

ASS. REG. BY:

Taufikh

REF:

INC

NS/INC20013398/T1qd3

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. _____

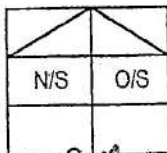
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Chiang

Veh No: SHD 3007X Yr Regn: 2/6 / Oct.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: 425198 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STDK B3F4 303531285Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Davanti

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 4/12/20Survey held at Consist LogangDes. 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

15/12/20@10.46pm Taufikh finalised with Mr Chiang LS \$900, 2 days (Red \$1661.15, 65%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 18/01 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

Add Fee:

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

Report Format: TP

Lump Sum / LS: 900

COMFORTDELGRO PTE LTD

REPAIR ESTIMATE

Vehicle No.: SHD3007X
 Make : TOYOTA
 Model : PRIUS
 DOA :

Date :
 Insurance:
 MVA : CHIANG / NTUC

Qty	Parts Description / Labour	Qty	Unit Price	Amount
1	REAR BUMPER			\$458.60 <i>Kp</i>
1	REAR BUMPER UNDER COVER			\$552.60 <i>de</i>
1	REAR BUMPER REINFORCEMENT			\$232.00 <i>?</i>
10	BUMPER CLIPS			\$22.00 <i>nel</i>
1	REAR BUMPER SIDE RETAINER LH /RH			\$112.70 <i>x</i>
1	TOWING COVER			\$82.70 <i>x</i>
	SUB TOTAL			\$1,460.60
	LESS 25%			\$365.15
				\$1,095.45
1	REVERSE SENSOR			135.70 <i>ny</i>
1	REAR BUMPER MAT			50.00 <i>?</i>
				\$185.70
	Labour Charge			
	PANEL BEATING			600.00 <i>320</i>
	SPRAY PAINTING			500.00 <i>200</i>
	WIRING			60.00 <i>320</i>
	TUFF KOTE			60.00 <i>x</i>
	REMOVE/REFIX REVERSE SENSOR			60.00 <i>30</i>
	TOTAL LABOUR			\$1,280.00
	ESTIMATE TOTAL			\$2,561.15

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.

Davanti

Tanpin 97495749

WP 4/12/20 @ 4pm

2 days

L/S Resurvey after repair

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:

Team: ARC Repair TP(CLSO)1

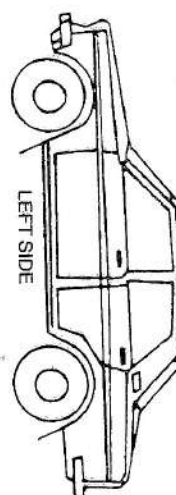
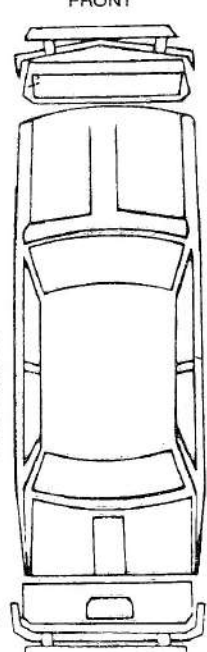
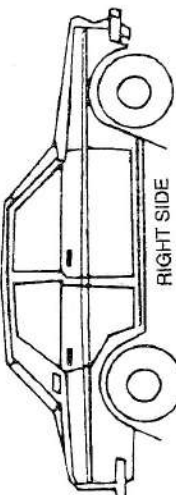
JOB CARD Sales Order:

JC NO.: 305437242

CUSTOMER MS CUSTOMER NO. ADDRESS (R) (P)	COMFORT TRANSPORTATION PTE LTD		REGN NO: SHD3007X	MILEAGE
	7010045		MAKE: TOYOTA	FUEL
	383 SIN MING DRIVE		MODEL PRIUS HYBRID(G4)03	E.....1/2.....F
	Singapore SINGAPORE 575717		DATE/TIME IN 12.2020 17:40	
	65508755		YR OF MANU. 07.10.2016	TARGET DATE
			CHASSIS CODE JTDKB3FU303531285	COMPLETION DATE/TIME:
COUNT CARD NO.				

JOB DESCRIPTION

Accident Date: 03.12.2020
NATURE: 3P 03.12.2020

S/NO	LABOR CODE	DESCRIPTION
		LEFT SIDE  FRONT  REAR RIGHT SIDE 

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

Acknowledgement Slip No.: SHD3007X CHIANG		Exit Pass Vehicle No.: SHD3007X	
Service Advisor Returned to Service Reception upon collection	Signature/Date	Name of Service Advisor To be kept by Security Guard	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 Submission 04/12/2020 14:37 (SGT)
Date of Accident 03/12/2020 14:05 (SGT)
Exact Location of Accident Lavender St, Singapore
Additional Location Information ALONG LAVENDER STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD3007X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Company Reg No 1XXXXXX21R
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 TERRY ONG MENG WAH (TERRY WANG MINGHUA)
NRIC No SXXXX053C
Date Of Birth 02/03/1976
Occupation Outdoor

Date Of Driving Pass	31/10/1997
Driving experience	23 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94304286
Alt. Phone Number	-
Email Address	76TERRYONG@GMAIL.COM
Address	BLK 804 KING GEORGE'S AVENUE
Address complement	#06-154
Postcode	200804
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO ATTACHED
POLICE REPORT: T/20201203/2077

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	SGA1133E
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	(Phone) +65-98554685
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC
Nature Of Damage	SLIGHT
Details of property damaged in accident	FRT
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TERRY ONG MENG WAH (TERRY WANG MINGHUA)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	44
Injuries Sustained	NECK AND SHOULDER PAIN, ON 5 DAYS MC.
Injured person in which vehicle?	SGA1133E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

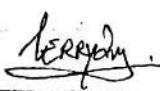
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of facts may allow 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 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, investigating, 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:

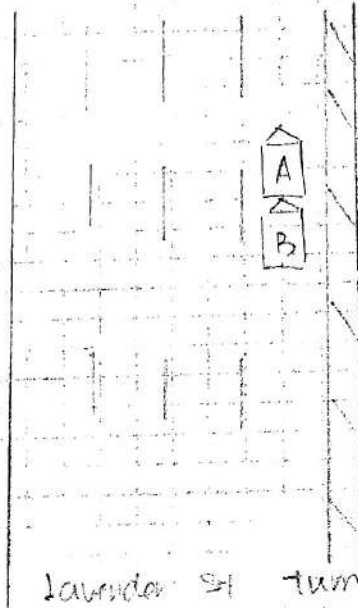

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: Loke Wei Yeng
NRIC/Fin No.: 04.12.2020

SKETCH PLAN

A: SHD 3007X

B: SGA 11 33E



Lavender St turn right to King George

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report

T 00201203 2077

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 1993Q3821R

Policyholder's Signature
Date & Time:

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

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

64-12-2020
Loh Wei Yeng



**SINGAPORE
POLICE FORCE**



T/20201203/2077

1 of 3

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

Report No. T/20201203/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2020 17:09		Vide Report No.:		Station Diary No.: 59	
Informant's Particulars					
Name of Informant: TERRY ONG MENG WAH			Address: APT BLK 804 KING GEORGE'S AVENUE #06-154 SINGAPORE 200804		
ID Type / ID No.: NRIC NO / S7606053C			Contact No.: Home/Office: Mobile: 94304286		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 02/03/1976	Type of Informant: Driver		
Race: Chinese			Language:		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: 03/12/2020 (02:05)	Type of Location: Straight Road
Location: LAVENDER STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SGA1133E	Car				No Damage	0
SHD3007X	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201203/2077

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

2 of 3

Report No. T/20201203/2077

CONTINUATION OF REPORT

Driver			
Name	TERRY ONG MENG WAH		ID No. S7606053C
Related Vehicle	SHD3007X (Car)		Contact No. 94304286
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		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	05	Degree of Injury	Slight
Driver			
Name	Unknown Driver		ID No. S9112916G
Related Vehicle	NIL		Contact No. 98554685
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 3/12/2020, about 1405hrs, I driving along lavender about to turn in King George's avenue. My Vehicle (SHD3007X) was then stationary for a few seconds waiting to turn in King George's Avenue. Suddenly, I felt a impact on my rear of my vehicle. After the collision, me and other driver whom drove (SGA1133E) exited my vehicle from out and made a check and left. We then exchange particulars and took photo of car. I felt pain on my neck and shoulder. After the incident, I then went to Mount Alvernia Hospital and seek for medical treatment and I was given 5 days MC from 03/12/2020 to 07/12/2020.

The rear of my vehicle was dented, however still can be driven.

I wish to sate that there is in built camera that capture the incident.



**SINGAPORE
POLICE FORCE**



T/20201203/2077

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

3 of 3

Report No. T/20201203/2077

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 2 CHEW YI HAO

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219



Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

03/12/2020 17:09

Classification Of Case:

