

ASS. REC. BY: Tau J M

REF:

NS/ INC 20014653/T1vd3

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: **SBT 6666K**

Policy No. **5103519058-02**

Claims No. **MT/1117681-001**

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Lm KE

Veh No: SHA 7348B Yr Regn: 2019, Dec.

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

Truck / Trailer or

Make: Toyota Prius Hybrid c.c. 178

Colour Blue A/C: Insured / Std / NI / NA

Sp. Reading 89143 T/Radio: Insured / Std / NI / NA

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

C/No: STDUR3F4\*803090205

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: 195/6 JKR5

R: 195/6 JKR5

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. 26/12/20

D.O.I. 28/12/20

Survey held at Confid byay

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

Rear o/s

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

Date / Time Action / Instruction

15/1/21 Final fig \$1355.87 confirmed by email (Red 201.10,13%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 18/1/21-Typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Rep. Format: TP

Lump Sum / L.B. (\$ \$1355.87)

Like

NTUC

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 28.12.2020  
Time: 16:55:38  
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 : 305441332  
REGN NO : SHA7348B  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4A)  
DATE OF REGN : 13.12.2019  
DATE/TIME IN : 26.12.2020 19:35  
ACCIDENT DATE : 26.12.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0302-2712-G	PRIG4Q8 COVER REAR BUMPER	1	499.90 25.00 374.92 <i>72</i>
0002	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00 25.00 16.50 <i>42</i>
0003	04-01-0302-3937-G	PRIG4 RETAINER RR BUMPER	1	94.80 25.00 71.10 <i>?</i>
0004	04-01-0302-2713-G	PRIG4Q8 GUARD REAR BUMPER	1	552.60 25.00 414.45 <i>cut</i>

SUB-TOTAL : 876.97

JOB NATURE

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0000	L	PANEL BEATING		350.00 <i>320</i>
0001	23-502	SPRAYPAINT ON AFFECTED AREA		250.00 <i>200</i>
0002	20-22	REMOVE/REFIX REVERSE SENSOR		80.00 <i>30</i>

SUB-TOTAL : 680.00

TOTAL : 1,556.97

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME & SIGNATURE

DATE :

*Tamphi 87495749 work like  
'wp' 28/12/20 @ 5pm  
2 days  
P/P Resurvey before part  
tamphi consultants*

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:

member of COMFORTDELGRO

Date/Time: 28.12.2020 16:23 Page: 1

Job: ARC Repair TP(CLSO)1		JOB CARD	Sales Order:	JC NO.: 305441332
Customer: COMFORT TRANSPORTATION PTE LTD	REGN NO: SHA7348B	MILEAGE		
7010045	MAKE: TOYOTA	FUEL		
Customer NO: 383 SIN MING DRIVE	MODEL: PRIUS HYBRID(G4A26)	E.....1/2.....F		
ESS: Singapore SINGAPORE 575717	YR OF MANU: 13.12.2019	DATE/TIME IN: 26.12.2020 19:35		
65508755 (O)	CHASSIS CODE: JTDKB3FU803090205	TARGET DATE		
(R)		COMPLETION DATE/TIME:		
(P)				
JUNT CARD NO.				

NTUC

Accident Date: 26.12.2020  
NATURE: 3P 26.12.2020

JOB DESCRIPTION

S/N	LABOR CODE	DESCRIPTION
		FRONT
		LEFT SIDE
		RIGHT SIDE
		REAR

WORKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE

Delivery Slip	Signature/Date	Exit Pass
No.: SHA7348B	Taufik	Vehicle No.: SHA7348B
LKE		
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 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	28/12/2020 15:05 (SGT)
Date of Accident	26/12/2020 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SELETAR MALL TAXI STAND
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7348B
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXXX1R
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	LOH LIAT JONG
NRIC No	SXXXX877H

Date Of Driving Pass	12/07/1976
Driving experience	44 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92966196
Alt. Phone Number	-
Email Address	DESMOND2820@HOTMAIL.COM
Address	BLK 514 WOODLANDS DRIVE 14
Address complement	#08-109
Postcode	730514
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	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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	-
Gender	Male

#### PASSENGER 2

Name	-
Gender	Male

#### PASSENGER 3

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

#### 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

Vehicle Registration Number	SBT6666K
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90116758
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC
Nature Of Damage	SLIGHT
Details of property damaged in accident	FRT LEFT
No. Of Passenger (Including Driver)	-

**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**.
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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. REC. NO. 139303021R

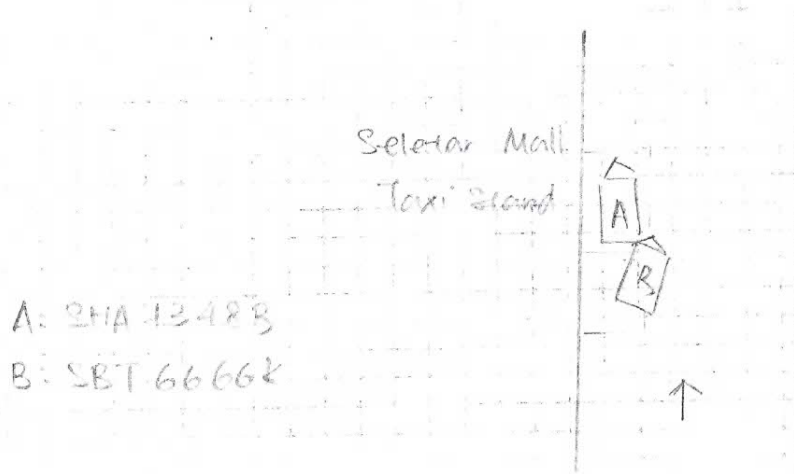
Policyholder's Signature  
Date & Time:

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

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



## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/12/2020 at about 16:30 hrs, I VEH A was
stationary at above said location to drop off passengers.
While I settle payment with my passenger, I felt an impact from
behind. VEH B overtake my taxi hit & grazed onto the rear right
portion of my stationary taxi. The said driver, continue drive away,
I immediate step out from taxi to stop her. I managed to stop
and take photo of her car. No injury at the point of accident

## 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: Loke Wai  
NRIC/Fin No.:



