

ASS. REC. BY:

Tang Jkh

REF:

INC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TR / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

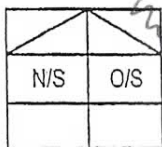
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Um HE

Veh No: SHC19924 Yr Regn: 20171 July

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: 518915 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDPK63F4103561403Gen. 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: 175

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

TOYO / YOKO or Westlake

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 21/8/20Survey held at Comfort Logay

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

COR I/s \$4600, 3 days.

red:1666.74; 26%

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Photos

Others

TOTAL

Rep. Format: _____

Lump Sum / L.B.I. (%) _____

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

Like

NTUC

COMFORTDELGRO ENGINEERING PTE LTD

Date: 17.12.2020

Time: 15:09:00

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 : 305439458
 REGN NO : SHC1992U
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 05.07.2017
 DATE/TIME IN : 16.12.2020 19:50
 ACCIDENT DATE : 16.12.2020

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	tn✓
0002	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50	ney✓
0003	04-01-0302-2971-G	PRIG4 SUPPORT FRONT BUMPE	1	82.30	25.00	61.72	?
0004	04-01-0302-2170-G	BRACKET FRT BUMPER EXTENS	1	99.00	25.00	74.25	?
0005	04-01-0302-2915-A	PRIG4 UNIT ASSY HEADLAMP	1	3,455.00	25.00	2,591.25	ant✓
0006	04-01-0302-4991-A	PRIG4 LAMP ASSY FOG RH	1	920.00	25.00	690.00	ant✓
0007	04-01-0302-0573-G	PRIG4 FENDER SUB-ASSY FRO	1	945.30	25.00	708.97	bt✓
0008	04-01-0302-2297-G	PRIG4 EMBLEM SIDE PANEL (1	86.50	25.00	64.87	ney✓
0009	04-01-0302-2934-G	PRIG4 LINER FRONT FENDER	1	198.50	25.00	148.87	ney✓
0010	04-01-0302-2354-G	PRIG4 RETAINER FRONT FEND	2	76.00	25.00	57.00	x
0011	04-01-0302-2355-G	PRIG4 CLIP PIN HOLD	2	12.40	25.00	9.30	?
0012	04-01-0302-0633-G	PRIG4 COVER FRONT BUMPER	1	28.38	25.00	21.28	x
0013	05-01-0302-2018-G	PRIG4 JAR ASSY- WINDSHIEL	1	183.75	25.00	137.81	de✓

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 17.12.2020
Time: 15:09:00
Page: 2

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

JOB NO : 305439458
REGN NO : SHC1992U
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID
DATE OF REGN : 05.07.2017
DATE/TIME IN : 16.12.2020 19:5
ACCIDENT DATE : 16.12.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 4,956.74

JOB NATURE

0000 23-01	TOWING FEE	60.00	X
0001 L	PANEL BEATING	700.00	480
0002 23-502	SPRAYPAINT ON AFFECTED AREA	450.00	400
0003 17-01	CHECK ALL LIGHTING	50.00	30
0004 20-00	TUFF COAT ON AFFECTED PARTS.	50.00	30
SUB-TOTAL :		1,310.00	
TOTAL :		6,266.74	

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

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:

Tan Kah Hui 97495149 WP
18/12/2020 1pm
4/5 Resurvey after repair
2-3 days
Tan Kah Hui

eam: ARC Repair TP(CLS0)1 JOB CARD Sales Order: 4048978 JC NO.: 305439458

OMER	REGN NO: SHC1992U	MILEAGE
S COMFORT TRANSPORTATION PTE LTD	MAKE: TOYOTA	FUEL
7010045	MODEL PRIUS HYBRID(G4)16	E.....1/2.....F
OMER NO 383 SIN MING DRIVE	DATE/TIME IN 12.2020 19:50	
IESS Singapore SINGAPORE 575717	YR OF MANU. 05.07.2017	TARGET DATE
65508755 (O)	CHASSIS CODE JTDKB3FU103561403	COMPLETION DATE/TIME:

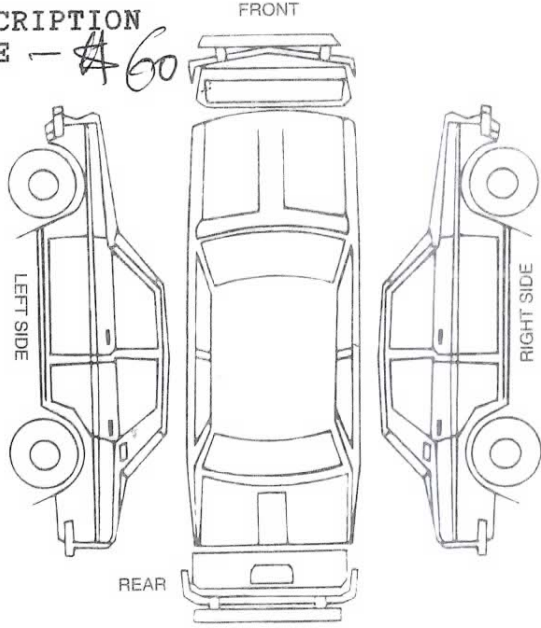
NTUC

Accident Date: 16.12.2020
NATURE: 3P 16.12.2020

JOB DESCRIPTION

3/NO LABOR CODE
000010 23-01

DESCRIPTION
TOWING FEE - \$60



CKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

ledgement Slip
No.: SHC1992U LKE
Service Advisor
Signature/Date
turned to Service Reception upon collection

Exit Pass
Vehicle No.: SHC1992U
Name of Service Advisor
Date
To be kept by Security Guard



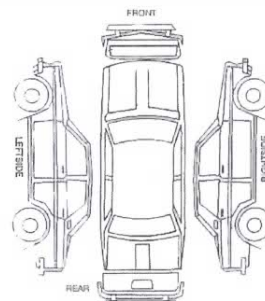
JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>16/12/20</u> Time Received: <u>21.10</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input checked="" type="checkbox"/> SPARK Kakis Name of Customer : Contact No. : <u>8776 8590</u> Vehicle No. : <u>SHC 19924</u> Make / Model / Colour : Email : <u>T/pais</u>		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:
7. Location: <u>Yishun dr</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input checked="" type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____			

10. Odometer Reading : 518915
Fuel Level : ☐ F ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ E

11. Radio / CD Player
☒ OK
☐ Faulty
☐ Not tested



: Cracked X : Dented
/ : Scatched O : Missing

Signature of Customer

Job Attended

2. Tow Truck / Recovery Van : ☐ VRS ☒ QA ☐ GAO ☐ OTHERS
Name of Driver : Lim Kah Heng
Vehicle No. : GBH 0034K
Time Dispatch : 21.10
Time of Arrival : 21.35
Time Completed : _____

Cash Invoice Details (if applicable)

3. Cash Invoice No. : _____

Customer Acknowledgement

- I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

16/12/20
Date

21.35
Time

[Signature]
Signature of Customer

4. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY

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	17/12/2020 10:54 (SGT)
Date of Accident	16/12/2020 19:50 (SGT)
Exact Location of Accident	Yishun Central 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1992U
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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	TAY KIM CHEW
NRIC No	SXXXX392F

Date Of Driving Pass	23/09/1969
Driving experience	51 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81137890
Alt. Phone Number	-
Email Address	taykimchew888@gmail.com
Address	BLK 981A BUANGKOK CRESCENT
Address complement	#10-35
Postcode	531981
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	DRIZZLING
Road Surface	Wet

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

PLS REFER TO 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	GBK785L
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HUANG MEI HUA
Contact Number	(Phone) +65-82896020
Address	-
Address complement	-
Postcode	-

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

SLIGHT
LEFT FRT
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAY KIM CHEW
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	69
Injuries Sustained	LEFT CHEST PAIN
Injured person in which vehicle?	SHC1992U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
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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 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.
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. 199303821K

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.: Olivia Wendy

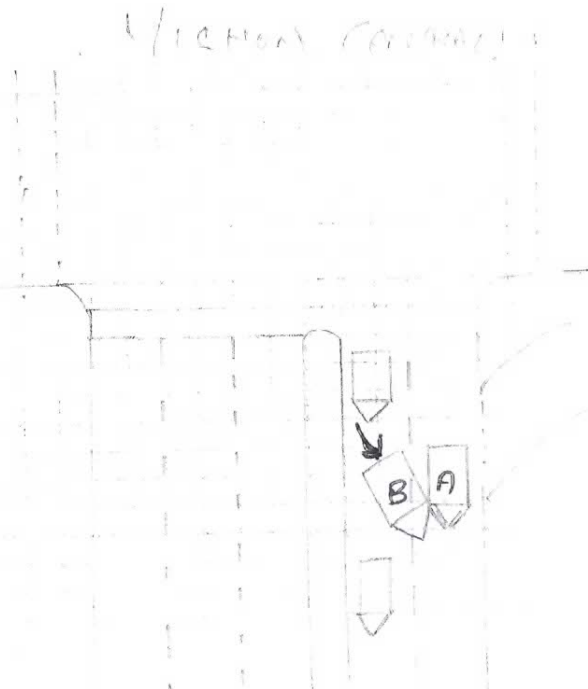
17 DEC 2020

SKETCH PLAN

A = SAC 1992U

B = GBK 785L
(NISSAN)

[Handwritten signature]



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached info.

VICTIM CENTRAL

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:

[Handwritten signature]
Driver's Signature
(if driver is not the policyholder)
Date & Time:

[Handwritten signature]
Reporting Centre Personnel's Signature
Name: Olivia Wendy
NRIC/Fin No.:

17 DEC 2018

Describe Circumstances of the Accident.

On the 16/12/2020 @ about 19:50hrs, I was driving along Yishun Central 1 direction with no passenger on board my taxi.

After I make a U-turn and was driving straight, a vehicle of GBK785L suddenly changing lane and I was trying to avoid the collision by swerved a bit to the left. However due to 2 lane only, the said vehicle left front portion collided onto my taxi right front portion.

My left chest pain from the impact and ambulance came to attend to me. I was not conveyed by the ambulance.

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

Witnessed by Reporting
Centre Personnel

Olivia Wong

17 DEC 2020

