

ASS. REC. BY: Taujkh

REF:

NS/ INC 20013264/T1vf3

### 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: SMJ 4200G

Policy No. 5107956897-01

Claims No. MT/1112188-002

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: \_\_\_\_\_

Vehicle: IN / OUT

Lim Lee

Veh No: SAC 1128Z

Yr Regn: 2019 May

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

Truck / Trailer or

Make: Toyota Prius

c.c. 1798

Colour Blue

A/C: Insured / Std / NI / NA

Sp. Reading 181322

T/Radio: Insured / Std / NI / NA

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

C/No: STDK3F47038068

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 195/65/145

R: 2

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 28/11/20

D.O.I. 01/12/20

Survey held at

Comfort Lodge

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

22/12/20 Final fig \$2983.22 confirmed by email (Red 3683.84 , 55%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 6/1/21-Typist

Report Format: TP

\$2983.22

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

Survey Fee:

Transportation:

S + RS SI

Photos

L.Ke

NTUC

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 01.12.2020  
Time: 14:54:57  
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 : 305436674  
REGN NO : SHC1128Z  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 15.05.2019  
DATE/TIME IN : 30.11.2020 08:55  
ACCIDENT DATE : 28.11.2020

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0302-0592-G	PRIG4 PANEL SUB-ASSY FRON	1 L	1,264.00	25.00	948.00	Rp
0002 04-01-0302-0595-G	PRIG4 PANEL SUB-ASSY RR D	1 L	1,258.30	25.00	943.72	ht
0003 04-01-0302-3909-G	PRIG4 PANEL SUB-ASSY QUAR	1 L	836.70	25.00	627.52	Rp
0004 28-01-0103-0003-A	(I40)FRT DOOR LOGO CTPL	1 N	75.00	10.00	67.50	ht
0005 28-01-9999-2023-A	APP LOGO REAR DOOR L/R CT	1 N	80.00	10.00	72.00	ht
0006 04-01-0302-0810-G	PRIG4 MLDG ASSY BODY ROCK	1 L	576.00	25.00	432.00	Rp
0007 03-01-0302-2020-G	PRIG4 WHEEL DISC	1 L	1,555.10	25.00	1,166.32	Rp

SUB-TOTAL : 4,257.06

## JOB NATURE

0000 L	PANEL BEATING(repair rr bumper)	960.00	800
0001 23-502	SPRAYPAINT ON AFFECTED AREA	1000.00	900
0002 20-00	TUFF COAT ON AFFECTED PARTS.	50.00	30
0003 20-02	TRANSFER OF DOOR FRT RH	120.00	1

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SINGAPORE SINGAPORE 575717  
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JOB NO : 305436674  
REGN NO : SHC1128Z  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID  
DATE OF REGN : 15.05.2019  
DATE/TIME IN : 30.11.2020 08:5  
ACCIDENT DATE : 28.11.2020

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0004 20-02	TRANSFER OF DOOR REAR RH	120.00		60		
0005 20-22	REMOVE/REFIX REVERSE SENSOR	80.00		30		
0006 20-08	ADJUST REAR WHEEL ALIGNMENT	80.00		✓		
SUB-TOTAL						: 2,410.00
TOTAL						: 6,667.06

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Tanpin 9749 5749  
WP 1/12/20 @ SPW  
R/P Resurvey after repair  
4 days  
Tanpin @ lkkauto.com

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 Biddell Road Singapore 571901  
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

24 Serangoon Loop Singapore 758150  
7 Sengkang Khatay Way Singapore 758791  
501 Yishun Industrial Park A Singapore 768

Date/Time: 01.12.2020 13:58

Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO.: 305436674

OWNER COMFORT TRANSPORTATION PTE LTD IS 7010045 OWNER NO. 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO. SHC1128Z MAKE: TOYOTA MODEL PRIUS HYBRID(G4)30 YR OF MANU 15.05.2019 CHASSIS CODE JTDKB3FU703080698	MILEAGE FUEL E.....1/2..... DATE/TIME IN 11.2020 08:55 TARGET DATE COMPLETION DATE/TIME:
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DUNT CARD NO.

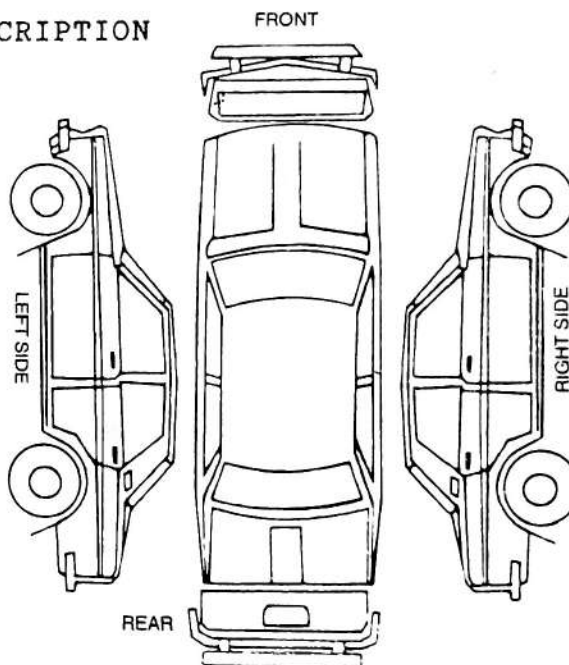
### JOB DESCRIPTION

Accident Date: 28.11.2020

NATURE: 3P 28.11.2020

;/NO LABOR CODE

DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHC1128Z LKE

Vehicle No.: SHC1128Z

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 12:37 (SGT)
Date of Accident	28/11/2020 11:40 (SGT)
Exact Location of Accident	314 Dunearn Rd, Singapore 299551
Additional Location Information	DUNEARN RD TWDS STEVENS RD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1128Z
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXXX1R
Email Address	fleetsafety@cdgtaxi.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	First Capital
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	D-18088936MFSH
Cover Note Number	-

### DRIVER

Name of Driver	LIM KAU HEYA
NRIC No	SXXXX235Z
Date Of Birth	15/10/1950
Occupation	Outdoor

Date Of Driving Pass	17/12/1976
Driving experience	43 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97225939
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 423 CHOA CHU KANG AVE 4
Address complement	#07-248
Postcode	680423
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	-
Gender	Female

#### 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

#### PLS REFER TO 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	SMJ4200G
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LAKSHMANAN MURALI
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	NTUC
Details of property damaged in accident	SLIGHT
No. Of Passenger (Including Driver)	LEFT FRT

# **INJURED PERSONS DETAILS**

## INJURED 1

Name of injured person	LIM KAU KEYA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	70
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SHC1128Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No



**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.
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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:

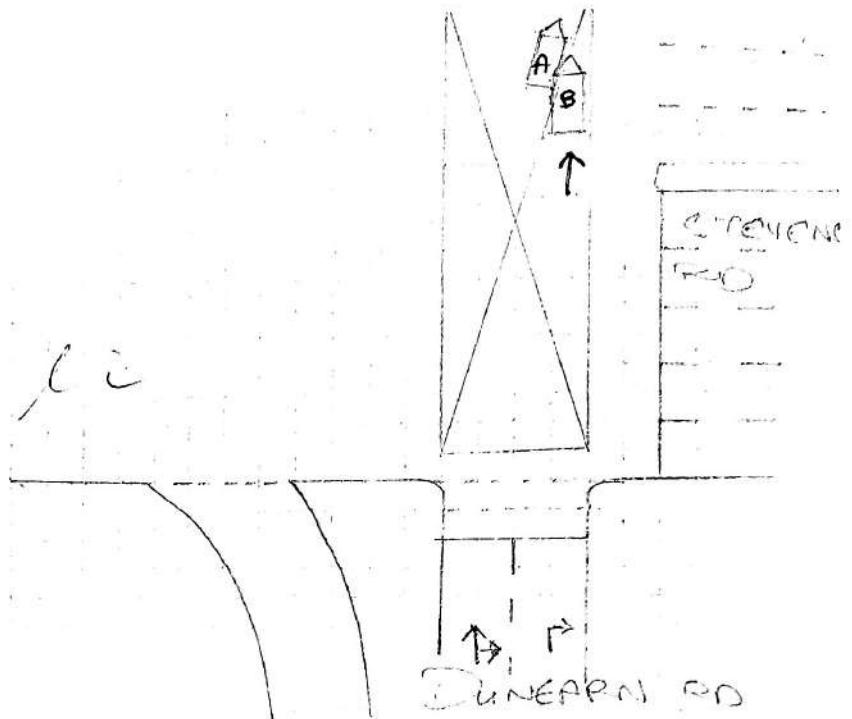
Reporting Centre Personnel's Signature  
Name: Olivia Wendy  
NRIC/FIN No.: 990111222



SKETCH PLAN

A = SHC 1128Z

B = SMJ 4200G  
(CHUMBAI)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 28/11/2020 @ 1140hrs I was driving along Dunearn Rd towards Stevens Rd direction with 1 passenger on board my taxi.
As I was about to turn towards Stevens Rd, there's a slight jerk on my taxi right rear portion. So I slow down to stop to check and found out a vehicle of SMJ 4200G left front portion had grazed onto my taxi whole right side. (he said vehicle was going straight instead of turning towards Stevens Rd direction.)
I get slight neck pain from the impact and will consult doctor later.

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:

Reporting Centre Person's Signature  
Name:  
NRIC/Fin No.:

30 NOV 2020

