

ASS. REC. BY: Taylor 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. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

N/S	O/S

(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: _____ 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: SNC3092D Yr Regn: 2019 DEC
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Tractor or
 Make: Toyota Proace c.c. 1798
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 93238 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: STDKISSFY 203089762
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/60R15
 R:
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Wan take
 Front Rear
 R/Bal. 6 mm / R/Bal. 6 mm
 L/Bal. 6 mm / L/Bal. 6 mm
 D.O.A. _____ D.O.I. 4/2/21
 Survey held at Comfort Loggia
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Robtop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	COR \$2870.22 . 3 days
	red:1289.45 ;30%

Date/Time, File Pass to? : Prell. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Report Format: _____
 Lump Sum / L.B.L. (\$) _____

Days Of Repair: 3
 Resurvey No. of Trip: _____
 Survey Fee: _____
 Transportation: _____
 Add Fee: : Site Insp (\$ _____)) S + RS \$1
 : Interview (\$ _____))
 : Tech. Invs (\$ _____))
 : Weekend (\$ _____))
 TOTAL _____

NTUC - CP/P
LKK - Taufikh.

IS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305451845
REGN NO : SHC3092D
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4A)
DATE OF REGN : 05.12.2019
DATE/TIME IN : 03.02.2021 14:40
ACCIDENT DATE : 02.02.2021

JOB / PARTS DESCRIPTION QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-0596-G	REAR DOOR LH	1	1,258.30	25.00	943.72	bt-
0002	04-01-0302-0920-G	ROCKER PANEL GARNISH LH	1	576.00	25.00	432.00	Ry
0003	04-01-0302-2713-G	REAR BUMPER CTR GUARD	1	552.60	25.00	414.45	X
0004	28-01-0103-0003-A	Frt Door ComfortDelGro LH	1	75.00	10.00	67.50	neu-
0005	28-01-9999-2023-A	Rear Door Apps LH	1	80.00	10.00	72.00	cut-
0006	04-01-0302-1150-G	REAR BUMPER MAT	1	50.00		50.00	neu X
Rear Fender (Petrol Only) \$ 30 nett. neu-							SUB-TOTAL : 1,979.67

JOB NATURE

0000	PB	PANEL BEATING-Rear Fender LH etc				800.00	for
0001	SP	SPRAYPAINT-Rear Bumper etc				1200.00	1000
0002	20-00	TUFF COAT ON AFFECTED PARTS.				60.00	30
0003	L	R/I REVERSE SENSOR				120.00	50
SUB-TOTAL : 2,180.00							

COMFORTDELGRO ENGINEERING PTE LTD

Date: 04.02.2021

Time: 08:35:30

REPAIR ESTIMATE

NTUC - CP(P)

Page: 2

IS

LKK - Taufiqh

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
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383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305451845
REGN NO : SHC3092D
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 05.12.2019
DATE/TIME IN : 03.02.2021 14:40
ACCIDENT DATE : 02.02.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 4,159.67

Lmf

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

work

Taufiqh 9749 5769

WP 4/2/21 @ 5pm

p/p Resurvey before paint

3 days

Taufiqh LKK

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:

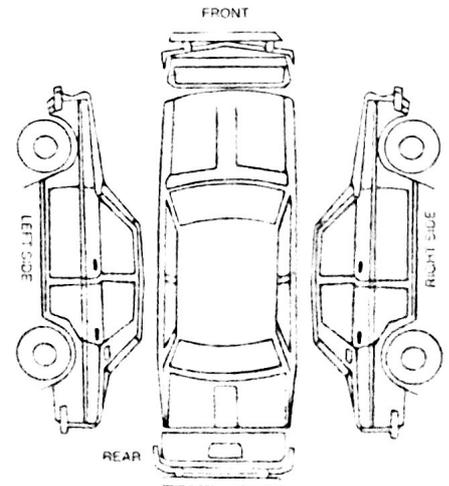
Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO. 305451845

TOWER AS TOWER NO PRESS (R) (P) TOWER CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO: SHC3092D	MILEAGE
		MAKE: TOYOTA	FUEL E.....1/2.....F
		MODEL PRIUS HYBRID(G4A03)	DATE/TIME IN 03.02.2021 14:40
		YR OF MANU. 05.12.2019	TARGET DATE
		CHASSIS CODE JTDKB3FU203089762	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 02.02.2021
NATURE: 3P 02.02.2021

S/NO LABOR CODE DESCRIPTION



REMOVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

SHC3092D

LIMITS

Vehicle No.:

SHC3092D

Signature/Date

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	03/02/2021 16:39 (SGT)
Date of Accident	02/02/2021 20:10 (SGT)
Exact Location of Accident	Serangoon North Ave 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3092D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXX21R
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	CHUA HAI CHUAH
NRIC No	SXXXX746B
Date Of Birth	29/10/1954
Occupation	Outdoor

Date Of Driving Pass	08/07/1977
Driving experience	43 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93893883
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 468B ADMIRALTY DRIVE
Address complement	#12-25
Postcode	752468
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)	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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY:

Vehicle Registration Number	SMG9076G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC

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

MODERATE
RIGHT FRT
-

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.
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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:

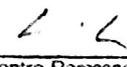
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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. 199303621H

Policyholder's Signature
Date & Time:



Driver's Signature
(if driver is not the policyholder)
Date & Time: 03.07.2021



Reporting Centre Personnel's Signature
Name:
NRIC/Fin No. 1530w

Describe Circumstances of the Accident.

On 02.02.2021, at about 2010hrs, I was driving my Comfort taxi, SHC3092D, along Serangoon North Ave 5 with no pax.

Weather was clear and light traffic.

There was a stationary private car, B, ahead, with its hazard light blinking.

I then slowly overtook B. While overtaking, B suddenly made a right turn and hit my taxi left doors area.

I have a video recording of the accident impact.

No injury at the time of accident.

Declaration

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO: 199301821R

Policyholder's Signature/Date &
Time

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

Entry No

Witnessed by Reporting
Centre Personnel

03.02.2021

1530w