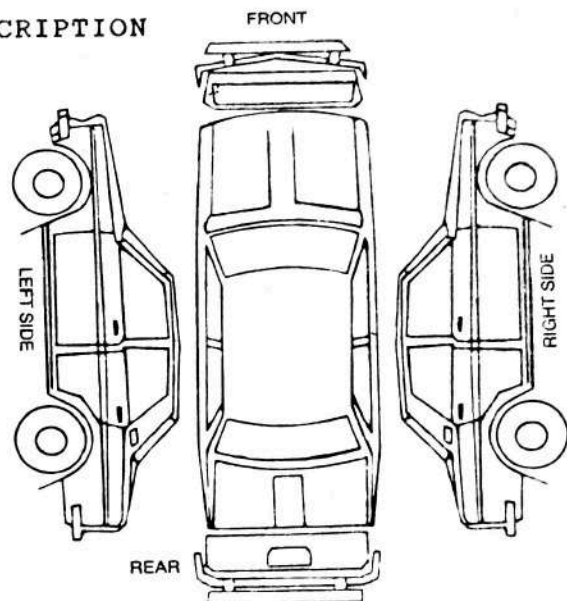
TOMER COMFORT TRANSPORTATION PTE LTD AS 7010045 TOMER NO 383 SIN MING DRIVE RESS Singapore SINGAPORE 575717 65508755 (R) (O) (P)		REGN NO: SHA4746E MAKE: TOYOTA MODEL PRIUS HYBRID(G4)19 YR OF MANUF 20.09.2016 CHASSIS CODE JTDKB3FU903531002	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 10.2020 10:15 TARGET DATE COMPLETION DATE/TIME:
--	--	---	---

COUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 17.10.2020  
NATURE: 3P 17.10.2020

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

pledgement Slip

Exit Pass

No.: SHA4746E

LKE

STEVE

Vehicle No.:

SHA4746E

f 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 19/10/2020 14:23  
Date Of Accident 17/10/2020 14:30  
Exact Location Of Accident BENDEMEER RD  
Country/State Of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA4746E  
**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 MS FIRST CAPITAL INSURANCE LTD  
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT  
Fleet Policy YES  
Policy Number D-18088937MFSH  
Cover Note Number

### Driver

Name of Driver TEO HAI LEE  
NRIC No SXXXX170J  
Date Of Birth 09/06/1951  
Occupation OUTDOOR  
Date Of Driving Pass 16/06/1969  
Driving Experience 51 YEARS AND 4 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-97666946  
Fax Number  
Contact Number  
Email Address TEOHAILEE6946@GMAIL.COM

Address BLK 636 HOUGANG AVENUE 8  
#04-81  
Postcode 530636  
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 SIDE SWIPE  
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? YES

If Yes, Please state which Police Station

Police Station Name

HOUGANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY: SINGAPORE

TEL NO: 1800-4890999 - FAX NO: 63128989

Police Station Address

Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER POLICE REPORT NO: S/D REF: 115

#### 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



**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: 19.10.2020

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

1 2 3 4

A7  
B

A-SHA 4746Z  
B-SMS 426B

\* Stabant attenti

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 100303821R  
Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 19.10.2020

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

1105h



**Sketch Plan Pg. 3**

**Describe Circumstances of the Accident.**

On 17.10.2020, at about 1430hrs, I was driving my Comfort taxi, SHA4746E, on lane 3, along Bendemeer Rd with no pax. Weather was clear and moderate traffic.

Suddenly, a private car, B, which was on lane 2, suddenly swerved out to its left and hit my taxi right rear side.


I stopped my taxi and went out to check. My right rear wheel cover was missing after the accident. My right rear fender and bumper area were damaged from the accident.

No injury at the time of accident.

**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 19.10.2020  
1105m

Larry Ng  
Witnessed by Reporting  
Centre Personnel

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Teo Hai Lee,  
NRIC/FIN S0175170J, has reported to the Police a non-injury traffic accident  
which occurred at Bendemeer Road

on 17/10/2020 at 1430hrs am/pm involving the following vehicles:

SHA4746E  
SMS426B

- 2 If this accident was reported to the Police within 24 hours of its occurrence,  
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.


Rank/Name of Issuing Officer: SGT Quek Ming Xian

Date: 17/10/2020

Time: 1824hrs

S/D Ref: 115

Police Post/Unit: Hougang Neighbourhood Police Centre

  
HOUGANG NPC  
80 HOUGANG AVE 2  
SINGAPORE 538774  
TEL: 1800-4390994

Original – to be issued to informant  
Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

