

ASS. REQ. BY: Steve REF: CS/EQ120012678/ESd3

# 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. \_\_\_\_\_  
 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.

N/S	O/S

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  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SH 65355 Yr Regn: 7/1/19  
 Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) Prime Mover /  
 Truck / Trailer or  
 Make: Toyota Prius c.c. 1797  
 Colour: Black A/C: Insured / Std / NI / N  
 Sp. Reading: N/A T/Radio: Insured / Std / NI / N  
 Eng/No: \_\_\_\_\_  
 C/No: JTOKB 3F4303977765  
 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 / R/Arim or  
 Tyre Size: F: 195/65R15  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Westlake  
 Front Rear  
 R/Bal. 4 mm R/Bal. 4 mm  
 L/Bal. 4 mm L/Bal. 4 mm  
 D.O.A. 15/11/20 O.O.I. 18/11/20  
 Survey held at Comf Adlg.  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
F1 R4  
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

STEVE CONFIRMED P/P \$ 4,808.32/3 DAYS WITH KWOK ENG  
 (\$ 1,403.48/RED - 20%) (\$ 1,331.48/RED - 22%)

Date/Time, File Pass to?

15/12/2020  
 TYPIST

Date/Time, File Return to?

☐ : Prel. Report  
☒ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 2

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Pop. Formed :

Lump Sum LE13 P/P \$ 4,808.32

2020

Repairer Estimates

**ComfortDelGro Engineering Pte Ltd** (Co.Reg.No:199506048W)59 Loyang Drive  
Singapore 508969  
Tel: 6214 8300**TP INSURER:**  
**CTPL****EQ Insurance Company Ltd (HQ)**

Singapore

LKe

**PARTICULARS OF CLAIM**

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	15/11/2020
Vehicle Reg. No.:	SH6535S	Driveable?	
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS HYBRID, 1.8 (A)	Vehicle Reg. Date:	07/01/2019
Vehicle Colour:	BLUE	Chassis No:	JTDKB3FU303077765
Engine No:	2ZR2B84209		
Odometer:	0 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	5		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	3,811.45
Miscellaneous Items	0.00
Labour	2,180.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>5,991.45</b>
<b>+ GST 7.00% (S\$)</b>	<b>419.40</b>
<b>Nett Amount (S\$)</b>	<b>6,410.85</b>

This claim is handled by: **LIM KWOK ENG**

Generated using Merimen e-Claims Internet Estimation &amp; Adjusting System

11/16/2020

# REPAIR DETAILS

## Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 16 Nov 2020)

Parts: 144

TOYOTA PRIUS HYBRID 1.8 (A) (Catalogue: Merimen Singapore 1.0)

Labour: Repairer's

(Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SH6535S/16/11/2020 18:40

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk \*.

## Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRT DOOR RH / DD	25.00	0.00	*1,264.00 FL
2	1		*FRT DOOR DELTA RH	25.00	0.00	*83.50 FL
3	1		*REAR VIEW MIRROR ASSY RH / DR	25.00	0.00	*1,390.10 FL
4	1		*REAR VIEW MIRROR OUTER COVER RH / DR	25.00	0.00	*141.90 FL
5	1		*FRT WINDSCREEN PILLAR RH X R	25.00	0.00	*343.10 FL
6	1		*FRT FENDER RH / DD	25.00	0.00	*945.30 FL
7	1		*FRT FENDER HYBRID EMBLEM RH / MC	25.00	0.00	*86.50 FL
8	1		*FRT FENDER SHIELD RH X <del>DR</del>	25.00	0.00	*198.50 FL
9	1		*ROCKER PANEL OUTER GARNISH RH X R	25.00	0.00	*290.00 FL
10	1		*FRT WHEEL HUB CAP RH / CHT	25.00	0.00	*177.70 FL
11	1		*FRT DOOR COMFORTDELGRO LOGO RH / MC	0.00	0.00	*75.00 F
12	2		*FRT WINDSCREEN GLASS SEALANT X	0.00	0.00	*46.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (\$)	5,041.60
- List Item Discount on L Items (\$)	1,230.15
Total Parts (\$)	3,811.45

ComfortDelGro Engineering Pte Ltd/SH6535S/16/11/2020 18:40. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

# Estimates on Miscellaneous Items

are no new miscellaneous items selected.

## Estimates on Labour

Particulars	Lab.Type	Amount
<b>Labour Items</b>		
1 PANEL BEATING	New	800 960.00
2 SPRAY PAINTING CHARGE	New	600 800.00
3 WIRING CHARGE	New	30 50.00
4 TUFF KOTE	New	30 50.00
5 TRANSFER OF DOOR	New	50 120.00
6 REMOVE/REFIX FRT WINDSCREEN GLASS	New	120.00
7 FRT WHEEL ALIGNMENT	New	60 X 80.00
<b>Gross Labour Cost (S\$)</b>		<b>2,180.00</b>

ComfortDelGro Engineering Pte Ltd/SH6535S/16/11/2020 18:40. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Steve CLKK) wa M  
18/11/20, 12.00pm  
3 dys

P/P  
My Bel Smy

- 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:

# FORTDELGRO ENGINEERING

Member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

### Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

320 Hill Road Singapore 215449

24 Senoko Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 758732

Date/Time: 16.11.2020 14:58

Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.:305433878

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

7010045

VEHICLE NO.

ADDRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(R)

(P)

(O)

REGN NO.

SH 6535S

MILEAGE

MAKE :

TOYOTA

FUEL

E.....1/2.....F

MODEL

PRIUS HYBRID(G4)15

DATE/TIME IN

11.2020 14:00

YR OF MANU

07.01.2019

TARGET DATE

CHASSIS CODE

JTDKB3FU303077765

COMPLETION DATE/TIME:

EQ INS

COUNT CARD NO.

## JOB DESCRIPTION

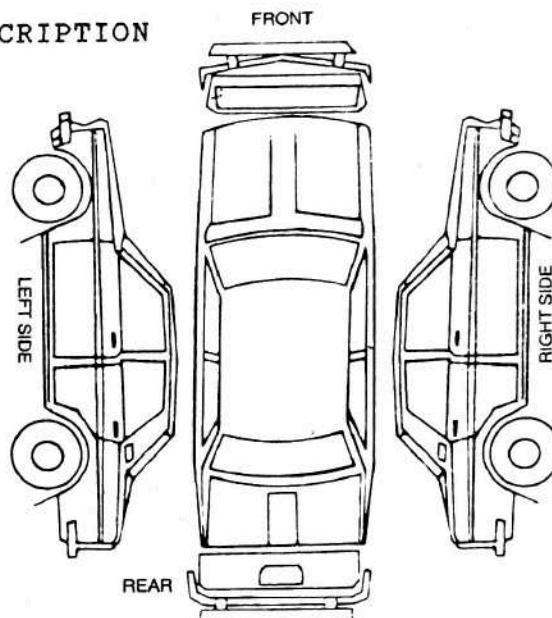
Accident Date: 15.11.2020

NATURE: 3P 15.11.2020

3/NO

LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist Slip

Exit Pass

No.:

SH 6535S

LKE

Vehicle No.:

SH 6535S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

## 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.

## SINGAPORE ACCIDENT STATEMENT

### ACCIDENT STATEMENT

Date Of Report 16/11/2020 11:26  
Date Of Accident 15/11/2020 11:00  
Exact Location Of Accident ST GEROGE'S RD NEAR BLK 14  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SH6535S  
**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 LEONG WENG PIEW  
NRIC No SXXXX700E  
Date Of Birth 13/10/1953  
Occupation OUTDOOR  
Date Of Driving Pass 23/12/1975  
Driving Experience 44 YEARS AND 10 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-93519645  
Fax Number  
Contact Number  
Email Address NOEMAIL

de  
Is driver an employee of the Insured's Company NO  
No. Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle OTHER - TAXI DRIVER  
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? 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 POTONG PASIR NEIGHBOURHOOD POLICE POST  
Police Station Address ROAD: BLK 142 POTONG PASIR AVENUE 3, POSTCODE: 350142, COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-2829999 - FAX NO: 62815964  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

### Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20201115/2024

### 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

Vehicle Registration Number FBJ969D  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category MOTORCYCLE  
Name of Driver CHUA BOON KIAT  
NRIC/Passport Number  
Contact Number 98898408  
Address  
Postcode  
Insurance Company Name EQ INSURANCE COMPANY LTD



Damage  
Passenger (Including Driver)

NOT SURE

**DETAILS OF INJURED PERSON 1**

Name

CHUA BOON KIAT

Approximate Age

67

Injuries Sustain

RIGHT PALM BLEEDING.

Injured person in which vehicle?

FBJ969D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



# **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:

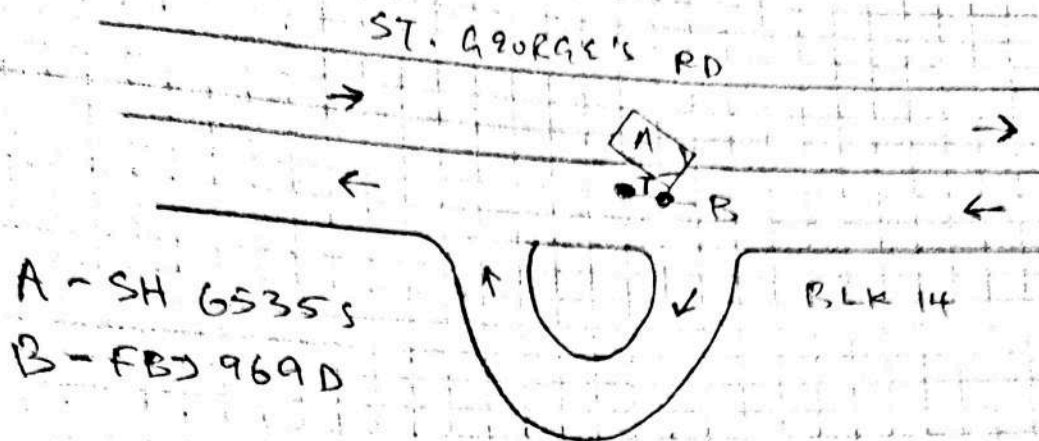
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 16.11.2022  
1025h

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

\* Police report T/2020 1115 /2024 \*

DECLARATION

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:  
16.11.2020  
1025hr

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



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999



T/20201115/2024

1 of 4

Report No: T/20201115/2024

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/11/2020 13:25		Vide Report No.:	Station Diary No.: 16
<b>Informant's Particulars</b>			
Name of Informant: LEONG WENG PIEW		Address: APT BLK 152 RIVERVALE CRESCENT #04-110 SINGAPORE 540152	
ID Type / ID No.: NRIC NO / S0022700E		Contact No.: Home/Office: Mobile: 93519645	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 67	Date of Birth: 13/10/1953	Type of Informant: Driver
Race: Chinese		Language: Hokkien	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

**General information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/11/2020 11:00	Type of Location: BLK 13 SAINT GEORGE'S ROAD DROP OFF POINT
Location: SAINT GEORGE'S ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ969D	Motorcycle				Slightly Damaged	0
SH6535S	Car				Slightly Damaged	0



**SINGAPORE  
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142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999



T/20201115/2024

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Report No: T/20201115/2024

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	CHUA BOON KIAT	ID No.	S9047593B
Related Vehicle	FBJ969D (Motorcycle)	Contact No.	98898408
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	Slight
<b>Driver</b>			
Name	LEONG WENG PIEW	ID No.	S0022700E
Related Vehicle	SH6535S (Car)	Contact No.	93519645
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date, time and place, I was driving my Comfort Delgro taxi (SH6535S) along Saint George's Road towards Saint Wilfred Road when I saw a passenger flagging down my taxi from the drop off point near Blk 13 Saint George's Road, which is located at the other side of the dual carriage lane. I then switched on my hazard light instead of my right turn signal, with the intention to turn into the drop off point to pick up the said passenger. I wished to state that my taxi's position was near to the continuous white line as I wanted to make a right turn.

Suddenly, out of nowhere, while I am initiating the turn, a motorcycle (FBJ969D) came from my right and collided onto my taxi, causing my right wing mirror to dislodge from the hinge, an indentation to my right driver door and some scratches to my right rim. The rider was then knocked down by the impact and had suffered a cut on his right palm causing it to bleed.

I wished to add that the rider could have possibly crossed the white continuous line to overtake my taxi with the intention of going straight. I have an in-car camera(front) and I believed that the rider might have a camera installed on his motorcycle/helmet as well.

I am lodging this report to facilitate in Comfort Delgro follow up, insurance and record purposes.

I am not injured by the incident. No Ambulance or Police attended the scene.

Sketch Plan Pg. 5



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999



T/20201115/2024

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Report No. T/20201115/2024

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999



T/20201115/2024

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Report No: T/20201115/2024

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:

E /

Sgt 3 KENNETH TOH JING YAN

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time:

15/11/2020 13:25

Officer In Charge Of Case:

TP / AEIT /

Insp BOON YEN KIAN EVE

Contact No.: 65476172

Classification Of Case:

Authentication Stamp  
NP168



**SINGAPORE  
POLICE FORCE**

SN 57

SIGNATURE



