

ASS. REC. BY:

Steve

REF:

NTUC

NS/INC20011450/Eqf3

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.

MT/1108625-001

Sum Insured:

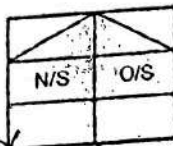
Excess:

(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:

2

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:

SH 7132 P

Yr Regn:

15/6/17

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 / N

Sp. Reading

442828

T/Radio: Insured / Std / NI / N

Eng/No:

JTOKB3F4003558315

C/No:

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

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size:

F:

195/65R15

R:

11

BS / DUN / EXNOVA / GY ☒ FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

5

mm

Rear

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

21/10/20

D.O.A.

21/10/20

Survey held at

Comfortable lgrs

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

Rear LH.

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

Date / Time

Action / Instruction

23/10/20 @ 11.57pm Steve finalised with Jumani LS \$1500, 2 days (Red \$649.52, 30%)

Date/Time, File, Pass to?

04/11 Typist

Date/Time, File Return to?



: Prel. Report



: Final Report

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Rep. Forms:

TP

Lump Sum / Fee:

1500

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 21.10.2020
Time: 13:52:50
Page: 1

NAME - (Chuan) *CH*

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

JOB NO : 305429280
REGN NO : SH 7132P
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 15.06.2017
DATE/TIME IN : 21.10.2020 10:10
ACCIDENT DATE : 21.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | | | |
|------------------------|---------------------------|-----|--------|-------|--------|----------------------|-----|
| 0001 04-01-0302-2282-G | PRIG4 COVER REAR BUMPER% | 1 | 458.60 | 20.00 | 366.88 | ✓ | DD |
| 0002 04-01-0302-0581-G | LENS & BODY RR COMBIN LAM | 1 | 557.90 | 20.00 | 446.32 | ✓ | DR |
| 0003 04-01-0302-0796-G | LENS & BODY REAR LAMP LOW | 1 | 548.40 | 20.00 | 438.72 | ✓ | DR |
| 0004 04-01-0302-2267-G | PRIVC BUMPER PIECE | 10 | 22.00 | 20.00 | 17.60 | ✓ | REC |
| 0005 04-01-0302-1150-A | PRIG4 BUMPER PROTECTOR MA | 1 N | 50.00 | 2.00- | 50.00 | ✓ | REC |
| | | | | | | SUB-TOTAL : 1,319.52 | |

JOB NATURE

| | | | |
|------------|-----------------------------|--------------------|-----|
| 0000 PB | PANEL BEATING | 400.00 | 320 |
| 0001 SP | SPRAYPAINT CHARGE | 300.00 | 200 |
| 0002 17-01 | CHECK ALL LIGHTING | 50.00 | 30 |
| 0003 L | REMOVE/REFIX REVERSE SENSOR | 80.00 | 30 |
| | | SUB-TOTAL : 830.00 | |

Sten (LKK) *WZ AL*
LIS

21/10/20, 2.15 pm

2 d/s

Ry AL SLy

LKK Auto Consultants nence 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

Date:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 21.10.2020
Time: 13:52:50
Page: 2

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

JOB NO : 305429280
REGN NO : SH 7132P
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID
DATE OF REGN : 15.06.2017
DATE/TIME IN : 21.10.2020 10:1
ACCIDENT DATE : 21.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,149.52

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

Team: ARC Repair TP(CLS0)1

OWNER

AS

OWNER NO.

RESS

(R)

(P)

COUNT CARD NO.

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

JOB CARD Sales Order:

JC NO.: 305429280

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508988

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

320 Pandan Road Singapore 609649

24 Senoko Loop Singapore 758156

7 Sungai Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 21.10.2020 13:40

Page : 1

| | |
|-----------------------------------|-------------------------------|
| REGN NO: SH 7132P | MILEAGE |
| MAKE : TOYOTA | FUEL E.....1/2.....F |
| MODEL PRIUS HYBRID(G4)21 | DATE/TIME IN 10.2020 10:10 |
| YR OF MANU. 15.06.2017 | TARGET DATE |
| CHASSIS CODE JTDKB3FU003558315 | COMPLETION DATE/TIME: |

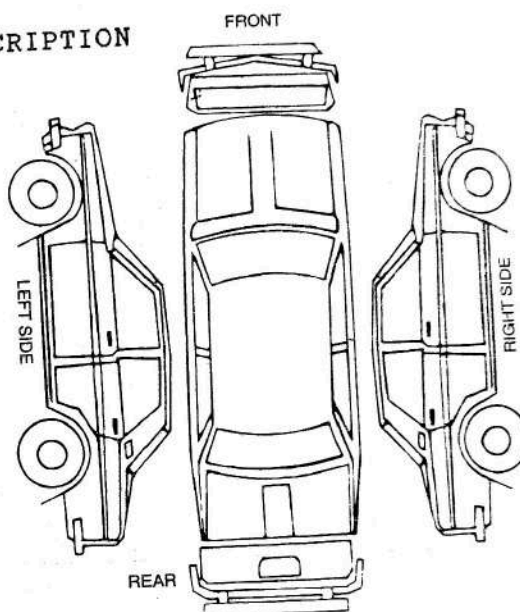
JOB DESCRIPTION

Accident Date: 21.10.2020
NATURE: 3P 21.10.2020

S/NO

LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist Slip

Exit Pass

No.: SH 7132P

JU NTUC LKK

Vehicle No.:

SH 7132P

Signature of 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report 21/10/2020 12:19
Date Of Accident 21/10/2020 07:40
Exact Location Of Accident CTE TOWARDS CITY BEFORE EXIT 10 BRADDELL RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH7132P
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 TAN SOH SIAT
NRIC No SXXXX206Z
Date Of Birth 01/12/1968
Occupation OUTDOOR
Date Of Driving Pass 07/11/1986
Driving Experience 33 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-81313181
Fax Number
Contact Number
Email Address NOEMAIL

394 12-1098 YISHUN AVENUE 6

760394

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 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? YES
Was any injured conveyed to hospital by ambulance? YES
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) 2
Passenger 1 NAME: : -
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
POLICE STATION NAME [OTHER] PASIR RIS NPC
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number FBF6076L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver GOH JIA RONG ALWIN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage OVERALL BODYWORK

inger (Including Driver)

DETAILS OF INJURED PERSON 1

GOH JIA RONG ALWIN

ate Age

Sustain

d person in which vehicle?

e seat belts worn?

as this injured conveyed to hospital by
nbulance?

Address

Postcode

CUT ON HIS ARM

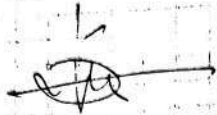
FBF6076L

YES

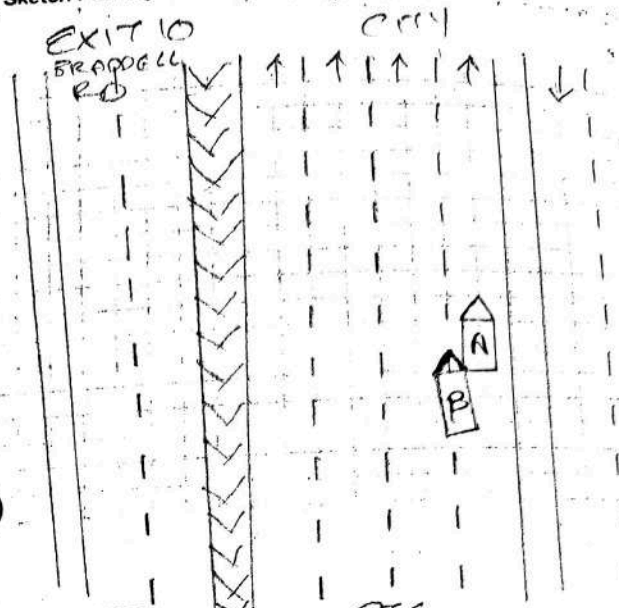
Sketch Plan Pg. 1

TCH PLAN

A = SH 7132P



B = FBF 6076L
(MOTORCYCLE)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached Police
Report ② T120201021/2018

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:

Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: 21 OCT 2020



**SINGAPORE
POLICE FORCE**



T/20201021/2018

1 of 3

Report No. T/20201021/2018

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 21/10/2020 09:47 | Vide Report No.: E/20201021/0042 | Station Diary No.: 18 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|--|----------------------------|
| Name of Informant: TAN SOH SIAT | | | Address: APT BLK 394 YISHUN AVENUE 6 #12-1098 SINGAPORE 760394 | |
| ID Type / ID No.: NRIC NO / S6842206Z | | | Contact No.: Home/Office: | Mobile: 81313181 |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 51 | Date of Birth: 01/12/1968 | Type of Informant: Driver | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------------------|------------------------------------|---|------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 21/10/2020 07:40 | Type of Location: Straight Road |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|---------------------|-----------------|
| SH7132P | Car | | | | Slightly Damaged | 1 |



**SINGAPORE
POLICE FORCE**



T/20201021/2018

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3
Report No. T/20201021/2018

CONTINUATION OF REPORT

Brief Details.

On 21/10/2020, at about 7.40am, I was travelling along CTE(AYE) at the 10km mark with my vehicle SH7132P. I was travelling on the extreme right lane, intending to fetching a passenger to raffle's place. While I was travelling on the said lane, the traffic was congested. As such, all the vehicles would have to move and stop from time to time. I was slowing down to a stop, when suddenly the vehicle in front of mine jammed brake and stopped. Thereafter, I heard a sound from the back of my vehicle which sounded like a collision. I then came down of my vehicle to make a check, as I saw a motorcyclist on the floor. The motorcycle involved is one FBF6076L, which collided onto my vehicle. My vehicle sustained slight damages, such as crack in the rear left brake light, and some scratches on the rear left of the vehicle.

Subsequently, the ambulance and the police was both at scene.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20201021/2018

3 of 3

Report No. T/20201021/2018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 OH JIA KAI JACKIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/10/2020 09:47

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD FARHAN BIN SAIRI

Contact No.: 65476224

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

