

ASS. REC. BY: TaufikhREF: 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. 5107288045-01 (11/02/20-10/02/21)
 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: 3 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 1086K Yr Regn: 2019, Jan
 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: _____ T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: STD KB 3 FU 603077887
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 195/65R15
 R: 4-7
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Worthke
 Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 8/12/20
 Survey held at Comfort Lodge
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Frt / N/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

22/12/21@12.34pm Taufikh finalised with Jumani final fig \$5431.30, 3 days (Red \$359.98, 6%)

Date/Time, File Pass to?

☐

Preli. Report

1) 19/01 Typist

☐

Final Report

Date/Time, File Return to?

2)

Report Form:

TP

Lump Sum / L.B.C

5431.30

Days Of Repair: 3Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

new-CP/P)
Date: 08.12.2020
Time: 11:24:40
Page: 1
JH

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

JOB NO : 305437748
REGN NO : SHC1086K
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 07.01.2019
DATE/TIME IN : 07.12.2020 14:30
ACCIDENT DATE : 07.12.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2292-A	PRIG4 COVER FRONT BUMPER	1	499.90	25.00	374.92	fr
0002	04-01-0302-0574-A	PRIG4 FENDER SUB-ASSY FRO	1	945.30	25.00	708.97	bf
0003	04-01-0302-2297-G	PRIG4 EMBLEM SIDE PANEL (1	86.50	25.00	64.87	net
0004	04-01-0302-2871-G	PRIG4 SUPPORT FRONT BUMPE	1	81.70	25.00	61.27	cur
0005	04-01-0302-4891-A	PRIG4 LAMP ASSY FOG LH	1	920.00	25.00	690.00	cur
0006	04-01-0302-2815-A	PRIG4 UNIT ASSY HEADLAMP	1	3,455.00	25.00	2,591.25	any

SUB-TOTAL : 4,491.28

JOB NATURE

0000	PB	PANEL BEATING	700.00	480
0001	SP	SPRAYPAINT CHARGE	500.00	400
0002	17-01	CHECK ALL LIGHTING	50.00	30
0003	20-00	TUFF COAT ON AFFECTED PARTS.	50.00	30

SUB-TOTAL : 1,300.00

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:

Tanpin 92475744
WP 8/12/20 E Spru 2-3 days
Wastake
p/p resurvey before paint
tanpin@lkkauto.com

Date/Time: 08.12.2020 10:19

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305437748

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

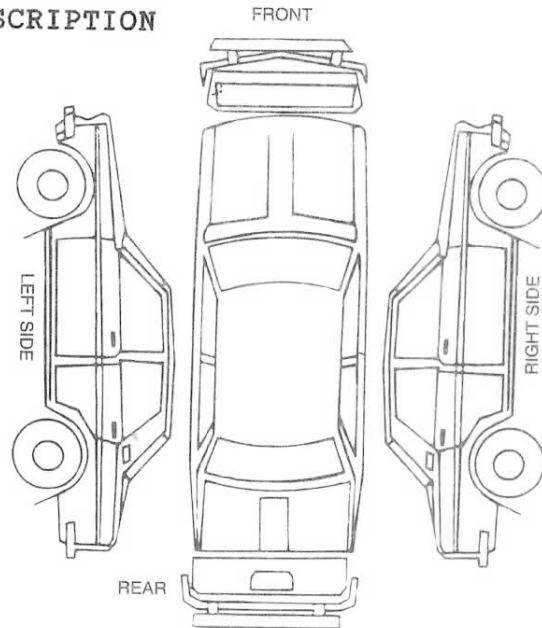
OUNT CARD NO.

REGN NO: SHC1086K	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL: PRIUS HYBRID(G4)07	DATE/TIME IN: 07.12.2020 14:30
YR OF MANU: 07.01.2019	TARGET DATE
CHASSIS CODE: JTDKB3FU603077887	COMPLETION DATE/TIME:

Accident Date: 07.12.2020
NATURE: 3P 07.12.2020/C

JOB DESCRIPTION

3/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Receipt Slip

Exit Pass

No.: SHC1086K

JU NTUC LKK

Vehicle No.:

SHC1086K

Signature/Date

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	07/12/2020 16:45 (SGT)
Date of Accident	07/12/2020 13:20 (SGT)
Exact Location of Accident	Jewel Changi Airport, Singapore 819666
Additional Location Information	JEWEL CHANGI DROP OFF POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1086K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXX21R
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	First Capital
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	D-18088936MFSH
Cover Note Number	-

DRIVER

Name of Driver	KWANG MENG HUA
NRIC No	SXXXX465E
Date Of Birth	15/08/1949
Occupation	Outdoor

Date Of Driving Pass	11/03/1971
Driving experience	49 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86921933
Alt. Phone Number	-
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Address	BLK 9 GLOUCESTER ROAD
Address complement	#14-15
Postcode	210009
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?	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 1

Vehicle Registration Number	SMH1900A
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN TEOW LENG ALLOYSIUS
Contact Number	(Phone) +65-94777567
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC

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

MODERATE
RH REAR
1

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.
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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:

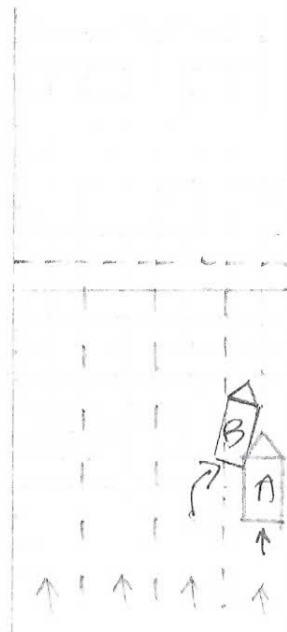
Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.:

SKETCH PLAN

A = SAC 1386K

B2 SMH1900A
(Toyota)

WAS



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 7/12/2018 (P) 1330 hrs, I was driving towards Jewel Changi to drop off my passenger.

After my passenger alighted, I slowly proceed to drive off after I checked it was clear from any incoming vehicle.

There suddenly a vehicle of SMH1900A cut into my lane and grazed my taxi left front portion.

No injury at the point of accident.

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 Personnel's Signature
Name: Olivia Wendy
NRIC/Fin No.:

07 DEC 2018