

ASS. REC. BY: TaufikhREF: INCASSIGNMENT

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.

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

Date: _____ Person Contacted: Lim KE

Vehicle: IN / OUT

Veh No: SHC 8785E Yr Regn: 2020 Sep.

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: 225H T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STDUSS FUX 05091505Gen. 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: 195/65R15R: 2

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 10/12/20Survey held at Comfort Lodge

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

Frt + o/s
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

13/01/21@11.57am Taufikh finalised with Mr Lim final fig \$1289.42, 2 days (Red \$80, 9%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 19/01 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: TP1289.42Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

____ S + RS ____ SI

Photos

Others

TOTAL

LKe

NTUC

COMFORTDELGRO ENGINEERING PTE LTD

Date: 10.12.2020

Time: 16:48:21

REPAIR ESTIMATE

Page: 1

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

JOB NO : 305438400
 REGN NO : SHC8785E
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4A)
 DATE OF REGN : 30.09.2020
 DATE/TIME IN : 10.12.2020 13:20
 ACCIDENT DATE : 10.12.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 FNPS	NO PLATE(S) WITH TRIM COV	1 N	55.00	10.00	49.50	bt ✓
0002 04-01-0302-2712-G	PRIG4Q8 COVER REAR BUMPER	1 L	499.90	25.00	374.92	de ✓
0003 04-01-0302-2267-G	PRIVC BUMPER PIECE	10 L	22.00	25.00	16.50	u ✓

SUB-TOTAL : 440.92

JOB NATURE

0000 L	PANEL BEATING		350.00			320
0001 23-502	SPRAYPAINT ON AFFECTED AREA		250.00			200

SUB-TOTAL : 600.00

TOTAL : 1,040.92

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
 DATE :

SURVEYOR NAME & SIGNATURE

DATE :

Tanpin 47495744
 'wp' 10/12/20 @ 5pm
 02 days
 p/p Resurvey before paint
 Tanpin C Lkhambicon

Dunlop

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(CLS0)1

JOB CARD Sales Order:

JC NO.: 305438400

TOMER

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(R) (O)

(P)

OUNT CARD NO.

REGN NO: SHC8785E

MILEAGE

MAKE: TOYOTA

FUEL

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

MODEL PRIUS HYBRID(G4A10) DATE/TIME IN 12.2020 13:20

YR OF MANU 30.09.2020

TARGET DATE

CHASSIS CODE JTDKB3FUX03091503

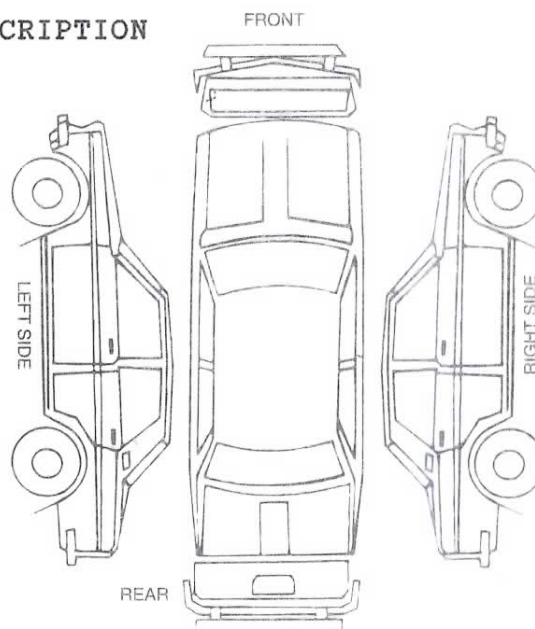
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 10.12.2020

NATURE: 3P 10.12.2020

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHC8785E

LKE

Vehicle No.: SHC8785E

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

Taufik

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	10/12/2020 16:08 (SGT)
Date of Accident	10/12/2020 12:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HAVELOCK RD X FOUR POINTS HOTEL ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8785E
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	LENG WOON CHEE
NRIC No	SXXXX816H
Date Of Birth	20/06/1954
Occupation	Outdoor

Date Of Driving Pass	11/04/1979
Driving experience	41 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96936778
Alt. Phone Number	-
Email Address	ROYLENG@HOTMAIL.COM
Address	BLK 448 BUKIT PANJANG RING ROAD
Address complement	#08-545
Postcode	670448
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 on collision
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

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

PLS REFER TO ATTACHED
Type of accident : HEAD TO SIDE

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	SGN522D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

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

IMPORTANT NOTICE

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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.
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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:

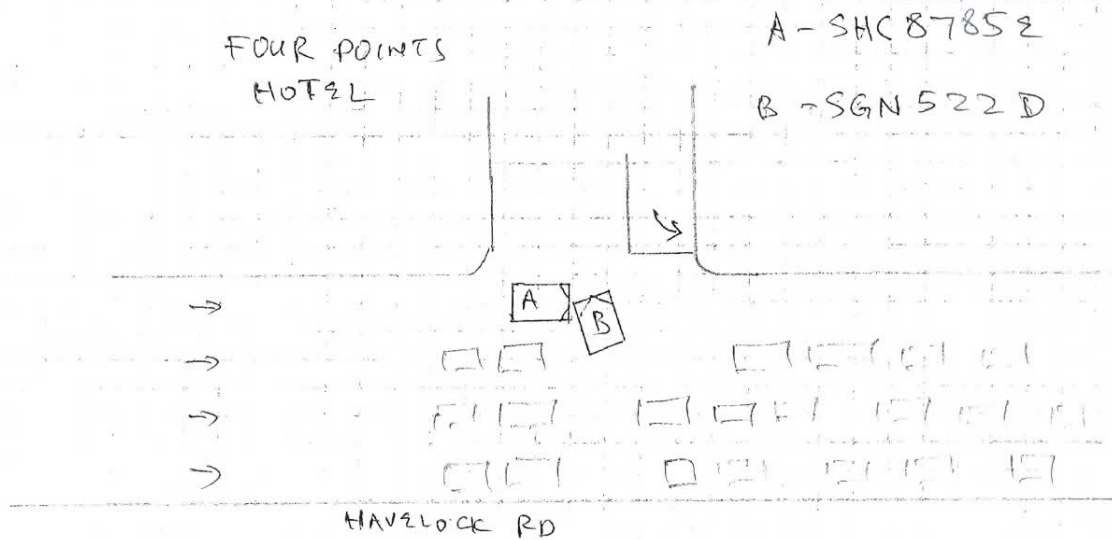
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 10.12.2020
1345h.

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10.12.2020, at about 1225 hrs, I was driving my
Comfort taxi, SHC 87852, on the left lane along Havelock Rd with
1 male pax.
Weather was clear and moderate traffic. While approaching the
Four Points Hotel entrance, a private car, B, suddenly came from the
opposite direction and turned right into the hotel driveway.
I immediately braked but as it was too sudden unable to stop
in time and hit B left front side.
I have a video recording of the accident and photos taken at the
scene.
No injury.

DECLARATION

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: 10.12.2020

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

(345)

