

ASS. REC. BY: Taufik

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. 5118061176 (11/08/2020-10/08/2021)

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: 2 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS WPDate: \_\_\_\_\_ Person Contacted: Chiang

Vehicle: IN / OUT

Veh No: SH85254 Yr Regn: 20171 Jly

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: 423416 T/Radio: Insured / Std / NI / NA

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

C/No: STDK133F430556021Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Modi: NII / S/Rim / STD A/Rim or \_\_\_\_\_

Tyre Size: F: 195/65R15R: 195/65R15

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

TOYO / YOKO or Wost blueFront 6 mm Rear 6 mmR/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 7/12/20Survey held at Comfort Lodge

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

Rear N/S

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

\_\_\_\_\_

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Date/Time, File Pass to?

☐ : Preli. Report1) 15/01 Typist☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Form: TPLump Sum / 1150Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. SI

Photos

Others

TOTAL

## COMFORTDELGRO PTE LTD

## REPAIR ESTIMATE

Vehicle No.: **SHA 8528 H**  
 Make : TOYOTA  
 Model : PRIUS  
 DOA :

Date :  
 Insurance:  
 MVA : CHIANG ID **NTUC**

| Qty                   | Parts Description / Labour        | Qty | Unit Price | Amount                         |
|-----------------------|-----------------------------------|-----|------------|--------------------------------|
| 1                     | REAR BUMPER                       |     |            | \$458.60 <i>de</i>             |
| 1                     | REAR BUMPER UNDER COVER           |     |            | \$552.60 <i>X</i>              |
| 1                     | REAR REINFORCEMENT STAY ARM LH/RH |     | \$139.60   | \$279.20 <i>X</i>              |
| 1                     | REAR BUMPER REINFORCEMENT         |     |            | \$318.80 <i>X</i>              |
| 10                    | BUMPER CLIPS                      |     |            | \$22.00 <i>wa</i>              |
| 1                     | TAIL LAMP LH LOWER                |     |            | \$548.40 <i>an</i>             |
| 1                     | TAIL LAMP LH UPPER                |     |            | \$557.90 <i>?</i>              |
| 1                     | REAR BUMPER SIDE RETAINER LH /RH  |     |            | <i>RHX</i> \$112.70 <i>LH?</i> |
| 1                     | TOWING COVER                      |     |            | \$82.70 <i>X</i>               |
| <b>SUB TOTAL</b>      |                                   |     |            | <b>\$2,932.90</b>              |
| <b>LESS 25%</b>       |                                   |     |            | <b>\$733.23</b>                |
|                       |                                   |     |            | <b>\$2,199.68</b>              |
| 1                     | REAR LH FENDER ADVERTISEMENT      |     |            | 100.00 <i>me</i>               |
| 1                     | REVERSE SENSOR                    |     |            | 135.70 <i>X</i>                |
|                       |                                   |     |            | <b>\$185.70</b>                |
| <b>Labour Charge</b>  |                                   |     |            |                                |
|                       | PANEL BEATING                     |     |            | 640.00 <i>320</i>              |
|                       | SPRAY PAINTING                    |     |            | 500.00 <i>200</i>              |
|                       | WIRING                            |     |            | 60.00 <i>30</i>                |
|                       | TUFF KOTE                         |     |            | 60.00 <i>X</i>                 |
|                       | REMOVE/REFIX REVERSE SENSOR       |     |            | 60.00 <i>30</i>                |
| <b>TOTAL LABOUR</b>   |                                   |     |            | <b>\$1,320.00</b>              |
| <b>ESTIMATE TOTAL</b> |                                   |     |            | <b>\$3,705.37</b>              |

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.

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:

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Acknowledged by Repairer

Signature:

Date:

# COMFORTDELGRO ENGINEERING

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  
220 Upper Road Singapore 220649

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

Date/Time: 07.12.2020 08:45

Page : 1

A member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305437377

STOMER

COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755 (O)

VMS

STOMER NO

DRESS

L. (R)

(P)

REGN NO:

SH 8525H

MILEAGE

MAKE :

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)05.12.2020 11:25

YR OF MANU.

26.07.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU303560821

COMPLETION DATE/TIME:

3COUNT CARD NO.

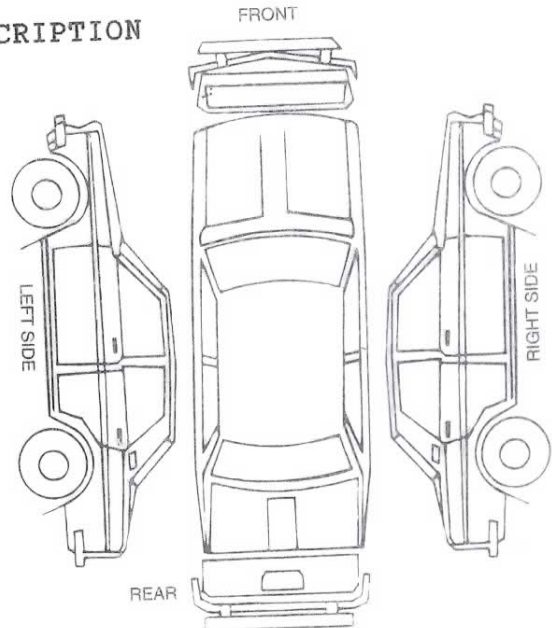
## JOB DESCRIPTION

Accident Date: 05.12.2020  
NATURE: 3P 05.12.2020

S/NO

LABOR CODE

## DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.:

SH 8525H

1:

2:

3:

SH 8525H

CHIANG

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

returned to Service Reception upon collection



## 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              | 05/12/2020 13:01 (SGT)           |
| Date of Accident                | 05/12/2020 10:30 (SGT)           |
| Exact Location of Accident      | Jln Besar, Singapore             |
| Additional Location Information | ALONG JLN BESAR BEFORE ROWELL RD |
| Country/State of Loss           | Singapore                        |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | SH8525H |
|-----------------------------|---------|

#### INSURED/POLICYHOLDER

|                          |                                |
|--------------------------|--------------------------------|
| Is company?              | Yes                            |
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LTD |
| Company Reg No           | 1XXXXX821R                     |
| 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 | India International |
| Type of Coverage          | ThirdPartyFireTheft |
| Fleet Policy              | Yes                 |
| Policy Number             | MCOM0015            |
| Cover Note Number         | -                   |

#### DRIVER

|                |                             |
|----------------|-----------------------------|
| Name of Driver | TEO HOA HENG AUGUSTINE PAUL |
| NRIC No        | SXXXX950J                   |
| Date Of Birth  | 19/08/1979                  |
| Occupation     | Outdoor                     |

|  |                                    |
|--|------------------------------------|
| Date Of Driving Pass   | 04/10/2000                         |
| Driving experience   | 20 YEARS AND 2 MONTHS              |
| Gender   | Male                               |
| Mobile Number  | (Phone) +65-93884322               |
| Alt. Phone Number  | -                                  |
| Email Address  | augustinepaul19@gmail.com          |
| Address  | 430 11-731 BUKIT PANJANG RING ROAD |
| Address complement   | -                                  |
| Postcode   | 670430                             |
| 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?  | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom?                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

SEE ATTACH

#### 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 1

|                             |                |
|-----------------------------|----------------|
| Vehicle Registration Number | FBD8151A       |
| Vehicle Manufacturer        | -              |
| Vehicle Model               | -              |
| Vehicle Variant             | -              |
| Vehicle Colour              | -              |
| Vehicle Category            | Motorcycle     |
| Name of Driver              | TANG BOON SHEE |
| Contact Number              | -              |
| Address                     | -              |
| Address complement          | -              |
| Postcode                    | -              |
| Insurance Company Name      | -              |

Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

SLIGHT  
FRT  
-

#### INJURED PERSONS DETAILS

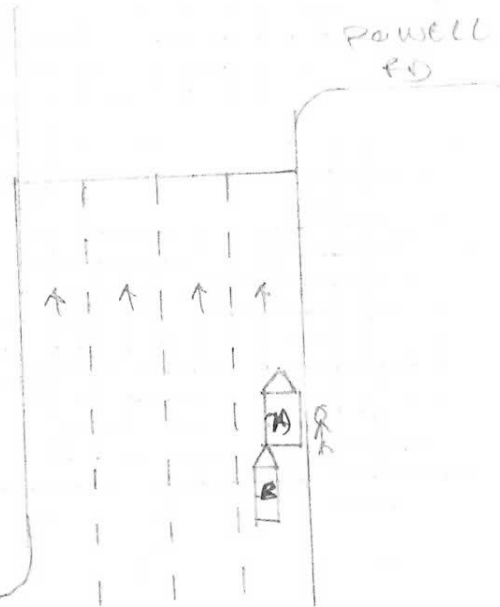
##### INJURED 1

|   |  |
|---|--|
| Name of injured person                              | TANG BOON SHEE                               |
| Address   | -  |
| Address Complement                                  | -  |
| Post Code   | -  |
| Approximate Age Years Old                           | -  |
| Injuries Sustained                                  | SLIGHT CUT ON HIS FINGER AND PAIN ON HIS RIB |
| Injured person in which vehicle?                    | FBD8151A                                     |
| Were seat belts worn?                               | -  |
| Was this injured conveyed to hospital by ambulance? | No   |

SKETCH PLAN

A = SH8525H

B = FBD 8151A  
(motorcycle)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 5/12/2020 @ 10:30 hrs I was driving along  
Jln Besar direction.

There's a passenger flag down my taxi so I  
slow down and driving towards the passenger.

While I was stationary waiting for the passenger  
to board my taxi, there's an impact on the  
rear left portion of my taxi.

I came down to check and found out that a  
motorcycle of FBD 8151A front portion had  
collided onto my taxi rear left portion.

The rider suffer slight cut on his finger and  
his rib slightly pain from the impact.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO REG NO 189303821R

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.:

05 DEC 2020



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 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 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.:

07 DEC 2020



