

ASS. REC. BY:

Taufikh

REF:

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. 5066193114-06 (02/07/20-01/07/21)

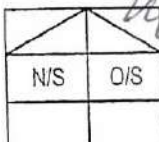
Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

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: SH91264. Yr Regn: 2017 June.

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: JT DK53F4-S03358746

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. 2/12/20.

Survey held at Comfort Logang

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 Battery weak.

26/01/21 @ 10.06pm Taufikh finalised with Mr Lim LS \$5600, 3 days (Red \$2853.01, 34%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 27/01 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: TP

Lump Sum / H.R. / 5600

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 19.12.2020

Time: 11:00:04

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 : 305439883  
REGN NO : SH 9126U  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 15.06.2017  
DATE/TIME IN : 18.12.2020 10:40  
ACCIDENT DATE : 18.12.2020

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	th ✓
0002	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50	nei ✓
0003	04-01-0302-2971-G	SUPPORT FRONT BUMPER SIDE	1	82.30	25.00	61.72	dij ✓
0004	04-01-0302-2915-A	PRIG4 UNIT ASSY HEADLAMP	1	3,455.00	25.00	2,591.25	unt ✓
0005	04-01-0302-4991-A	PRIG4 LAMP ASSY FOG RH	1	920.00	25.00	690.00	cm ✓
0006	04-01-0302-0573-G	FENDER SUB-ASSY FRONT RH(	1	945.30	25.00	708.97	ht ✓
0007	04-01-0302-2018-G	APRON SUB-ASSY FRT FENDER	1	935.30	25.00	701.47	Rp ✓
0008	04-01-0302-2297-G	PRIG4 EMBLEM SIDE PANEL (	1	86.50	25.00	64.87	nei ✓
0009	04-01-0302-2934-G	PRIG4 LINER FRONT FENDER	1	198.50	25.00	148.87	th ✓
0010	04-01-0302-2354-G	RETAINER FRONT FENDER LIN	2	77.60	25.00	58.20	?
0011	04-01-0302-2355-G	PRIG4 CLIP PIN HOLD	2	12.40	25.00	9.30	nei ✓
0012	04-01-0302-0633-G	COVER FRONT BUMPER HOLE R	1	28.30	25.00	21.22	mis ✓
0013	05-01-0302-2018-G	JAR ASSY- WINDSHIELD WASH	1	183.75	25.00	137.81	de ✓

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 19.12.2020  
Time: 11:00:04  
Page: 2

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65508755

JOB NO : 305439883  
REGN NO : SH 9126U  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID  
DATE OF REGN : 15.06.2017  
DATE/TIME IN : 18.12.2020 10:4  
ACCIDENT DATE : 18.12.2020

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0014 03-01-0302-2020-G PRIG4 WHEEL DISC	1	1,570.55	25.00		1,177.91

SUB-TOTAL : 6,763.01

JOB NATURE

0000 23-01	TOWING FEE	60.00	X
0001 L	PANEL BEATING	960.00	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
0005 20-08	ADJUST FRONT WHEEL ALIGNMENT	120.00	80

SUB-TOTAL : 1,690.00

Tanji 97497745  
21/12/2020 /pm  
1/8 Resurvey after repair  
03 days  
Tanji 97497745

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 PTE LTD

REPAIR ESTIMATE

Date: 19.12.2020

Time: 11:00:04

Page: 3

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
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JOB NO : 305439883  
REGN NO : SH 9126U  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID  
DATE OF REGN : 15.06.2017  
DATE/TIME IN : 18.12.2020 10:4  
ACCIDENT DATE : 18.12.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 8,453.01

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :



eam: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4049294

JC NO.: 305439883

COMER  
S COMFORT TRANSPORTATION PTE LTD  
7010045  
COMER NO. 383 SIN MING DRIVE  
ESS Singapore SINGAPORE 575717  
65508755  
(R) (O)  
(P)

DUNT CARD NO.

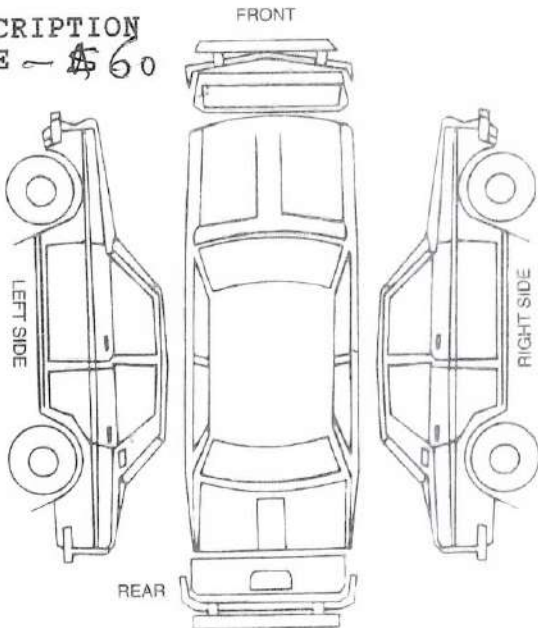
REGN NO. SH 9126U	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)18	DATE/TIME IN 18.12.2020 10:40
YR OF MANU. 15.06.2017	TARGET DATE
CHASSIS CODE JTDKB3FU503558746	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 18.12.2020  
NATURE: 3P 18.12.2020

3/NO LABOR CODE  
000010 23-01

DESCRIPTION  
TOWING FEE - \$60



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

No.: SH 9126U

LKE

Exit Pass

Vehicle No.: SH 9126U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Tau fikh

## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

<b>Job Requisition</b> 1. Date: <u>18/12/20</u> Time Received: <u>1257 hrs</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 Name of Customer: <u>Mr Lim</u> Contact No.: <u>9126 0</u> Vehicle No.: <u>9622 5343</u> Make / Model / Colour: <u>Perodua MYOTA</u> Email: _____ Location: <u>3535 A/B No 6 Ave 6</u>		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: <u>FRONT DAMAGE</u>	
7. Preferred Workshop: <input type="checkbox"/> Braddell <input type="checkbox"/> Sin Ming <input type="checkbox"/> Komoco (UBI / Leng Kee) <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Pandan <input type="checkbox"/> Ubi <input type="checkbox"/> Cycle & Carriage (PD)		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Overheating <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Starting Problem <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Return Taxi <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Loss Power <input type="checkbox"/> Engine Stalled			
9. Odometer Reading: <u>513905</u> Fuel Level: <u>F 1/4 1/2 3/4 E</u>		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		 # : Cracked X : Dented / : Scratched O : Missing	
<b>Job Attended</b> Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> OTHERS Name of Driver: <u>Mr Lim</u> Vehicle No.: <u>G2 8548 2</u> Time Dispatch: <u>1257 hrs</u> Time of Arrival: <u>1400 hrs</u> Time Completed: <u>1500 hrs</u>		Signature of Customer: _____			
<b>Invoice Details (if applicable)</b> Invoice No.: _____					
<b>Acknowledgement</b> I hereby acknowledge to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, 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. I agree that a towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.					
Date: <u>18/12/20</u>		Time: <u>1500 hrs</u>		Signature of Customer: <u>HLK</u>	
Staff/Guard: _____		Date & Time of Arrival: _____		Signature of Attending Staff/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	18/12/2020 17:29 (SGT)
Date of Accident	18/12/2020 10:40 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 6, Singapore
Additional Location Information	ANG MO KIO AVE 6 TWDS YIO CHU KANG RD BEFORE ANG MO KIO ST 31
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9126U
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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	First Capital
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	D-18088936MFSH
Cover Note Number	-

#### DRIVER

Name of Driver	LIM WAN TIONG
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Occupation	Outdoor
Date Of Driving Pass	04/12/1979
Driving experience	41 YEARS
Gender	Male
Mobile Number	(Phone) +65-96225343
Alt. Phone Number	-
Email Address	wantionglim@gmail.com
Address	BLK 58 GEYLANG BAHRU
Address complement	#15-3349
Postcode	330058
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	Raining
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?	Yes
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?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK3615T
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LAW AH TECK
Contact Number	(Phone) +65-964 14769
Address	-
Address complement	-



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

NTUC  
MODERATE  
RIGHT FRT  
-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LAW AH TECK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NOT SURE
Injured person in which vehicle?	SKK3615T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

##### INJURED 2

Name of injured person	UNKNOWN- 3P PASSENGER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NOT SURE
Injured person in which vehicle?	SKK3615T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

**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. 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. 199303821R

Policyholder's Signature  
Date & Time:

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

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

14 DEC 2020

SKETCH PLAN

A = SH9126U

B = SKK 361ST  
(TOYOTA)

JIM

Amk Ave 6

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 18/12/2020 @ 10:40hrs, I was driving along Ang Mo Kio Ave 6 towards Yio Chu Kang direction with no passenger on board my taxi.

I stop at the T-junction waiting for the opposite direction clear from any incoming vehicle before proceed to turn towards Ang Mo Kio ST 31. While I was stationary, a vehicle of SKK 361ST from the opposite direction was lost control and driving towards my direction.

The said vehicle right front portion collided onto my taxi right front portion.

Both the 3p driver and passenger was conveyed to hospital.

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. Olivia Wendy

18 DEC 2020



