

ASS. REC. BY: TaufikhREF: TM 1

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: _____

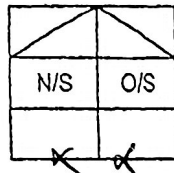
Policy No. ML000510Claims No. M2100187

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: Lim TS

Vehicle: IN / OUT

Veh No: SHB390SP Yr Regn: 2017 Sep

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

Truck / Trailer or

Make: Toyota Prius C.C. 1798Colour: yellow A/C: Insured / Std / NI / NASp. Reading: 548638 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STDUB3F4X0358334Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15R: 2

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. 11/1/21Survey held at Comfort Lodge

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

14/01/21@12.07pm revised to Jeffrey Tay via Merimen.

14/01/21@11.47am Taufikh finalised with Mr Lim LS \$2000, 3 days. (Red \$1631.22, 45%)

Date/Time, File Pass to?

☐ : Prell. ReportDays Of Repair: 3

1) 14/01 Typist

☐ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

Transportation:

S + RS \$

Photo

Others

2)

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$Report Form: MER-TPLump Sum 2000

LL(S)

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CCPL

Singapore

LKK -

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	09/01/2021
Vehicle Reg. No.:	SHB3905P	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS, 1.8 HYBRID CVT (A)	Vehicle Reg. Date:	13/09/2017
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	2ZRS061475	Chassis No:	JTDKB3FUX03563344
Odometer:	0 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

Parts	Amount
Miscellaneous Items	2,200.22
Labour	11.00
Paintwork Labour	1,420.00
Towing	0.00
	0.00
Gross Total (S\$)	3,631.22
+ GST 7.00% (S\$)	254.19
Nett Amount (S\$)	3,885.41

This claim is handled by: LIM TIEN SIONG

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 11 Jan 2021)
 Parts: 144 TOYOTA PRIUS 1.8 HYBRID CVT (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: ComfortDelGro Engineering Pte Ltd/SHB3905P/11/01/2021 14:24
 Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
 Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER	25.00	0.00	*458.60 FL <i>Pr</i>
2	1		*REAR BUMPER CTR GUARD	25.00	0.00	*552.60 FL <i>de</i>
3	1		*REAR BUMPER REINFORCEMENT	25.00	0.00	*318.80 FL <i>?</i>
4	10		*REAR BUMPER CLIPS	25.00	0.00	*22.00 FL <i>ra</i>
5	1		*REAR BUMPER RETAINER RH	25.00	0.00	*112.70 FL <i>?</i>
6	1		*BOOTLID OUTER GARNISH	25.00	0.00	*881.90 FL <i>Rx</i>
7	1		*BOOTLID (HYBRID)	25.00	0.00	*52.40 FL <i>re</i>
8	1		*BOOTLID (PRIUS)	25.00	0.00	*60.80 FL <i>re</i>
9	1		*BOOTLID (ORNAMENT)	25.00	0.00	*52.90 FL <i>ra</i>
10	1		*BOOTLID (COMFORTDELGRO)	25.00	0.00	*30.00 FL <i>re</i>
11	1		*BOOTLID (65521111)	25.00	0.00	*30.00 FL <i>re</i>
12	1		*BOOTLID (APPS)	25.00	0.00	*40.00 FL <i>re</i>
13	1		*REAR NO.PLATE WITH TRIM COVER	0.00	0.00	*55.00 F <i>del</i>
14	1		*REVERSE SENSOR	0.00	0.00	*135.70 F <i>ent</i>
15	1		*REAR BUMPER MAT	0.00	0.00	*50.00 F <i>?</i>

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	2,853.40
- List Item Discount on L Items (\$\$)	653.18
Total Parts (\$\$)	2,200.22

ComfortDelGro Engineering Pte Ltd/SHB3905P/11/01/2021 14:24. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	CUTP Case (Insurer)	11.00
Sub Total (S\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	700.00 525
2	SPRAY PAINTING	New	600.00 500
3	R/I REVERSE SENSOR	New	120.00 30
Gross Labour Cost (S\$)			1,420.00

ComfortDelGro Engineering Pte Ltd/SHB3905P/11/01/2021 14:24. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

with the
Taufhin 97415749
wp' @ 11/1/2023 pm
1/3 Resurvey after repair.
2-3 days
Taufhin @ Kuantan

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

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 609288
20 Ulu Road Singapore 200649

24 Senoko Loop Singapore 758156
7 Sungai Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 09.01.2021 08:39

Page : 1

member of COMFORTDELGRO

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305447377

OWNER CITYCAB PTE LTD IS 7010070 OWNER NO 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65551188 (R) (P)	REGN NO SHB3905P	MILEAGE
	MAKE : TOYOTA	FUEL E.....1/2.....F
	MODEL PRIUS HYBRID(G4)09.01.2021	DATE/TIME IN 11:30
	YR OF MANU. 13.09.2017	TARGET DATE
	CHASSIS CODE JTDRB3FUX03563344	COMPLETION DATE/TIME:

IDENTIFICATION CARD NO.

Accident Date: 09.01.2021
NATURE: 3P 09.01.2021

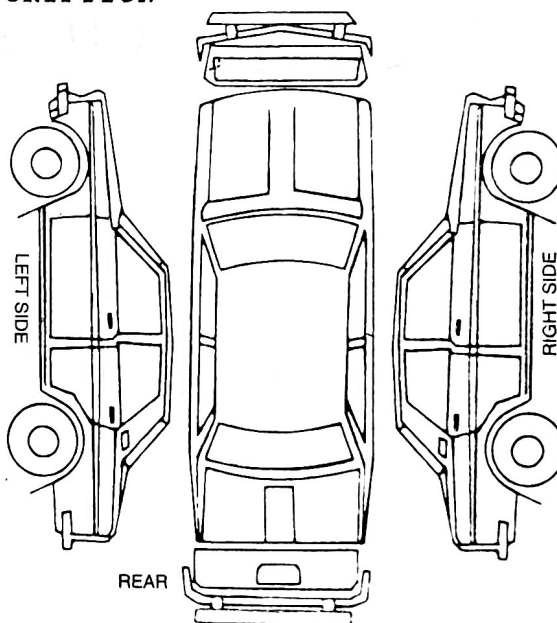
JOB DESCRIPTION

S/NO

LABOR CODE

DESCRIPTION

FRONT



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Assessment Slip

Exit Pass

o.: SHB3905P

LIMITS

Vehicle No.:

SHB3905P

Service Advisor

Signature/Date

Name of Service Advisor



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 11/01/2021 08:21 (SGT)
 Date of Accident 09/01/2021 10:50 (SGT)
 Exact Location of Accident Sengkang E Rd, Singapore
 Additional Location Information SENGKANG EAST RD TWDS PUNGGOL WAY
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB3905P

INSURED/POLICYHOLDER

Is company? Yes
 Name Of Registered Owner CITYCAB 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 Axa
 Type of Coverage ThirdPartyFireTheft
 Fleet Policy Yes
 Policy Number VFX/P2419140
 Cover Note Number -

DRIVER

Name of Driver TAN KHENG TIONG
 NRIC No SXXXX708G
 Date Of Birth 28/12/1954
 Occupation Outdoor

Date Of Driving Pass	13/07/1973
Driving experience	47 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +966-98188502
Alt. Phone Number	-
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Address	BLK 367 TAMPINES STREET 34
Address complement	#06-93
Postcode	520367
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?	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	Female

PASSENGER 3

Name	-
Gender	Female

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

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

Vehicle Registration Number	SMN8304T
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Tokio Marine
Nature Of Damage	SLIGHT
Details of property damaged in accident	FRONT
No. Of Passenger (Including Driver)	4

PASSENGER 1

Name	-
Gender	Male

PASSENGER 2

Name	-
Gender	Female

PASSENGER 3

Name	-
Gender	Female

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 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 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.

CITYCAR PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

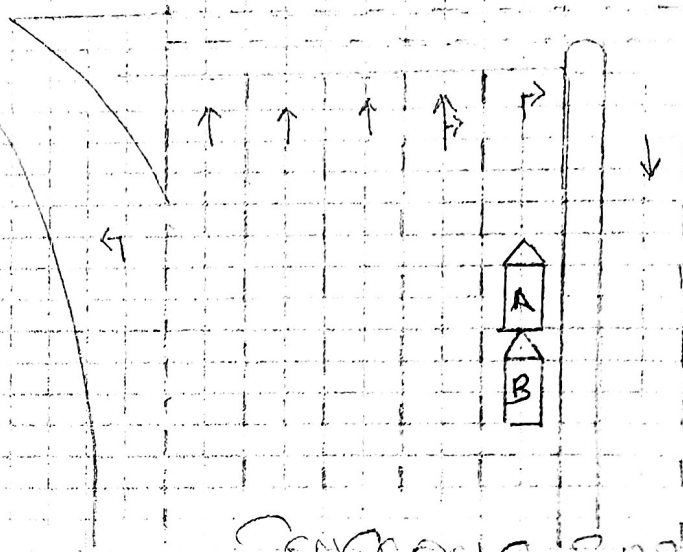
Reporting Centre Person's Signature
Name:
NRIC/Fin No.:

04 JAN 2017

SKETCH PLAN

A - 8AB 3905P

B - SMN 8304T
(Chevrolet)



Sengkang East Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 9/1/2021 @ 10.50hrs, I was driving along Sengkang East Rd towards Punggol way direction with 3 passenger on board my taxi.

As I was driving, the front vehicle stop so I stop as well when there's an impact on my taxi rear portion.

I came out the Cheekpad and found out a vehicle of SMN 8304T front portion had collided onto my taxi rear portion.

No injury at the point of accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

CITYCAR PTE LTD
CO. REG. NO. 199502839G

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

09 JAN 2021