ASS. REC. BY: Tay Wh REF: IN	
3	ASSIGNMENT
From: Date:	Veh No: SHD 4182 R. Yr Regn: 2019 Dec
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD //P) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Tought Prius Hybrid. c.c 1798
at Workshop m/s	Colour Blue A/C: Insured / Std / NI / NA
of .	Sp.Reading T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: ST DKB3F460-30f9795
Claims No.	Gen. Cond: Gp6d / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ingrder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Bim / STD A/Rim or
	Tyre Size: F: /95/678/5
(Policy Condition)	R: 1 7 .
Remark: The veh had commenced its N/3	
repair at the time of inspection.	TOYOIYOKO or Westlake.
Bal. or Market Value:	Front Rear
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	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicl	le: IN/OUT Rewo/s.
	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction Pa 4	ky menh
COR \$1530.67, 2	2 days.
RED: 1608.39; 5	51%
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 2
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2)	Add Fee: : Site Insp (\$)s+Rssi
	: Interview (\$) Photos

:Tech. Invs (\$

Weel end (\$

Officers

TOTAL

Reportional:

Lump Sum / LBJ: (7

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE NTV (- CPP)

Date: 15.12.2020

Time: 08:45:30

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 : 305439044 : SHD4182R **REGN NO** : 0000000000 MILEAGE

: TOYOTA MAKE

: PRIUS HYBRID(G4A) MODEL

DATE OF REGN DATE/TIME IN

: 05.12.2019 : 14.12.2020 14:00

ACCIDENT DATE : 14.12.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2712-G REAR BUMPER

1 458.60 25.00 343.95 de

0002 04-01-0302-2713-G REAR BUMPER CENTER-Black 1 552.60 25.00 414.45 art

0003 04-01-0302-2288-G REAR BUMPER REINFORCEMENT 1 318.80 25.00 239.10

0004 04-01-0302-2714-G REAR BUMPER RETAINER RH 1 112.70 25.00 84.52 Med

0005 04-01-0302-2267-G REAR BUMPER CLIPS 10

22.00 25.00 16.50 AM

0006 04-01-0302-2723-G REAR BUMPER REFLECTOR RH

55.00 25.00 41.25 m

0007 04-01-0302-2715-G REAR BUMPER TOW COVER

1 82.70 25.00 62.02 ⊀

0008 04-01-0302-2721-G BOOTLID LAMP RH 1 233.90 25.00 175.42 X

0009 04-01-0302-2717-G TAILLAMP UPR RH 1 557.90 25.00 418.42 ⋈

0010 04-01-0302-2719-G TAILLAMP LWR RH

1 548.40 25.00 411.30

0011 09-01-0302-2005-A REVERSE SENSOR

1 135.70 10.00 122.13 X

0012 04-01-0302-1150-G REAR BUMPER MAT 1 50.00

50.00 NU

SUB-TOTAL : 2,379.06

JOB NATURE

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE TILC - CP (P)

Date: 15.12.2020 Time: 08:45:30

Page: 2

LKK-

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO 305439044 SHD4182R

MILEAGE MAKE

0000000000

MODEL

TOYOTA

DATE OF REGN

PRIUS HYBRII 05.12.2019

DATE/TIME IN

14.12.2020 14:0

ACCIDENT DATE

14.12.2020

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

0000 PB

PANEL BEATING

320 350.00

0001 SP

SPRAYPAINT CHARGE

200 250.00

0002 17-01

CHECK ALL LIGHTING

40.00 30.

0003 L

R/I REVERSE SENSOR

120.00

SUB-TOTAL : 760.00

MVA NAME & SIGNATURE

DATE:

TOTAL

: 3,139.06

AUTHORISED: YES / NO

SURVEYOR NAME & SIGNATURE

DATE:

Purply C | 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:

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 55 6280 9755

59 Loyang Drive Singapore 508968
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
Date/Time 220 12 50 a 1 2 2 0 2 0 6 4 9 0 8 : 12
Page : 1

ARC Repair TP(CLSO)1 JOB CARD Sales Order: 'eam: JC NO.: 305439044 REGN NO. SHD4182R OMER MILEAGE COMFORT TRANSPORTATION PTE LTD MAKE: TOYOTA 1S FUEL 7010045 OMER NO 383 SIN MING DRIVE ...1/2.. ESS MODEL PRIUS HYBRID(G4A14.12.2020 14:00 Singapore SINGAPORE 575717 65508755 YR OF MANU. 12. 2019 (R) TARGET DATE (P) CHASSIS CODE 3FU603089795 COMPLETION DATE/TIME: DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 14.12.2020 WATURE: 3P 14.12.2020

3/NO

LABOR CODE

FRONT DESCRIPTION

	T SIDE REAR
KED & PASSED OUT BY: SERVICE ADVISOR	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
ledgement Slip	Exit Pass
No.: SHD4182R LIMTS	Vehicle No.: SHD4182R
f Service Advisor 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 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

14/12/2020 15:50 (SGT) 14/12/2020 11:50 (SGT) Hougang Ave 2, Singapore HOUGANG AVE 2 TWDS HOUGANG AVE 3 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD4182R

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No Email Address

Mobile Phone No

Alternative Phone No

Yes

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

Tovota

Prius

Private hire

No - Claiming third party

Taxi

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

India International ThirdPartyFireTheft

Yes

MCOM0015

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

TEO CHWEE SENG SXXXX005B 06/07/1964 Outdoor



Accident report SC1I20CE000W

Page 1 of 17

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

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

10/01/1986

34 YEARS AND 11 MONTHS

(Phone) +65-90012299

PINPINSENG@HOTMAIL.COM

BLK 101 LORONG SARINA (CASA SARINA)

#03-03 416729

No

Other

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions Road Surface

Collision - Head to Rear

Clear

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?

Dry

Number of Passengers (Including Driver)

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

No

No

Yes

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

No

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

Accident report SC1I20CE000W

FBQ4508M

Motorcycle UNKNOWN

(Phone) +65-83229414

Page 2 of 17

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

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or witholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 by 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 copies of 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, 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 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

3333

Driver's Signature (if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/Fin No.:

1

Loke West Yiern

Policyholder's Signature

Date & Time:

CK	ET	H	PI	AN

A- SHD 4182P

after You Charley Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	1	CLUVE	Solid	give	wan	line to	Chack	if a	24
ncomin	g tra		Buddenly	-1754	_				1
ny a	jerb.	1 got	down	to he	ivo a	checle	and «	found 1	leh B
runt	portion	collid	ed on	70 H	ne reo	ir por	tion	of my	8/atium
'axi'.	Scene	photo	taken.	Mo	injum	or the	point	of a	cardart.

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: NRIC/Fin No ::