ASS. REC. BY: Tanjith | REF: CS/TM1200137587/Tiqd3

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. ML000126

Claims No. M2006135

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
	X

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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

Veh No: SHC2677Z Yr Regn: 2019 / Jan.

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

Truck / Trailer or _____

Make: Toyota Prius Hybrid c.c 1798

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 198601 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU903077995

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: 〃

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.		D.O.I.	14/12/20.

Survey held at Comfort Legacy

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

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

Date / Time	Action / Instruction
	15/12/20@3.42pm revised to Clara Milah via Merimen.

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Survey Fee:	
Transportation:	
___S + RS.___SI	
Photos	
Others	
TOTAL	

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)
59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: **Tokio Marine Insurance Singapore Ltd (HQ)** FJU (PLP)
CTPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	11/12/2020
Vehicle Reg. No.:	**SHC2677Z**	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS HYBRID, 1.8 (A)	Vehicle Reg. Date:	09/01/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZR2B86464	Chassis No:	OJTDKB3FU903077995
Odometer:	0 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	**NO**		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,912.62
Miscellaneous Items	11.00
Labour	830.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S$)	**2,753.62**
+ GST 7.00% (S$)	192.75
Nett Amount (S$)	**2,946.37**

This claim is handled by: LIM TIEN SIONG

Generated using ***Merimen e-Claims Internet Estimation & Adjusting System***

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 12 Dec 2020)
Parts:	144	TOYOTA PRIUS HYBRID 1.8 (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	**ComfortDelGro Engineering Pte Ltd/SHC2677Z/12/12/2020 12:52**	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		***REAR BUMPER ASSY**	25.00	0.00	*458.80 FL
2	1		***REAR BUMPER CENTRE GUARD**	25.00	0.00	*552.60 FL
3	1		***REAR BUMPER TOW COVER**	25.00	0.00	*82.70 FL
4	10		***REAR BUMPER CLIPS**	25.00	0.00	*22.00 FL
5	1		***REAR BUMPER RETAINER SIDE RH**	25.00	0.00	*112.70 FL
6	1		***REAR BUMPER FILLER SIDE RH**	25.00	0.00	*148.40 FL
7	1		***TAILLAMP ASSY UPPER RH**	25.00	0.00	*557.90 FL
8	1		***TAILLAMP ASSY LOWER RH**	25.00	0.00	*548.40 FL
9	1		***REAR BUMPER MAT**	0.00	0.00	*50.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S$)	**2,533.50**
- List Item Discount on L Items (S$)	620.88
Total Parts (S$)	**1,912.62**

ComfortDelGro Engineering Pte Ltd/SHC2677Z/12/12/2020 12:52. Not valid without Reference section.
Generated using **Merimen e-Claims IEAS**

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	**OD/TP Case (Insurer)**	11.00
		Sub Total (S$)	**11.00**

Estimates on Labour

No	Particulars	Lab.Type		Amount
Labour Items				
1	**PANEL BEATING**	New	$20	400.00
2	**SPRAYPAINT**	New	200	300.00
3	**WIRING**	New	$0	50.00
4	**REMOVE/REFIX REVERSE SENSOR**	New	$0	80.00
		Gross Labour Cost (S$)		**830.00**

ComfortDelGro Engineering Pte Ltd/SHC2677Z/12/12/2020 12:52. Not valid without Reference section.
Generated using **Merimen e-Claims IEAS**

< END OF ESTIMATES >

Tanphin 97495749
- WP' 14/12/20 @12pm
P/P Resurvey before paint
-2 days
tanphin Richard.wan

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

A member of COMFORTDELGRO

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
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732
820 Upper Bukit Timah Road Singapore 678649

Date/Time: 12.12.2020 10:56 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305438607

TOMER

MS COMFORT TRANSPORTATION PTE LTD
TOMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R) (O)
(P)

OUNT CARD NO.

REGN NO.: SHC2677Z	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 12.12.2020 09:30
YR OF MANU. 09.01.2019	TARGET DATE
CHASSIS CODE JTDKB3FU903077995	COMPLETION DATE/TIME:

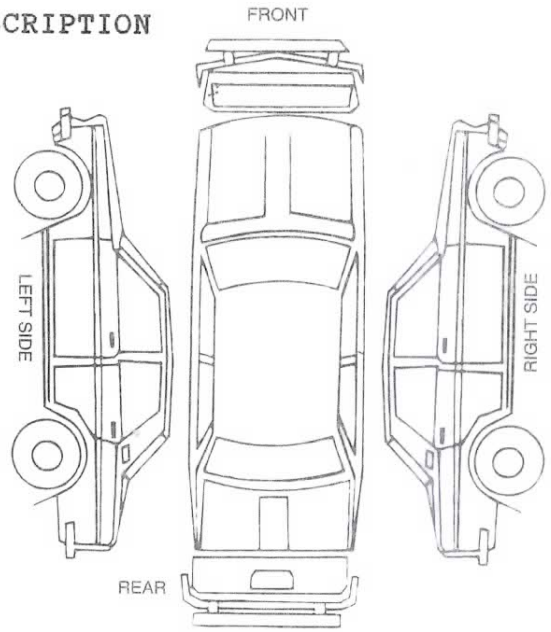
JOB DESCRIPTION

Accident Date: 11.12.2020
NATURE: 3P 11.12.2020

S/NO	LABOR CODE	DESCRIPTION

WL

Devanji



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

lo.: SHC2677Z JU TOKIO LKK

Service Advisor

Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC2677Z

Name of Service Advisor

Date

To be kept by Security Guard

SC1I20CC0007 / COMFORTDELGRO ENGINEERING PTE LTD [508969]
ENTRY DATE & TIME: 12/12/2020 10:41 (SGT)
SUBMITTED BY: Janet Lim Siang Gek
VERSION: 1 (12/12/2020 10:41 (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	12/12/2020 10:41 (SGT)
Date of Accident	11/12/2020 20:50 (SGT)
Exact Location of Accident	Upper Cross St, Singapore
Additional Location Information	UPPER CROSS ST TWDS CHIN SWEE RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2677Z

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXXX1R
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	GOH YONG HUAT
NRIC No	SXXXX738I
Date Of Birth	29/12/1956
Occupation	Outdoor

Date Of Driving Pass	17/10/1977
Driving experience	43 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97646273
Alt. Phone Number	-
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Address	BLK 213 ANG MO KIO AVENUE 3
Address complement	#09-1508
Postcode	560213
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)	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	SLL1194L
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Tokio Marine

Nature Of Damage	MODERATE
Details of property damaged in accident	LH FRONT
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH YONG HUAT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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**.

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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 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 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 my be sited outisde 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

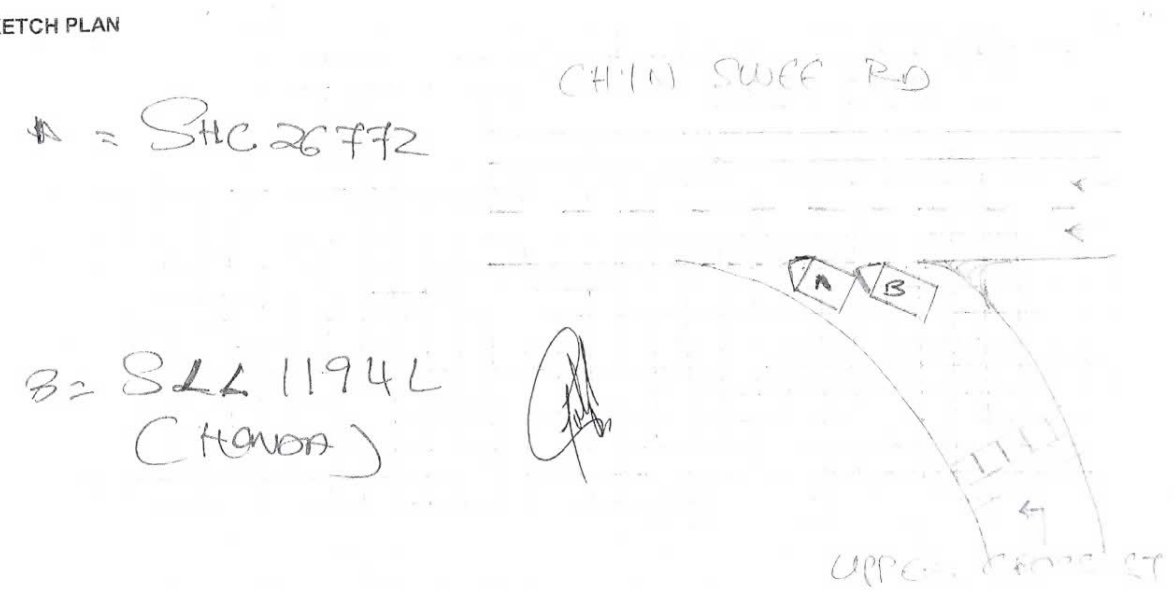
      (ii) for complying with requirements under any regulations, laws or ourt orders.

CGM [illegible] 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.: [illegible] 17 DEC 2020

1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 11/12/2020 @ 20 some I was driving along Upper Cross St towards Chin Swee Rd. direction with no passenger on board my taxi.

As I reached the slip road I slow down to stop before the stopping line. While I was checked for the incoming traffic on my right side, Suddenly there's an impact on my taxi rear right portion.

I came down to check and found all a vehicle of SLL 1194L left front had collided onto my taxi.

My neck felt slight 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. 199003021R

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.:


SHC2677Z


SLL
1194L


SLL
1194L


SHC2677Z