### NS/INC20013544/T1qd3

ASSIGNMENT SHC2057M Yr Regn: 2017 Sep Veh No: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi/ Prime Mover / From: Estimated Cost: Truck / Trailer or OD ITP WS ITP RES I OD RES I EVA I INV I MY Make: To Inspect Vehicle No: Insured / Std / NI / NA Colour at Workshop m/s T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: C/No: Policy No. 5119240395 (30/09/20-05/10/21) Gen. Cond: Good / Fair / Poor / Burnt Steering: Inorder / Jammed / Leaked / Burnt or Excess: Sum Insured: Brake: Inorder / Jammed / Leaked / Burnt or (Client's Record) Modi: NII / SARIM / STD A/RIM or Make of Veh: Tyre Size: (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / OIS NIS Remark: The veh had commenced its West/ whe TOYO / YOKO or repair at the time of inspection. Rear Front Bal. or Market Value: R/Bal. R/Bal. mm Consistent?: Yes or No IDAC Accident Rport: UBal. L/Bal. Consistent?: Yes or No GIA / PR Seen: D.O.I. D.O.A. Res.: Yes or No Est. Repairs: Survey held at 3 Val.: Yes or No Lum Sum: Des. of Damages : Frt / Rear CA | REV | REP. | 24 HRS Reev Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Action / Instruction Date / Time 22/12/20@10.44am Taufikh finalised with Jumani LS \$1800, 2 days (Red \$1808.28, 50%) Days Of Repair: 2 Date/Time, File Pass to? : Preli. Report Survey Fee: Resurvey No. of Trip: 1 : Final Report 1) 19/01 Typist Transportation: Date/Time, File Return to? S + RS.\_\_SI : Site Insp (\$ Add Fee: Photos Interview (\$ Tech. Invs (\$ Others Repert Formal: Weellend (\$ 1800 Lump Sum / 18.15/5 TOTAL

## COMFORTDELGRO ENGINEERING PTE LTD REPAIR ESTIMATE

Vehicle No.: SHC2057M

Make : TOYOTA

Model : PRIUS DOA : 5/12/2020 Date : 7/12/2020 Insurance: NTUC MVA : JUMANI

Admin :

Part No.	Parts Description / La	abour	Qty	Unit Price	Amount
	GARNISH SUB-ASSY BACK DOOR				\$889.70
	BOOTLID EMBLEM – PRIUS				\$60.80
	BOOTLID EMBLEM – HYBRID				\$52.80
	BOOTLID EMBLEM – STAR				\$52.80
	REAR BUMPER				\$458.60
	REAR BUMPER UNDER COVER				\$552.60
	REAR BUMPER CLIP		1		\$22.00
	TAILLAMP ASSY LOWER RH				\$548.40
		SUB TOTAL			\$2,637.70
		LESS 25%	+		\$659.43
	D	ISCOUNTED TOTAL			\$1,978.28
	REAR BUMPER MAT				\$50.00
	BOOTLID COMFORT STICKER				\$30.00
	BOOTLID TEL. NO STICKER				\$30.00
	BOOTLID APPS STICKER	LKK Auto Consultants the Repairer of the fo To resurvey before/after so To display damaged parti	llowing:		\$40.00
		<ul> <li>Parts prices are subject t</li> </ul>	o confirmatio	n	\$150.00
		<ul> <li>Third party survey s on a</li> <li>No illegal modification(s)</li> </ul>	"Without Pre	judice" basis	
	Labour Charge	Supplementary item(s) m	ust be resur	eved and	2.7
	PANEL BEATING	<ul> <li>Supplementary item(s) m is subject to final approva</li> </ul>	I from Insura	nce Company	320 \$800.00
	SPRAYPAINT	Acknowledged by Repairer	N. Committee		40- \$500.00
	CHECK WIRING	Signature:			\$50.00
	TUFF KOTE	Date:			X \$50.00
	REMOVE/REFIX REVERSE SENSOR				30 \$80.00
	Tanklin 1749 5741,				
	LIND THOTARTON	_			
	TOTAL LABOUR				\$1,480.00
	2 Lean,				
	PP Rosum before part ESTIMATE TOTAL				\$3,608.28
	(/ (V ) (W) ) (V)				
	tarthe Thank "	w.			

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.

# )MFORTDELGRO ENGINEERING

nember of COMFORTDELGRO

### ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Marinine + 65 6383 6280 Facsimile + 68 Workshops 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 609286

24 Senoko Loop Singapore 758156 7 Sungei Kadut Way Singapore 728791 501 Yishun Industrial Park A Singapore 768732

Date/Time 320 07 0:432 0:20 20 20 64915:54

REGN NO. SHC2057M

Page : 1

am:

ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JOB DESCRIPTION

JC NO.: 305437685

MILEAGE

/ER

1)

)

COMFORT TRANSPORTATION PTE LTD

7010045

MER NO 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

MAKE: TOYOTA	FUEL F1/2	
MODEL PRIUS HYBRID(G4)07		
YR OF MANU. 09. 2017	TARGET DATE	
CHASSIS CODE JTDKB3FU503564241	COMPLETION DATE/TIME:	

NT CARD NO.

cident Date: 05.12.2020

TURE: 3P 05.12.202

NO

LABOR CODE

FRONT DESCRIPTION LEFT SIDE

REAR

D & PASSED OUT BY:					
SERVICE ADVISOR				CUSTOMER'S SIGNATURE	
gement Slip		Exit Pass			
SHC2057M	JU NTUC LKK	Vehicle No.:	SHC2057M		
rvice Advisor	Signature/Date	Name of Service Advisor		Date	
ed to Service Reception upon col	lection	To be kept by Security Guar	rd		

SC1I20C7000X / COMFORTDELGRO ENGINEERING PTE LTD [508969] ENTRY DATE & TIME: 07/12/2020 15:35 (SGT) SUBMITTED BY: Janet Lim Siang Gek VERSION: 1 (07/12/2020 15:35 (SGT))



### 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 witholding 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

07/12/2020 15:35 (SGT) 05/12/2020 22:50 (SGT) Braddell Rd, Singapore ALONG BRADDELL RD TWDS CTE Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SHC2057M

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

**Email Address** Mobile Phone No

Alternative Phone No

COMFORT TRANSPORTATION PTE LTD

1XXXXXXXX1R

FLEETSAFETY@CDGETAXI.COM.SG

(Phone) +65-65508768 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

Variant 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?

Vehicle Category

Toyota

Prius

Private hire

No - Claiming third party

Taxi

**INSURANCE COMPANY** 

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

First Capital

ThirdPartyFireTheft

Yes

D-18088936MFSH

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

TAN KEE HWEE SXXXX539E 25/06/1963 Outdoor



Date Of Driving Pass

Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

03/10/1983

37 YEARS AND 2 MONTHS

Male

(Phone) +65-97710798

-

BENNY.TAN.QIMEI@HOTMAIL.COM BLK 412 CHOA CHU KANG AVE 3

#10-375 680412

No Other No

-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Weather Conditions Road Surface Collision - Head to Rear

Clear Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No 2

No

Yes 1

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?

If yes, against whom?

No

No

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes Yes

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver

Contact Number Address

Address complement

Postcode

Insurance Company Name

SLM6957P

Toyota

\_

Private car SHI RONGHUA

(Phone) +65-98791371

-

NTUC

Accident report SC1I20C7000X

Page 2 of 25

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

MODERATE FRONT LEFT

- 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of materials and allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part cinsurance 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 Insur-Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copie the report being made available aforesaid.
- 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, undisclose and/or process my personal data/personal information setout in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer st 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, in Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessal 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 my be sited outlisde 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:
  - 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 ourt 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:

NRIC/Fin No. Thrie Wendy

SKETCH PLAN	$C(\epsilon)$
SKE TOTT EAST,	
A 25HC 2057M	n
B=SLM6957P (In (10401A)	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	BEPORELLEN
on the 5/2/20xe @ 2200 his Braddell 2d toward CTE dire	tions driving along
passenger on board my laxi	
dain to step to preach the	elip road, I slav invaning vehicle an impact for inty taxi
1 come at to aneck and E	
No injury of the point of	accident.
DECLAPATION	

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:

entre Personnel's Signature Reporting Name:

NRIC/Fin No Olivia Wency

















