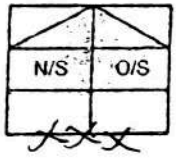


ASS. REC. BY: Steve REF: NTUC

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No: _____
 Claims No: MT/1108003-002
 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: _____
 DAC 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
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT



Veh No: SH 97674 Yr Regn: 23/8/17
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Prous cc 1798
 Colour: Blue A/C: Insured / Std / NI / N
 Sp. Reading: 402714 T/Radio: Insured / Std / NI / N
 Eng/No: _____
 C/No: JTD KB JF4 3035 63489
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rlm / STD / Rlm or
 Tyre Size: F: 195/65R15
 R: 11
 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. 26/10/21 D.O.I. 28/10/20
 Survey held at Comfit 1/19
 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
	L/S \$5700.00 (RED: \$2597.09, 31%)

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: 3
 Resurvey No. of Trip: 2

Date/Time, File Return to?
02/11/20 TYPIST

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	_____
Transportation:	_____
S + RS - SI	_____
Photos	_____
Others	_____
TOTAL	_____

op. Form: _____
 up. Sum / L.S.: L/S \$5700.00

JMFORTDELGRO ENGINEERING PTE LTD

LKK Slave

REPAIR ESTIMATE*

VEHICLE NO : SH 9767U
 MAKE : TOYOTA
 MODEL : PRIUS - G4

DATE: 28. Oct. 2020
 MVA: LOKE WY
 DOA: 26. Oct. 2020

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper / DR			\$458.60
1	Rear Bumper Reinforcement / DD			\$318.80
1	Rear Bumper Under Side Cover LH X			\$232.00
1	Rear Bumper Under Side Cover RH X			\$232.00
1	Rear Bumper Undercover / CR4			\$552.60
10	Rear Bumper Clips / APC		\$2.20	\$22.00
1	Rear Bumper Towing Cover / CNT			\$82.70
1	Rear Bumper Side Retainer / DR			\$112.70
1	Rear Bumper Side Clip X			\$25.00
1	Arm Sub-Assy Rear Bumper LH X			\$139.60
1	Arm Sub-Assy Rear Bumper RH X			\$139.60
1	Retainer Rear Bumper Side RH X			\$94.80
1	Retainer Rear Bumper Side LH X			\$94.80
1	Retainer Rear Bumper Upper Side X			\$30.70
1	Seal Rear Bumper Side RH X			\$148.40
1	Seal Rear Bumper Side LH X			\$148.40
1	Tail Lamp (Upper) RH X			\$557.90
1	Tail Lamp (Lower) RH X			\$548.40
1	Rear Trunk Lid Cover / DD			\$1,126.60
1	Rear Trunk Lid Lock X			\$457.90
1	Rear Trunk Lid cover Trim Board ?			\$254.40
1	Rear Trunk Lid Logo (Prius) / NK			\$60.80
1	Rear Trunk Lid Logo (Hybrid) / NK			\$52.40
1	Rear Trunk Lid Logo (Toyota) / NK			\$52.90
1	Rear End Panel / DD			\$602.10
1	Rear End Panel Garnish / CR4			\$165.80
SUB TOTAL				\$6,711.90
LESS 25%				\$286.94
DISCOUNTED TOTAL				\$6,424.96
Rear Bumper Reverse Sensor / DR				\$122.13
Rear Bumper Rubber Mat / NK				\$50.00
Rear Trunk Lid Apps Sticker / NK				\$40.00
Rear Trunk Lid Comfort & Tel No Sticker / NK				\$60.00
Nett				\$272.13
Labour Charge				
1	Panel Beating			\$1000 960
1	Spray Painting Charge			\$600.00
1	Remove/refix reverse sensor			\$80.00 39
1	Check wiring			\$60.00 39
1	Tuff Kote			\$60.00 30

Final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

TOTAL LABOUR		\$1,600.00
ESTIMATE TOTAL		\$8,297.09

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)

wL AL
28/10/73, 2.09pm

3 dys

L/S

M AL SKY

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:

SINGAPORE ACCIDENT STATEMENT

NOTICE

It is the responsibility of the Policyholder and/or the Authorized Driver to correctly state the details of the accident to speed up the claims process. This report must be completed by the Policyholder and/or the Authorized Driver. The information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to deny or reduce policy liability. The use and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. In the event of an accident, the Police may be referred to the Police for investigation. 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. 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 to interested parties.

ACCIDENT STATEMENT

Date Of Report 27/10/2020 15:25
Date Of Accident 26/10/2020 17:10
Exact Location Of Accident YIO CHU KANG ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH9767U
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 YEO PUAY TONG
NRIC No SXXXX140D
Date Of Birth 19/05/1957
Occupation OUTDOOR
Date Of Driving Pass 11/09/1984
Driving Experience 36 YEARS AND 1 MONTH
Gender MALE
Mobile Number (LOCAL) +65-97720211
Fax Number
Contact Number
EMail Address YSTEVE19@GMAIL.COM

je
ger (Including Driver)

FRONT & REAR

DETAILS OF OTHER VEHICLE PROPERTY 2

Registration Number SHD5414R
Make/Model/Colour TRANSCAB
Type of Properties
Category TAXI
Name of Driver CHONG YEW WAH
Licence/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage FRONT
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1:

Name YEO PUAY TONG
Approximate Age
Injuries Sustain NECK, LWR BACK SPRAINED, NUMBNESS IN LH HAND & LEG
Injured person in which vehicle? SH9767U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

IMPORTANT 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. 199303821H

Policyholder's Signature
Date & Time:


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

 27/10/2016
Reporting Centre Personnel's Signature
Name:

PLAN

- A: SH19767U
- B: SJW 9932L
- C: SHD 5414R



Yio Chu Kang Road After CTE towards Sengkang West Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached Police report : T/20201027/2048

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

[Handwritten Signature]

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

[Handwritten Signature] 27/10/2020

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: *[Handwritten Name]*



**SINGAPORE
POLICE FORCE**



T/20201027/2048

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 4

Report No: T/20201027/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2020 12:31		Vide Report No.:		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: YEO PUAY TONG			Address: APT BLK 8 JOO SENG ROAD #17-06 SINGAPORE 360008		
ID Type / ID No.: NRIC NO / S1228140D			Contact No.: Home/Office:		Mobile: 97720211
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 19/05/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2020 17:10	Type of Location: Straight Road
Location: YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH9767U	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	Seriously Damaged	1
SHD5414R		TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Red		0
SJW9932L	Car	TOYOTA	VIOS E AUTO	Silver		0



**SINGAPORE
POLICE FORCE**



T/20201027/2048

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No. 1800-5871999

2 of 4

Report No. T/20201027/2048

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved No			
No. of Pedestrians Injured NIL		Use of Pedestrian Crossing NA	
Driver			
Name	YEO PUAY TONG	ID No.	S1228140D
Related Vehicle	SH9767U (Car)	Contact No.	97720211
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/10/2020	Date Discharge	27/10/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	CHONG YEW WAH	ID No.	S1122485G
Related Vehicle	SHD5414R	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NEO GIM HUAT (LIANG JINFA)	ID No.	S7101503C
Related Vehicle	SJW9932L (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/10/2020 about 1710 hrs, I was driving a passenger in my taxi plate number SH9767U along Yio Chu Kang Road after CTE towards Sengkang West Road. I had stopped my taxi before a traffic light as traffic light is red. As I was waiting for the traffic light to go green. I suddenly felt a very loud and sudden impact on the back of my taxi. I was much shaken and I got out of my taxi and see that there was a chain collision. A transcab taxi plate number SHD5414R had collided into a private car SJW9932L which in then collided into my taxi. We then exchanged particulars and took some photograph of the incident. I wish to state that I had in built camera in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20201027/2048

3 of 4

Report No. T/20201027/2048

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

On 27/10/2020 at about 0700 hrs I woke up today and felt that I had sprained my neck and lower back this morning and experiencing some numbness in my left hand and leg due to the accident so I went to see the doctor and he gave me 5 days of Medical leave.

I wish to state that there were no visible injuries on anyone at the scene and no ambulance were at the scene as well.

I am lodging this report to claim insurance and company record purposes.



**SINGAPORE
POLICE FORCE**



T/20201027/2048

4 of 4

Report No. T/20201027/2048

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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 1 HARIDAS S/O MANOGERAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/10/2020 12:31

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168

ComfortDelGro Engineering Pte Ltd

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

Workshops
 59 Loyang Drive Singapore 508989 24 Serangoon Loop Singapore 758156
 383 Sin Ming Drive Singapore 575717 7 Sungai Karut Way Singapore 128191
 45 Pandan Road Singapore 603286 501 Yishun Industrial Park A Singapore 762732
 320 Road Singapore 649649

Date/Time: 27.10.2020 16:50 Page : 1

Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.: 305430403

PORT TRANSPORTATION PTE LTD
 7010045
 3 SIN MING DRIVE
 Singapore SINGAPORE 575717
 5508755 (0)

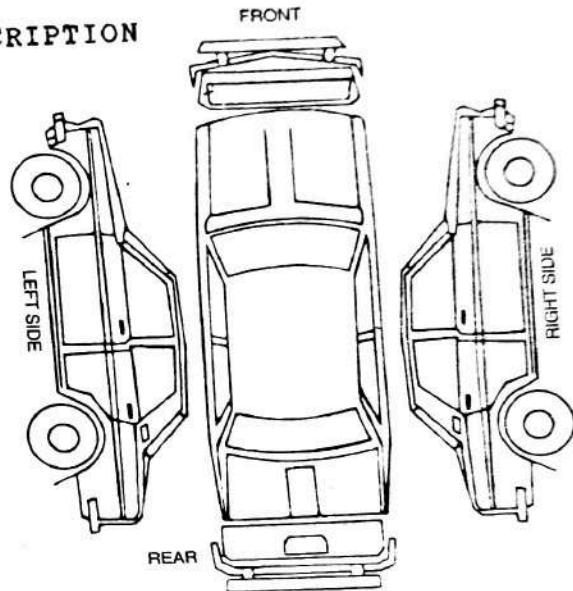
REGN NO. SH 9767U	MILEAGE
MAKE : TOYOTA	FUEL E..... 1/2..... F
MODEL PRIUS HYBRID(G4)26	DATE/TIME IN 10.2020 17:45
YR OF MANU 23.08.2017	TARGET DATE
CHASSIS CODE JTDKB3FU303563489	COMPLETION DATE/TIME:

JOB DESCRIPTION

Ident Date: 26.10.2020
 TURE: 3p 26.10.2020

NO LABOR CODE
 NTUC.

DESCRIPTION



WORKED & PASSED OUT BY: _____

CUSTOMER'S SIGNATURE _____

SERVICE ADVISOR

Confirmation Slip

No.: SH 9767U YY

Exit Pass

Vehicle No.: SH 9767U

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

Returned to Service Reception upon collection