

ASS. REC. BY: Tangkh

REF:

INC

## 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.

|     |     |
|-----|-----|
|     |     |
| N/S | O/S |
|     |     |

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

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

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: Lim LNEWP'  
Vehicle: IN / OUT  
Lim LNEVeh No: SHA32524 Yr Regn: 2018, Dec.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.c. 1798Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 264084 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: STDKRB3F4 603077680Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / SRim / STD A/Rim orTyre Size: F: 195/65R15R: ~ 1

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

TOYO / YOKO or Westlake

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 01/12/20Survey held at Comfort Lodge

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

Rear o/s

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

| Date / Time | Action / Instruction   |
|-------------|------------------------|
|             |                        |
|             |                        |
|             |                        |
|             | COR \$960.45 , 2 days. |
|             |                        |
|             | Red: 2068.23;40%       |
|             |                        |
|             |                        |

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS. \$ \_\_\_\_\_

Photos

Others

Report Format: \_\_\_\_\_

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 01.12.2020

Time: 17:11:15

Page: 1

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

JOB NO : 305436710  
 REGN NO : SHA3252U  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 13.12.2018  
 DATE/TIME IN : 30.11.2020 14:40  
 ACCIDENT DATE : 29.11.2020

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

|      |                   |                           |      |        |       |        |      |
|------|-------------------|---------------------------|------|--------|-------|--------|------|
| 0001 | 04-01-0302-2282-G | PRIG4 COVER REAR BUMPER%  | 1 L  | 458.60 | 25.00 | 343.95 | de ✓ |
| 0002 | 04-01-0302-2267-G | PRIVC BUMPER PIECE        | 10 L | 22.00  | 25.00 | 16.50  | nm ✓ |
| 0003 | 04-01-0302-2287-G | PRIG4 GUARD-REAR BUMPER C | 1 L  | 552.60 | 25.00 | 414.45 | X    |
| 0004 | 04-01-0302-1150-A | PRIG4 BUMPER PROTECTOR MA | 1 N  | 50.00  | 2.50  | 50.00  | nm ✓ |
| 0005 | 04-01-0302-2965-G | PRIG4 FILLER-REAR BUMPER  | 1 L  | 148.40 | 25.00 | 111.30 | X    |

SUB-TOTAL : 936.20

## JOB NATURE

|      |        |                             |        |     |
|------|--------|-----------------------------|--------|-----|
| 0000 | L      | PANEL BEATING               | 350.00 | 320 |
| 0001 | 23-502 | SPRAYPAINT ON AFFECTED AREA | 250.00 | 200 |
| 0002 | 20-22  | REMOVE/REFIX REVERSE SENSOR | 80.00  | 30  |

SUB-TOTAL : 680.00

was 7/1/20  
 Tarfin 97495749  
 'wp' 1/12/2020 5pm  
 02 days  
 Tarfin 1/12/2020  
 Resurvey before paint

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

59 Loyang Drive Singapore 508969  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
320 Old Road Singapore 406649

24 Senoko Loop Singapore 758156  
7 Sungei Kadut Way Singapore 728791  
501 Yishun Industrial Park A Singapore 768700

Date/Time: 01.12.2020 16:16

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.:305436710

COMER  
COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

(R) (O)  
(P)

OUNT CARD NO.

REGN NO: SHA3252U

MAKE: TOYOTA

MODEL PRIUS HYBRID(G4)30

YR OF MANU. 13.12.2018

CHASSIS CODE JTDKB3FU603077680

MILEAGE

FUEL

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

DATE/TIME IN 11.2020 14:40

TARGET DATE

COMPLETION DATE/TIME:

## JOB DESCRIPTION

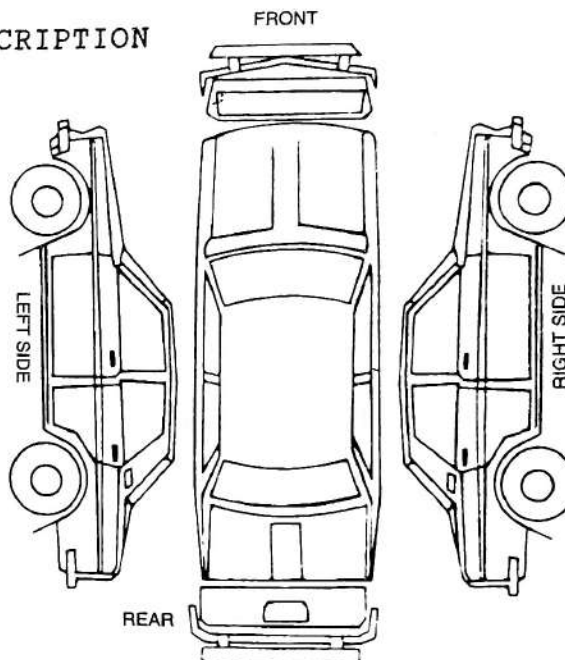
accident Date: 29.11.2020

NATURE: 3P 29.11.2020

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SHA3252U

LKE

Vehicle No.:

SHA3252U

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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 Submission              | 01/12/2020 14:35 (SGT)                              |
| Date of Accident                | 29/11/2020 02:10 (SGT)                              |
| Exact Location of Accident      | 510 Lorong 6 Toa Payoh, Toa Payoh, Singapore 319398 |
| Additional Location Information | LOR 1 TOA PAYOH                                     |
| Country/State of Loss           | Singapore   |

## DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHA3252U                       |
| INSURED POLICYHOLDER        |                                |
| Is company?                 | Yes                            |
| Name Of Registered Owner    | COMFORT TRANSPORTATION PTE LTD |
| Company Reg No              | 1XXXXXXXXXXXXXXXXX REG         |
| Email Address               | FLEETSAFETY@CDGETAXI.COM.SG    |
| Mobile Phone No             | (Phone) +65-65508768           |
| Alternative Phone No        | (Office) +65-65508768          |

## VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Toyota                    |
| Model  | Prius                     |
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Private hire              |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category   | Taxi                      |

## INSURANCE COMPANY

|                           |                     |
|---------------------------|---------------------|
| Name of Insurance Company | India International |
| Type of Coverage          | ThirdPartyFireTheft |
| Fleet Policy              | Yes                 |
| Policy Number             | D-18088936MFSH      |
| Cover Note Number         | -                   |

## DRIVER

|                |               |
|----------------|---------------|
| Name of Driver | TAN SWEE GUAN |
| NRIC No        | SXXXX222C     |
| Date Of Birth  | 16/09/1959    |
| Occupation     | Outdoor       |

|  |                            |
|--|----------------------------|
| Date Of Driving Pass   | 11/01/1977                 |
| Driving experience   | 43 YEARS AND 10 MONTHS     |
| Gender   | Male                       |
| Mobile Number  | (Phone) +65-96673671       |
| Alt. Phone Number  | -                          |
| Email Address  | SWEEGUAN_TAN1616@YAHOO.COM |
| Address  | BLK 261C SENGKANG EAST WAY |
| Address complement   | #12-506                    |
| Postcode   | 543261                     |
| Is the driver the policyholder?                              | No                         |
| If No, Relationship of the Driver with the Insured           | Other                      |
| Does Driver Own Other Vehicles?                              | No                         |
| Vehicle Registration Number of Other Vehicle Owned by Driver | -                          |
| Insurance Company of Other Vehicle Owned by Driver           | -                          |

#### GENERAL INFORMATION OF THE ACCIDENT

|                    |                          |
|--------------------|--------------------------|
| Type of Accident   | Collision - Head to Rear |
| Weather Conditions | Clear                    |
| Road Surface       | Dry                      |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident?   | No  |
| Number of vehicles involved in the accident   | 2   |
| Was anybody injured in the Accident?  | No  |
| Was any injured conveyed to hospital by ambulance?  | -   |
| Was any other material or property damaged?   | Yes |
| Number of Passengers (Including Driver)   | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

#### DETAILS OF POLICE ACTION

|   |    |
|---|----|
| Was the accident reported to the police?  | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom?                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER ATTACHED

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera?   | Yes |
| Was there any audio recorded?                 | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY

|                             |            |
|-----------------------------|------------|
| Vehicle Registration Number | FBM676H    |
| Vehicle Manufacturer        | -          |
| Vehicle Model               | -          |
| Vehicle Variant             | -          |
| Vehicle Colour              | -          |
| Vehicle Category            | Motorcycle |
| Name of Driver              | KUMAR      |
| Contact Number              | -          |
| Address                     | -          |
| Address complement          | -          |
| Postcode                    | -          |
| Insurance Company Name      | NTUC       |

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

MODERATE

FRONT

1

## 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 to 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. 193303821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 30.11.2020

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

1455

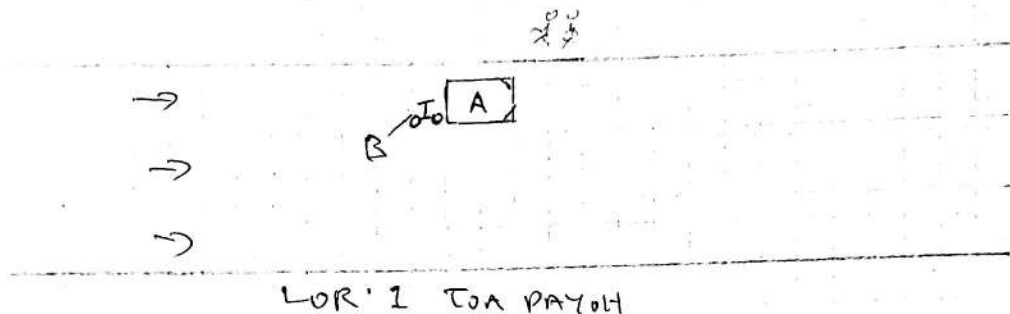


SKETCH PLAN

Blk 111

A - SHA 3252 U

B - FBM 676 H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

|  |
|--|
| On 29.11.2020, at about 0210 hrs, I was driving my Comfort taxi, SHA 3252U, on the left lane along Lorong 1 Toa Payoh with no pax. |
| Sometime outside Blk 111, I saw 2 persons flag my taxi. I put on my left signal light and slowed down.                             |
| As I was slowing down, a motorcycle, B, came and hit my taxi rear right bumper area.   |
| No injury.   |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

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:

30.11.2020  
1455h

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



