

ASS. REC. BY:

Sten

REP:

AIG

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

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:

SHC 2559G

Yr Regn:

6/12/18

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

Truck / Trailer or

Make:

Toyota Plus

c.c 1798

Colour:

Blue

A/C:

Insured / Std / NI / N

Sp. Rending

324792

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

JTPK03FU803977518

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.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

22/10/22

D.O.I.

22/10/22

Survey held at

Cambridge

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

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Weekend (\$

S + RS SI

Photos

Others

TOTAL

Copy Formed:

Stamp Sign / L.E.B. /

# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC2559G  
MAKE : TOYOTA  
MODEL : PRIUS (G4)

DATE: 22. Oct. 2020  
MVA: LOKE WY  
DOA: 22. Oct. 2020

LKK Star

AIG

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Door - RH / <i>LT</i>			\$1,264.00
1	Rear Door - RH / <i>ON</i>			\$1,258.30
1	Rear Fender - RH X <i>R</i>			\$836.70
1	Rocker Panel Garnish RH / <i>OR</i>			\$576.00
SUB TOTAL				\$3,935.00
LESS 25%				\$983.75
DISCOUNTED TOTAL				\$2,951.25
1	Front Door ComfortDelgro Sticker - RH / <i>MC</i>			\$75.00
1	Rear Door APP Sticker - RH / <i>MC</i>			\$80.00
				\$155.00
Labour Charge				
1	Panel Beating		<i>960</i>	\$980.00
1	Spray Painting Charge		<i>800</i>	\$1,000.00
1	Tuff Kote		<i>30</i>	\$100.00
2	Transfer of Door		<i>\$150.00</i> <i>50</i>	\$300.00
TOTAL LABOUR				\$2,380.00
ESTIMATE TOTAL				\$5,486.25

Nett  
Nett

100

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) m R

22/10/20, 3-30pm

P/P

M R Sy

3 dys

- LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before final spray painting
  - To provide damaged parts during resurvey
  - Prices are subject to confirmation
  - To provide survey on a "Without Prejudice" basis
  - To provide quotation within 10 days
  - Supplements to original insurance cover and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

## 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 22/10/2020 13:47  
Date Of Accident 22/10/2020 11:25  
Exact Location Of Accident BLK 410 ANG MO KIO AVE 10  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC2559G  
**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 ONG CHYE OON  
NRIC No SXXXX096F  
Date Of Birth 10/05/1962  
Occupation OUTDOOR  
Date Of Driving Pass 14/12/1981  
Driving Experience 38 YEARS AND 10 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-96944452  
Fax Number  
Contact Number  
Email Address NOEMAIL

909 08-104 HOUGANG STREET 91

530909

Driver an employee of the Insured's Company 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 COLLISION - MAJOR/MINOR RD  
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.

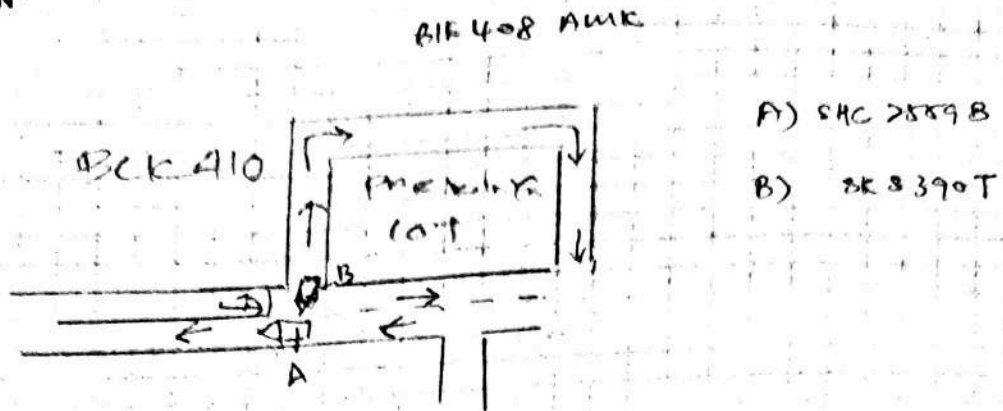
#### Attachment(s)

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 SKS390T  
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 LEFT  
No. Of Passenger (Including Driver)

SKETCH PLAN



BK 408 Aug mo kio me 10  
car park

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

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:

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

*Olivia Wendy*  
Olivia Wendy

Reporting Centre Personnel's Signature  
Name:  
NRIC/Fin No.: 22 OCT 2020

**Describe Circumstances of the Accident.**

On the 22/10/2020 @ about 11:25hrs, I was driving out from the parking lot at Ang Mo Kio Ave 10.

As I was driving straight towards the exit, I saw a vehicle of SKS390T was reversing into the lane beside the BLK 410. So I slowly proceed to drive out when suddenly the said vehicle drove towards my taxi. I was trying to avoid the collision however it happened so fast that the said vehicle front left grazed onto my taxi whole right side.


No injury at the point 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

  
Witnessed by Reporting  
Centre Personnel

Olivia Wong

22 OCT 2020



# COMFORTDELGRO ENGINEERING

**ComfortDelGro Engineering Pte Ltd**

205 Braddell Road Singapore 579701  
Mainline : 65 6383 5200 Fax: 65 6280 9705

**Workshops**

591 Layan Drive Singapore 508900  
383 Sin Ming Drive Singapore 575717  
45 Bras Basah Road Singapore 189580

24 Serangoon Road Singapore 758106  
7 Serangoon Road Singapore 758101  
901 Serangoon Road Singapore 758103

Date/Time: 22.10.2020 14:35

Page : 1

ARC Repair TP(CLSO)1

## JOB CARD Sales Order:

JC NO: 305429467

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

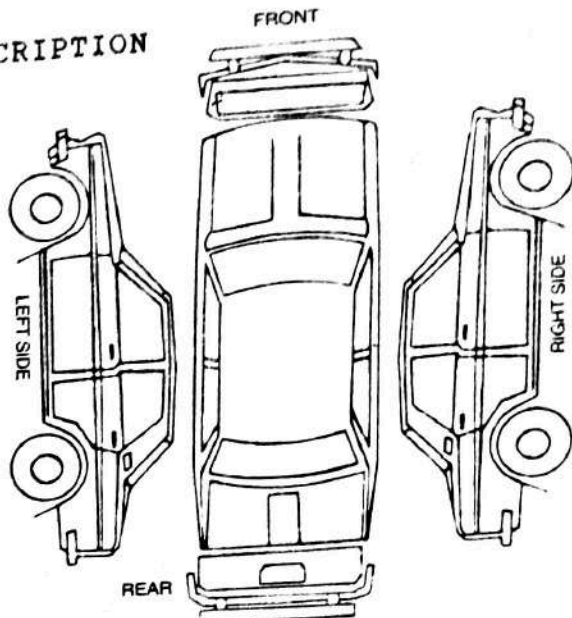
REGN NO	SHC2559G	MILEAGE	
MAKE	TOYOTA	FUEL	E 1/2 F
MODEL	PRIUS HYBRID(G4)22	DATE/TIME IN	10.2020 12:30
YR OF MANU	06.12.2018	TARGET DATE	
CHASSIS CODE	JTDKB3PU803077518	COMPLETION DATE/TIME	

### JOB DESCRIPTION

Accident Date: 22.10.2020  
NATURE: 3P 22.10.2020

S/NO LABOR CODE

### DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHC2559G

YY

Exit Pass

Vehicle No.: SHC2559G

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard