

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.

N/S	O/S
XXX	XXX

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

WP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Chang

Veh No: SHB6262R - Yr Regn: 299, Dec

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

Truck / Trailer or

Make: Toyota Prius Hybrid c.c. 1798Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: _____

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 5TDR153F4203089230

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: 195/65R15R: 17

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

TOYO / YOKO or Davanti

Front

Rear

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

D.O.A. _____

D.O.I. 16/2/21Survey held at Comp & Logay

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Leaves

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Battery weak

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Rep. Formet: _____

Lump Sum / L.B.H. (?)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Vehicle No.: SHB6262R

Make : TOYOTA

Model : PRIUS

DOA :

Date : 15/2/2021

Insurance:

MVA : CHIANG /NTUC

Admin :

Part No.	Parts Description / Labour	Qty	Unit Price	Amount
1	REAR TRUNK LID COVER			\$1,126.60
1	REAR TRUNK LID LOCK			\$457.90
1	REAR TRUNK LID COVER TRIM BOARD			\$254.40
1	REAR TRUNK LID RUBBER			\$365.20
1	REAR TRUNK LID GLASS (BLACK COLOR)			\$1,569.70
1	BOARD ASSY, BACK DOOR TRIM			\$360.80
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE			\$889.70
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			\$458.60
1	REAR BUMPER RE-INFORCEMENT			\$318.80
1	REAR BUMPER UNDER COVER			\$552.60
1	REAR BUMPER SIDE RETAINER			\$112.70
1	REAR BUMPER UNDER SIDE COVER (LH)			\$232.00
1	REAR BUMPER TOWING COVER			\$82.70
10	REAR BUMPER CLIPS			\$22.00
1	RETAINER, REAR BUMPER, SIDE, RH			\$94.80
1	SEAL, REAR BUMPER SIDE, RH			\$148.40
1	TAIL LAMP ASSY (UPPER) RH			\$557.90
1	TAIL LAMP ASSY (LOWER) RH			\$548.40
1	TAIL LAMP QUARTER PANEL			\$216.00
1	REAR END PANEL			\$602.10
1	REAR END PANEL GARNISH			\$165.80
1	REAR SPARE TYRE PANEL			\$667.70
1	REAR SPARE TYRE CUSHION (FLR BOARD CENTRE)			\$101.40
1	REAR FLOOR BOARD (RH)			\$301.00
1	REAR FENDER SHIELD (RH)			\$134.20
1	REAR FENDER TRIMBOARD (RH)			\$725.00
1	REAR FENDER (RH)			\$836.70
1	REAR WINDSCREEN GLASS WITH MOULDING			\$1,778.30
1	SMART TRANSMITTER KEY			\$447.10
1	REAR LOWER ARM RH			\$497.50
1	REAR UPPER ARM RH			\$356.80
1	REAR ASSIST ARM RH			\$342.20
1	REAR TRAILING ARM RH			\$314.20
1	REAR KNUCKLE ARM RH			\$810.60
SUB TOTAL				\$16,615.90
LESS 25%				\$4,153.98
DISCOUNTED TOTAL				\$12,461.93

Part No.	Parts Description / Labour	Qty	Unit Price	Amount
	REAR NO. PLATE WITH TRIM COVER			\$55.00 X
	REAR TRUNK LID APPS STICKER			\$40.00 net
	REAR TRUNK LID COMFORT & TEL NO. STICKER			\$60.00 net
	REAR BUMPER REVERSE SENSOR			\$135.70 net
	REAR BUMPER RUBBER MAT			\$50.00 Net
	REAR WINDSCREEN SEALANT			\$46.00 Net
				\$357.63
	Labour Charge			
	Panel Beating			\$1,800.00 1400
	Spray Painting Charge			\$100.00 1000
	Wiring Charge			\$120.00 30
	Tuff Kote			\$120.00 40
	Towing Charge			\$60.00 X
	Remove/Refix Cushion & Upholstery Rear			\$150.00 60
	Remove/Refix Rear Windscreen Glass			\$120.00 ✓
	Remove/Refix Reverse Sensor			\$60.00 30
	Rear Wheel Alignment			\$120.00 80
	Reset Boot Lid Smart Key			\$120.00 ?
	TOTAL LABOUR			\$2,770.00
	ESTIMATE TOTAL			\$15,589.56

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.

Taylor 97495749 Darnest
 WP 16/2/11 11pm
 p/p Runny before paint
 Taylor 11/11/11 11pm
 7 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: 15.02.2021 15:38 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.:305453447

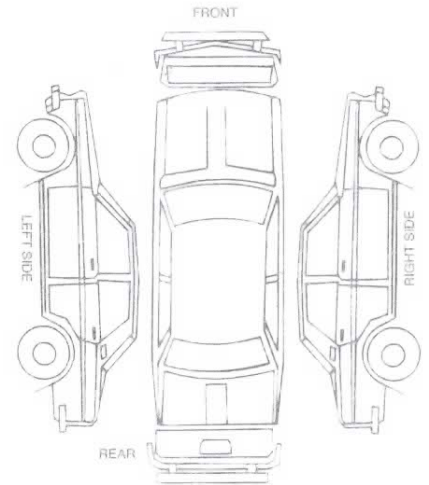
CUSTOMER COMFORT TRANSPORTATION PTE LTD V/MS 7010045 CUSTOMER NO 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 L (R) (P) (O)	REGN NO: SHB6262R MAKE: TOYOTA MODEL PRIUS HYBRID(G4A11.02.2021 21:45 YR OF MANU 13.12.2019 CHASSIS CODE JTDKB3FU203089230	MILEAGE FUEL E.....1/2.....F DATE/TIME IN TARGET DATE COMPLETION DATE/TIME:
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SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 11.02.2021
NATURE: 3P 11.02.2021

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHB6262R**
CHIANG

Vehicle No.: **SHB6262R**

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	13/02/2021 23:08 (SGT)
Date of Accident	11/02/2021 21:45 (SGT)
Exact Location of Accident	Bukit Batok Street 25, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6262R
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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) +65-81292260
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	SITO MENG
NRIC No	SXXXX974Z
Date Of Birth	05/10/1954
Occupation	Outdoor

Date Of Driving Pass	02/02/2018
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-81292260
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 211 BOON LAY PLACE #12-133
Address complement	-
Postcode	640211
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 11/02/2021, AT OR ABOUT 2145HRS, I WAS TRAVELLING ALONG THE SINGLE LANE OF 2-WAY ROAD. I HAD INTENDED TO SLOW DOWN AND STOP WHEN SUDDENLY, I FELT IMPACT FROM THE REAR OF MY VEHICLE WHICH WAS COLLIDED INTO BY VEHICLE SLR9987E.

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	SLR9987G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WANG KHENG SENG
NRIC No	SXXXX425A
Contact Number	(Phone) +65-81843883
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 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

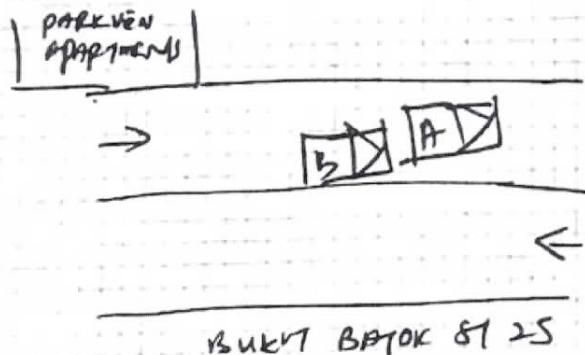
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 11/02/21 1304P

Witnessed by Reporting Centre Personnel

Sketch Plan

A: 5456262P

R: SLR 99876

Describe Circumstances of the Accident

ON 11/02/2021 AT OF ABOUT 2145HRS I WAS ALONG
 TRAVELLING ALONG THE SINGLE LANE 2-WAY ROAD I HAD
 INTENDED TO SLOW DOWN AND STOP WHEN SUDDENLY, I FELT
 IMPACT FROM THE REAR OF MY VEHICLE WHICH WAS COLLIDED
 INTO BY VEHICLE SLR 9987 E.

Declaration

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

COMFORT TRANSPORTATION PTE LTD
 CO. REG. NO. 199303821R

Policyholder's Signature / Date &
 Time

Driver's Signature (If driver is not the policy holder) / Date
 & Time 11/02/21 2300HRS

Witnessed by Reporting Centre
 Personnel