

ASS. REC. BY: Tang JH 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. _____

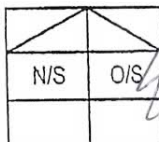
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(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: _____ Vehicle: IN / OUT

Veh No: SH8302J Yr Regn: 2017 June

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

Truck / Trailer or

Make: Toyota Proas c.c. 1798

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

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

Eng/No: _____

C/No: JTDKRB3F4X0358595

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: 195/65 R15

R: 195/65 R15

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. _____ D.O.I. 8/2/2

Survey held at Compt Logen

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
	<u>battery mech.</u>
	COR I/s \$2700 , 4 days.
	RED:3575.3; 56%

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) _____
Date/Time, File Return to?

2) _____

Rep. Format: _____

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

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$) _____

Survey Fee: _____

Transportation: _____

S + RS \$ _____

Photos _____

Others _____

TOTAL

COMFORTDELGRO

REPAIR ESTIMATE*

VEHICLE NO SH 8302J

DATE 07/02/20 12:00 AM

MAKE :

MODEL PRIUS

CHIANG/ NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRT DOOR RH			Ry \$1,264.00
1	REAR DOOR RH			bt \$1,258.30
1	REAR DOOR HINGE LOWER/ UPPER		\$91.20	Ry \$182.40
1	LHS ROCKER PANEL			R \$552.30
1	REAR FENDER			Ry \$836.70
1	REAR RH WHEEL CAP			ant \$177.70
1	ROCKER PANEL OUTER GARNISH RH			dl \$403.00
	SUB TOTAL			\$4,674.40
	LESS 25%			\$1,168.60
	DISCOUNTED TOTAL			\$3,505.80
	REAR DOOR COMFORT APP LOGO			ant \$80.00
	FRT DOOR COMFORTDELGRO LOGO LH			ner \$75.00
				\$139.50
	Labour Charge			
	Panel Beating		875	\$1,400.00
	Spray Painting Charge		875	\$1,000.00
	Remove and Refit Door Parts		60	\$90.00
	Check Wiring		30	\$60.00
	tuff coat		30	\$80.00
	TOTAL LABOUR			\$2,630.00
	ESTIMATE TOTAL			\$6,275.30
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.				

- 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:

Tanpin 97495749
 WP 8/2/21 @ 1pm
 LBS Resurvey after repair
 3-4 days
 Tanpin @ 400

Date/Time: 08.02.2021 11:11

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305452723

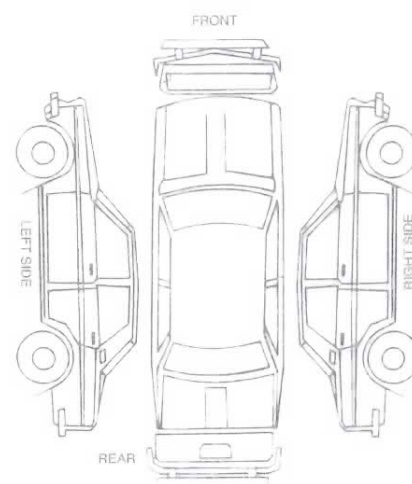
CUSTOMER
COMFORT TRANSPORTATION PTE LTD
7010045
CUSTOMER NO.
383 SIN MING DRIVE
ADDRESS
Singapore SINGAPORE 575717
65508755
L. (R) (O)
(P)
COUNT CARD NO.

REGN NO:	SH 8302J	MILEAGE
MAKE:	TOYOTA	FUEL E 1/2 F
MODEL	PRIUS HYBRID(G4)	DATE/TIME IN 05.02.2021 15:16
YR OF MANU.	15.06.2017	TARGET DATE
CHASSIS CODE	JTDKB3FUX03558595	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 08.02.2021
NATURE: 3P.05.02.2021

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 8302J
CHIANG

Vehicle No.: SH 8302J

Signature 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	05/02/2021 16:43 (SGT)
Date of Accident	05/02/2021 14:20 (SGT)
Exact Location of Accident	Thomson Rd, Singapore
Additional Location Information	TOWARDS NEWTON
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8302J
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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) +65-93275019
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	LEE CHEE BENG
NRIC No	SXXXX643J
Date Of Birth	19/05/1971
Occupation	Outdoor

Date Of Driving Pass	20/07/1995
Driving experience	25 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93275019
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 232 HOUGANG AVENUE 1 #07-238
Address complement	-
Postcode	530232
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
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

ON 5/2/2021 AT ABOUT 1420HRS, I WAS DRIVING MY VEHICLE A (SH8302J) ALONG THOMSON ROAD TOWARDS NEWTON. I WAS AT EXTREME LEFT LANE AND ALL VEHICLES WERE MOVING SLOW DUE TO THE HEAVY TRAFFIC. SUDDENLY VEHICLE B (SMH3346L) FROM MIDDLE LANE TURNED INTO MY LANE AND HIT ONTO MY VEHICLE RIGHT SIDE. THERE WAS A LORRY BESIDE MY VEHICLE AS IT BLOCKED MY VIEW ON THE RIGHT. MY VEHICLE'S RIGHT SIDE DAMAGED. EXCHANGED PARTICULARS. NO INJURY

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	SMH3346L
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	PANIR SELVAM S/O V IYAVOO
NRIC No	SXXXX947C
Contact Number	(Phone) +65-92981216
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

SKETCH PLAN

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 willful 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.
- 5. 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) of:
 - (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.

Policyholder's Signature / Date & Time

Sketch Plan

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

[Signature]

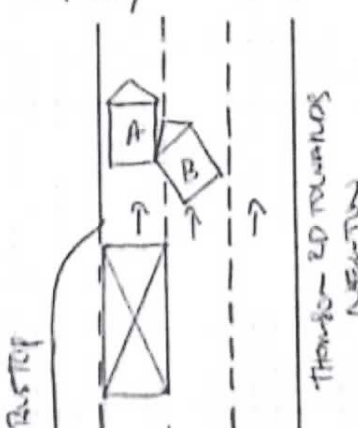
SH/21/1555/Hry

Witnessed / Reporting Centre Personnel

[Signature]

A SH 83023

B SH 3346L



Describe Circumstances of the Accident

On 5/2/21 at about 1420 hrs I was driving my vehicle A (SH8302T) along THOMSON RD TOWARDS NEWTON. I WAS AT EXTREME LEFT LANE AND ALL VEHICLES ARE MOVING SLOW DUE TO THE HEAVY TRAFFIC. SUDDENLY VEHICLE R (SM1133466) FROM MIDDLE LANE TURN INTO MY LANE AND HIT ONTO MY VEHICLE RIGHT SIDE. THERE WAS A LORRY BESIDE MY VEHICLE AS IT BLOCK MY VIEW ON THE RIGHT. MY VEHICLE RIGHT SIDE DAMAGED. EXCHANGED PARTICULARS. NO INJURY.

Declaration

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

[Signature]

5/2/21 / 1535 HRS

[Signature]

BALUJ

