ASS. REC. BY: Taufikh REF: NS/INC 21002042/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: FBH 8265J

Policy No. 5108192502-01

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
X	X

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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: Vivian Vehicle: IN / OUT

Veh No: SJB9159A Yr Regn: 2019, Dec

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover / Truck / Trailer or _____

Make: Toyota Prius c.c 1798

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

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

Eng/No: _____

C/No: JTDKB3FU203090104

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: 195/65R15

R: —

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. 6/2/21 D.O.I. 10/2/21

Survey held at Carpet Lagoon

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
	By Dmg mech
2/3/21	Taufikh confirmed $3293.17 (Red 5773.53,63%)

Date/Time, File Pass to? _____

1) _____

Date/Time, File Return to?

2) 2/3/21-Typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: ___$ + RS___SI

Photos

Others

TOTAL

Report Format : TP

Lump Sum / I.B.I: ($ $3293.17)

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Vehicle No.:	SH9159A	**Date**	:
Make	: TOYOTA	**Insurance:**	Nil
Model	: PRIUS	**MVA**	: CHIANG
DOA	: 27/01/21	**Admin**	:

Part No.	Parts Description / Labour	Qty	Unit Price	Amount
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE			$889.70
1	REAR TRUNK LID COVER			$1,126.60
1	REAR TRUNK LID GLASS W/MOULDING			$1,778.30
1	REAR TRUNK LID GLASS BLACK.			$1,569.70
1	REAR TRUNK LID LOGO (PRIUS)			$60.80
1	REAR TRUNK LID LOGO (HYBRID)			$52.40
1	REAR TRUNK LID LOGO (TOYOTA STAR)			$52.90
1	REAR BUMPER =>photo. dismantle.			$458.60
1	REAR BUMPER UNDER COVER			$552.60
1	REAR BUMPER SIDE RETAINER LH/RH		$112.70	$225.40
1	REAR BUMPER UNDER COVER CENTRE			$232.00
1	REAR BUMPER TOWING COVER			$82.70
1	REAR BUMPER REINFORCEMRNT STAY LH/RH		$139.60	$279.20
1	TAIL LAMP RH UPPER			$557.90
1	TAIL LAMP RH LOWER			$548.40
10	REAR BUMPER CLIPS			$22.00
1	REAR BUMPER REINFORCEMENT			$318.80
	SUB TOTAL			$8,808.00
	LESS 25%			$2,202.00
	DISCOUNTED TOTAL			**$6,606.00**
1	REAR BUMPER MAT			$50.00
1	REAR NUMBER PLATE W/HOLDER			$55.00
1	REAR TRUNK LID APPS STICKER			$40.00
1	REAR TRUNK LID COMFORT & TEL NO. STICKER			$60.00
1	REAR BUMPER REVERSE SENSOR			$135.70
				$340.70 NETT
	Labour Charge			
	Panel Beating			420 $900.00
	Spray Painting Charge			500 $800.00
	Remove/Refix Windscreen galss			$120.00
	Wiring Charge			30 $90.00
	Tuff Kote			$120.00
	Remove/Refix Reverse Sensor			30 $90.00
	TOTAL LABOUR			**$2,120.00**
	ESTIMATE TOTAL			**$9,066.70**
	Tangshi 1741 5741 'WP' 10/2/21 @ 11a			

P/P Resurvey before paint

COMFORTDELGRO
ENGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717

Date/Time: 09.02.2021 09:00 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

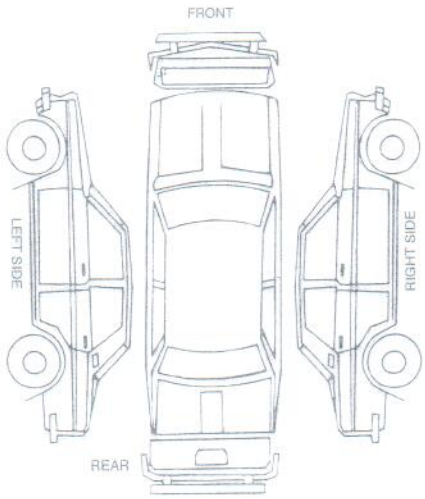
Sales Order: JC NO.: 305452813

STOMER		REGN NO.: SH 9159A	MILEAGE
R/MS	COMFORT TRANSPORTATION PTE LTD	MAKE : TOYOTA	FUEL E.....1/2.....F
STOMER NO.	7010045	MODEL PRIUS HYBRID(G4A	DATE/TIME IN 06.02.2021 21:30
DRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 13.12.2019	TARGET DATE
L. (R) (P)	65508755 (O)	CHASSIS CODE JTDKB3FU203090104	COMPLETION DATE/TIME:
SCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 06.02.2021
NATURE: 3P 06.02.2021

S/NO	LABOR CODE	DESCRIPTION



ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

:
o.:
le No.: SH 9159A CHIANG

e of Service Advisor Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 9159A

Name of Service Advisor Date

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 witholding 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	08/02/2021 18:56 (SGT)
Date of Accident	06/02/2021 19:05 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	ANG MO KIO AVENUE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9159A

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) +65-93879287
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	JONG FOOK SENG
NRIC No	SXXXX480A
Date Of Birth	09/10/1961
Occupation	Outdoor

Date Of Driving Pass	22/04/1991
Driving experience	29 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93879287
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 126A EDGEDALE PLAINS #04-332
Address complement	-
Postcode	821126
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 - 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)	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

ON 06/02/2021, AT ABOUT 1905HRS, I WAS DRIVING MY VEHICLE SH9159A ALONG ANG MO KIO AVE 5. WHILE TRAVELLING STRAIGHT, I STOPPED MY VEHICLE DUE TO TRAFFIC. WHILE MY VEHICLE WAS STATIONARY, VEHICLE FBH8265J COLLIDED ONTO MY REAR OF MY VEHICLE. NOBODY WAS INJURED. NO TRAFFIC POLICE AND AMBULANCE ON SCENE.

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 1

Vehicle Registration Number	FBH8265J
Vehicle Manufacturer	Yamaha
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	UNKNOWN
Contact Number	(Phone) +65-97882841
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 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 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.

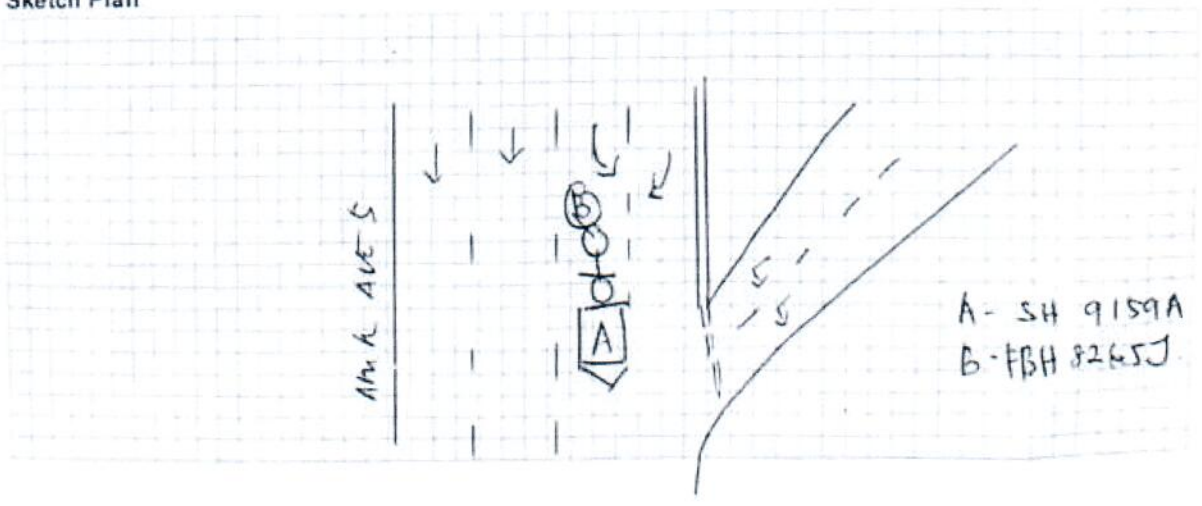
(collectively the "**Purposes**")

(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	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	8/12/2021 @ 1130H	

Sketch Plan



Describe Circumstances of the Accident

On 6/2/2021, at about 1405hrs, I was driving my vehicle SHAITAA along ANK MOKIO AVE5. while travelling straight, I stopped my vehicle due to traffic. while my vehicle was stationary, vehicle FBH 8265J was collided onto my rear of my vehicle. Nobody was injured. NO TRAFFIC police AND AMBULANCE ON SCENE.

Declaration

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

Policyholder's Signature / Date & Time

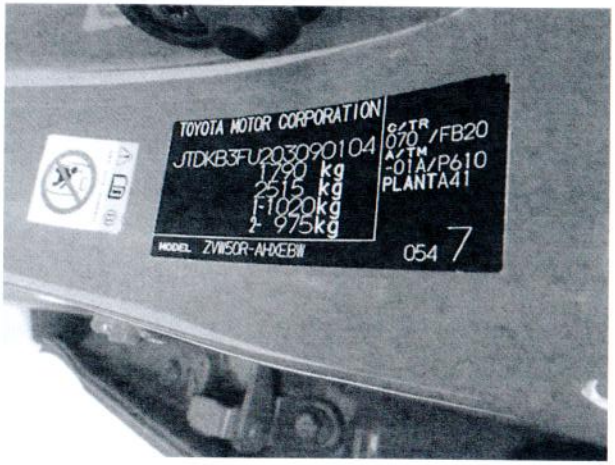
Driver's Signature (if driver is not the policyholder) / Date & Time 6/2/2021 - 1130H

Witnessed by Reporting Centre Personnel


SH9159A


6552 1111
SH9159A


6552 1111
SH9159A
TOYOTA


TOYOTA MOTOR CORPORATION
JTDKB3FU203090104
1290 kg
515 kg
1020kg
975kg
MODEL ZWI50R-AHXEBW
054
7
G/TR
070 /FB20
A/TM
-01A/P610
PLANTA41


SH9159A
TOYOTA


TOYOTA


SH9159A
TOYOTA


SH9159A
TOYOTA