

ASS. REC. BY: TaylorREF: (S/TM) 2100/635/Titf3

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. _____

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.

| | |
|-----|-----|
| | |
| 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

Lim TSVeh No: SHC 3314PYr Regn: 2019, Apr!

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

Truck / Trailer or

Make: Toyota PriusC.C. 1798Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 233247

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STDKR3F4 203079863Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15R: 195/65R15

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

TOYO / YOKO or Wentake

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 3/2/21Survey 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

COR \$1229.27, 2 DAYS.

red: 481.53; 28%

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.B.C. (\$) _____

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TS

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)

CTPL

Singapore

CP(P)
LKK-Taufik

PARTICULARS OF CLAIM

| | | | |
|-------------------------------|--|--------------------|-------------------|
| Claim Type: | THIRD PARTY | Ref. No: | |
| Policy No: | | Date of Loss: | 02/02/2021 |
| Vehicle Reg. No.: | SHC3314P | Driveable? | NO |
| Party At Fault: | UNKNOWN | | |
| Make/Model: | TOYOTA PRIUS, 1.8 HYBRID CVT (A) | Vehicle Reg. Date: | 01/04/2019 |
| Vehicle Colour: | BLUE | Gen Condition: | GOOD |
| Engine No: | 2ZR2C06618 | Chassis No: | JTDKB3FU203079863 |
| Odometer: | 0 KM | | |
| Paint Type: | | | |
| List Item Discount: | 25.00 % | | |
| Total Loss? | NO | | |
| Est. Duration of Repair (day) | 4 | | |
| Present Location: | COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) | | |

COST OF CLAIMS

| | Amount |
|--------------------------|-----------------|
| Parts | 339.80 |
| Miscellaneous Items | 11.00 |
| Labour | 1,360.00 |
| Paintwork Labour | 0.00 |
| Towing | 0.00 |
| Gross Total (S\$) | 1,710.80 |
| + GST 7.00% (S\$) | 119.76 |
| Nett Amount (S\$) | 1,830.56 |

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 03 Feb 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/SHC3314P/03/02/2021 08:19**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 WHEEL CAP LH | 25.00 | 0.00 | *346.40 FL <i>ant</i> |
| 2 | 1 | | *REAR DOOR APPS STICKERS LH | 0.00 | 0.00 | *80.00 F <i>ant</i> |
| Sub Total (\$\$) | | | | | | 426.40 |
| - List Item Discount on L Items (\$\$) | | | | | | 86.60 |
| Total Parts (\$\$) | | | | | | 339.80 |

F=Franchise part. L=ListItemDisc.

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Generated using Merimen e-Claims IEAS

TS
Amount

Estimates on Miscellaneous Items

No Qty Particulars

Miscellaneous Items

| | | | |
|-----------------|---|----------------------|---------|
| 1 | 1 | OD/TP Case (Insurer) | 11.00 ✓ |
| Sub Total (S\$) | | | 11.00 |

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

| | | | |
|-------------------------|--|-----|------------|
| 1 | PANEL BEATING - REAR FENDER LH ETC | New | 400.00 350 |
| 2 | SPRAY PAINTING - ROCKER PANEL GARNISH LH ETC | New | 900.00 625 |
| 3 | TUFF KOTE | New | 60.00 x |
| Gross Labour Cost (S\$) | | | 1,360.00 |

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< END OF ESTIMATES >

400/600
Tanglin 97493749
WP 2/2/2024pm
1/1 Resurvey after repair
Tanglin 01/1/2024pm
2 days

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:

Date/Time: 03.02.2021 08:11 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

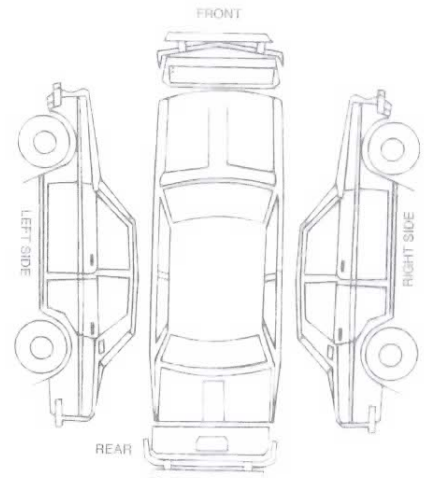
JC NO.: 305451675

| | | | |
|---|--|---|---|
| COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 | | REGN NO.: SHC3314P MAKE: TOYOTA MODEL: PRIUS HYBRID(G4) YR OF MANU.: 01.04.2019 CHASSIS CODE: JTDKB3FU203079863 | MILEAGE FUEL DATE/TIME IN: 02.02.2021 14:50 TARGET DATE COMPLETION DATE/TIME: |
|---|--|---|---|

Accident Date: 02.02.2021
NATURE: 3P 02.02.2021

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



ISSUED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Assignment Slip

Exit Pass

Vehicle No.: SHC3314P

LIMITS

Vehicle No.:

SHC3314P

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 | 02/02/2021 16:19 (SGT) |
| Date of Accident | 02/02/2021 12:15 (SGT) |
| Exact Location of Accident | Dunman Rd, Singapore |
| Additional Location Information | DUNMAN RD and TG KATONG RD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHC3314P |
|-----------------------------|----------|

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 | Axa |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | Yes |
| Policy Number | VFX/P2419138 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|----------------|
| Name of Driver | CHUANG TI HENG |
| NRIC No | SXXXX140E |
| Date Of Birth | 03/12/1959 |
| Occupation | Outdoor |

| | |
|--|----------------------------|
| Date Of Driving Pass | 09/10/1984 |
| Driving experience | 36 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96899180 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | 173b 12-607 PUNGGOL FIELD |
| Address complement | - |
| Postcode | 822173 |
| 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? | 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

see attach

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 | SMM965T |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |

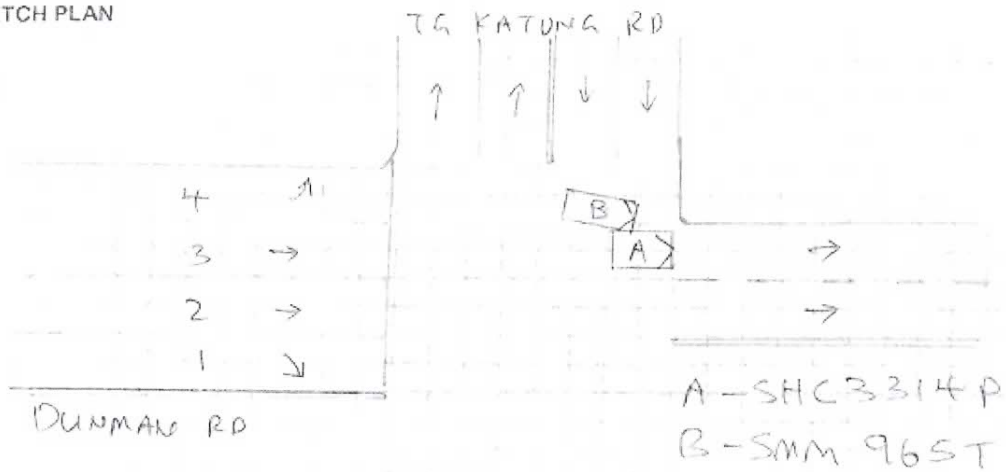
| | |
|---|---------|
| Nature Of Damage | slight |
| Details of property damaged in accident | frt rht |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------|
| Name of injured person | CHUANG TI HENG |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | back |
| Injured person in which vehicle? | SHC3314P |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Statment attached

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 02.02.2021

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

Describe Circumstances of the Accident.

On 02.02.2021, at about 1215hrs, I stopped my Comfort taxi, SHC3314P, on lane 3 at the junction of Dunman Rd and Tg Katong Rd due to red lights. When the lights turned green, I proceeded to drive straight.

While approaching the other side of the road, I suddenly felt an impact from my left. A private car, B, had hit my taxi left rear side. B was earlier on lane 4 before crossing the junction.

Lane 4 is a turn left only lane. B did not turn left but proceeded to go straight and tried to cut into my lane when it hit my taxi.

I have a video recording of the accident impact.

After the accident, I feel pain in my back. No pax in my taxi.

Weather was clear and moderate traffic.

Declaration

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

Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel



Larry Ng

02.02.2021

1505hrs