

ASS. REC. BY:

Steve

REF:

NTMC

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:

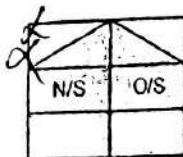
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SH 6869C

Yr Regn:

5/7/17

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

Truck / Trailer or

Make:

Toyota Pro

c.c

1798

Colour:

Blue

A/C:

Insured / Std / NI / N

Sp. Reading

521109

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

JTDKB3F4703561082

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 A/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.

23/12/20

D.O.A.

23/12/20

Survey held at

Com Makin

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

F4 LM

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

Date / Time

Action / Instruction

LUMP SUM \$1500

(RED: 5670.69; 79%)

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS: \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Form:

Lump Sum / L.E.I. /

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 6860C
MAKE : TOYOTA
MODEL : PRIUS

DATE: 23. Oct. 2020

MVA: Loke WY

DOA: 23. Oct. 2020

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Bumper X R			\$499.90
1	Front Bumper Lwr Reinforcement Bracket LH			\$165.00
10	Front Bumper Clips X		\$2.20	\$22.00
1	Fog Lamp LH X			\$920.00
1	Headlamp LH X			\$3,455.00
1	Front Fender - LH / DD			\$945.30
1	Front Fender Shield LH X			\$198.50
1	Front Fender Shield Clip X			\$38.00
1	Front Wheel Rim LH X Polish			\$1,570.55
SUB TOTAL				\$7,814.25
LESS 25%				\$1,953.56
DISCOUNTED TOTAL				\$5,860.69
				\$-
Labour Charge				
1	Panel Beating		320	\$650.00
1	Spray Painting Charge		400	\$500.00
1	Wiring Charge		30	\$100.00
1	Wheel Alignment		60	\$60.00
TOTAL LABOUR				\$1,310.00
ESTIMATE TOTAL				\$7,170.69
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

Steve (LKK) w AL
23/10/20, 4.15 pm
L/S
By AL spg
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

Member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

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

Workshops

591 Luyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Old Road Singapore 306649

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

Date/Time: 23.10.2020 15:29

Page : 1

Job: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305429544

MEMBER

COMFORT TRANSPORTATION PTE LTD
7010045

MEMBER NO.

SS

383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

R)

P)

JNT CARD NO.

REGN NO. SH 6860C	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)23	DATE/TIME IN 10.2020 14:00
YR OF MANU. 05.07.2017	TARGET DATE
CHASSIS CODE JTDKB3FU703561082	COMPLETION DATE/TIME

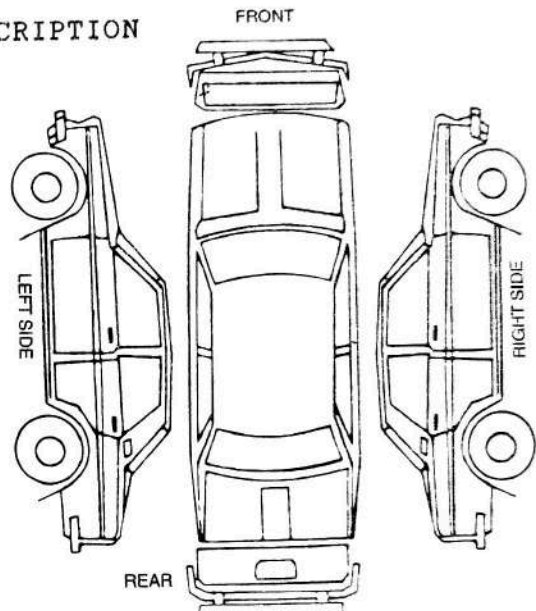
JOB DESCRIPTION

Accident Date: 23.10.2020
NATURE: 3P 23.10.2020

/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 6860C YY

Vehicle No.: SH 6860C

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

returned to Service Reception upon collection

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 23/10/2020 14:39
Date Of Accident 23/10/2020 10:05
Exact Location Of Accident ALONG BUKIT TIMAH ROAD BEFORE TAN CHONG MOTOR BULD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH6860C
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 TAN YONG KEE
NRIC No SXXXXX475Z
Date Of Birth 06/08/1952
Occupation OUTDOOR
Date Of Driving Pass 27/04/1973
Driving Experience 47 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96706329
Fax Number
Contact Number
Email Address TYK1952@GMAIL.COM

205C #13-33 COMPASSVALE LANE

543205

an employee of the Insured's Company NO
Relationship of the Driver with the Insured OTHER - TAXI DRIVER
Registration Number of Driver's Own -

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? 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

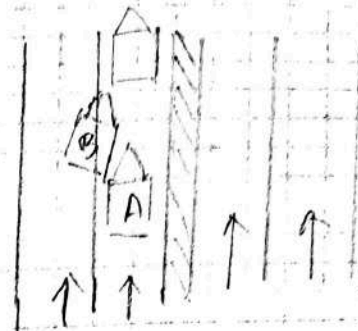
DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number PC4415E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category BUS
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage REAR RHT
No. Of Passenger (Including Driver)

H PLAN

A - SH 6860C

B PC 4415E



Bukit Timah Road
Before Tan Chong motor

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 23/10/2020 @ about 1005 hrs. I was travelling along Bukit Timah Road with no passenger aboard. There is a two lane road and I was at the right lane. It happen before Tan Chong motor building. Vehicle B - PC 4415E was at the left lane suddenly cut into my lane without consideration road safety and collided onto my left front portion. No one was injured at that time of accident.


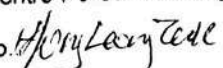
DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO. 199303621R

Policyholder's Signature
Date & Time:


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

 23/10/2020
Reporting Centre Personnel's Signature
Name:
NRIC/Fin No. 

Sketch Plan Pg. 2

NT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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
& Time:

Driver's Signature
(if driver is not the policyholder)

Reporting Centre Personnel's Signature
Name: *Hong Lany Lelle*

