

ASS. REC. BY:

REF NS/INC 20014343/T1vf3

## 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: **SFH 9787R**Policy No. **5117157280**Claims No. **MT/1114616-002**

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: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: *Ching*Veh No: **SH6598K**Yr Regn: **2017 Sep.**

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

Truck / Trailer or

Make: **Toyota Prius**C.C. **1298**Colour **Blue**

A/C: Insured / Std / NI / NA

Sp. Reading **386616**

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: **JTDKAB3FU403563795**

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: **195/65R15**

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

TOYO / YOKO or **Paraati**

Front

Rear

R/Bal. **0** mmR/Bal. **0** mmL/Bal. **6** mmL/Bal. **6** mmD.O.A. **21/12/20**D.O.I. **22/12/20**Survey held at **Confet Uyung**

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

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

Date / Time Action / Instruction

11/1/21 Final fig \$630 confirmed by email (Red 2499.98,79%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 11/1/21-Typist

Report Form: **TP**Lump Sum / L.B.I. **\$630**Days Of Repair: **2**Resurvey No. of Trip: **1**

Add Fee:



Site Insp (\$ \_\_\_\_\_)



Interview (\$ \_\_\_\_\_)



Tech. Invs (\$ \_\_\_\_\_)



Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL

## COMFORTDEGRO PTE LTD

## REPAIR ESTIMATE

Vehicle No.: SH 6598K  
 Make : TOYOTA  
 Model : PRIUS G4  
 DOA :

Date :  
 Insurance:  
 MVA : CHIANG /NTUC

Qty	Parts Description / Labour	Qty	Unit Price	Amount
1	REAR BUMPER			\$458.60 <i>Rx</i>
1	REAR BUMPER UNDER COVER			\$552.60 <i>X</i>
10	BUMPER CLIPS			\$22.00 <i>X</i>
1	REAR BUMPER SIDE RETAINER LH /RH		\$112.70	\$225.40 <i>X</i>
1	REAR BUMPER UNDER SIDE COVER RH			\$276.00 <i>Rx</i>
1	TAIL LAMP LOWER			\$548.40 <i>X</i>
1	TOWING COVER			\$82.70 <i>X</i>
SUB TOTAL				\$2,165.70
LESS 25%				\$541.43
				<b>\$1,624.28</b>
1	REVERSE SENSOR			\$135.70 <i>X</i>
1	REAR BUMPER MAT			\$50.00 <i>X</i>
				<b>\$185.70</b>
<b>Labour Charge</b>				
	PANEL BEATING			640.00 <i>320</i>
	SPRAY PAINTING			500.00 <i>250</i>
	WIRING			60.00 <i>30</i>
	TUFF KOTE			60.00 <i>X</i>
	REMOVE/REFIX REVERSE SENSOR			60.00 <i>30</i>
TOTAL LABOUR				<b>\$1,320.00</b>
ESTIMATE TOTAL				<b>\$3,129.98</b>

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

*Tanphin 97495744 Davanti*  
*WP 22/12/2020 4pm*  
*2 days*  
*Resurvey after repair*  
*Tanphin e l l h a n t b u n*

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

220 Lorong Road Singapore 609491

24 Senoko Loop Singapore 758156

7 Sungai Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768733

Date/Time: 22.12.2020 11:27

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305440392

STOMER		REGN NO.	SH 6598K	MILEAGE
COMFORT TRANSPORTATION PTE LTD		MAKE:	TOYOTA	FUEL
7010045		MODEL	PRIUS HYBRID(G4)21	E.....1/2.....F
383 SIN MING DRIVE		YR OF MANU.	07.09.2017	DATE/TIME IN
Singapore SINGAPORE 575717		CHASSIS CODE	JTDKB3FUX03563795	12.2020 13:25
65508755		COMPLETION DATE/TIME:		
COUNT CARD NO.				

Accident Date: 21.12.2020  
NATURE: 3P 21.12.2020

### JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 6598K CHIANG

Vehicle No.: SH 6598K

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned 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 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	22/12/2020 08:28 (SGT)
Date of Accident	21/12/2020 13:05 (SGT)
Exact Location of Accident	Telok Kurau Rd, Singapore
Additional Location Information	TELOK KURAU RD X ST PATRICK'S RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6598K
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#### 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	TAN SHIWEI
NRIC No	SXXXX553D
Date Of Birth	05/09/1981
Occupation	Outdoor

Date Of Driving Pass	29/10/2001
Driving experience	19 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88910889
Alt. Phone Number	-
Email Address	EUGENE_TSW@HOTMAIL.COM
Address	BLK 10A BENDEMEER ROAD
Address complement	#40-111
Postcode	331010
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 to Rear
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  
 \* 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	SFH9787R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

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

NTUC  
SLIGHT  
FRONT RH  
1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	TAN SHIWEI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK
Injured person in which vehicle?	SH6598K
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.
5. **Any false reporting may be referred to the Police for investigation.**
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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 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

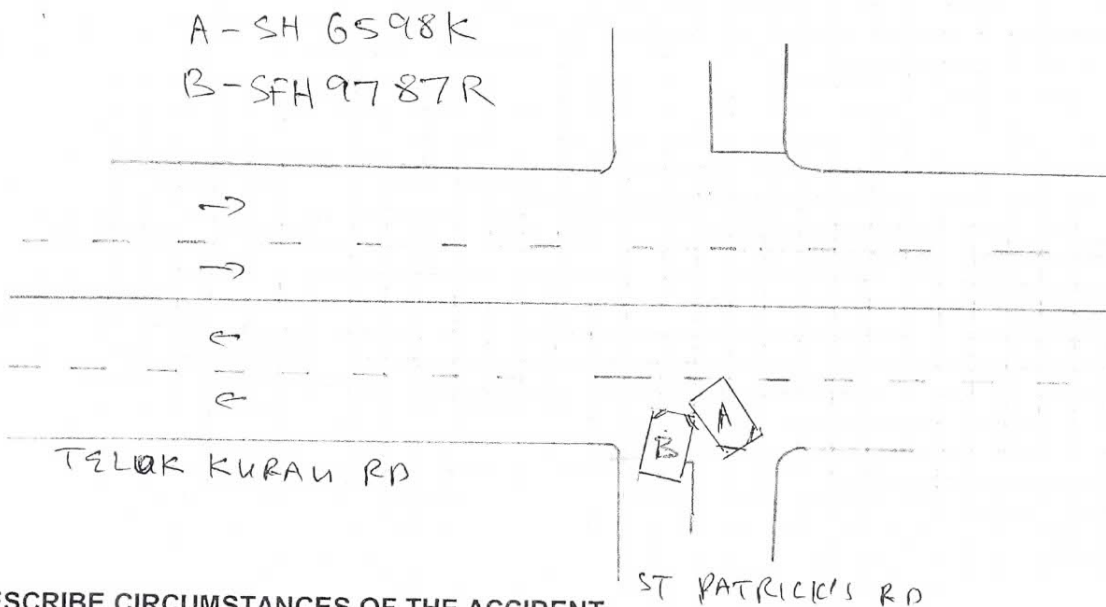
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21.12.2020, at about 1305hrs, I was driving my Comfort taxi, SH 6598K, along Teluk Kurau Rd with no pax.

Weather was clear and light traffic. While approaching the cross junction with St Patrick's Rd, I put on my right signal and proceeded to turn right.

As I was near the entrance, a private car, B, came out from the minor road and hit my taxi right rear side.

I have a video recording of the accident in my phone.

After the accident, I feel pain in my back and neck.

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:

21.12.2020  
1530h

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

Larry No



