

ASS. REC. BY: Tan 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 |
| | |

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 KE

Vehicle: IN / OUT

Veh No: SHC 3280C Yr Regn: 2019, May

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

Truck / Trailer or

Make: Toyota Prim c.c. 1798Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 166335 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JD DUB 3FU 603080739

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 R15R: u -

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

TOYO / YOKO or Westlake

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 26/2/21Survey 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

Date/Time, File Pass to?

☐ : Preli. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Rep. Formet: _____

Lump Sum / I.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

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

JOB NO : 305455730
 REGN NO : SHC3280C
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 15.05.2019
 DATE/TIME IN : 25.02.2021 15:45
 ACCIDENT DATE : 25.02.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | | | |
|------|-------------------|---------------------------|-----|----------|-------|----------|----|
| 0001 | 04-01-0302-0592-G | PANEL SUB-ASSY FRONT DOOR | 1 L | 1,264.00 | 25.00 | 948.00 | bt |
| 0002 | 04-01-0302-3839-G | FRT DOOR GLASS RH | 1 L | 313.60 | 25.00 | 235.20 | ? |
| 0003 | 04-01-0302-0594-G | MIRROR ASSY OUTER REAR VI | 1 L | 1,728.70 | 25.00 | 1,296.52 | bw |
| 0004 | 04-01-0302-0898-G | COVER OUTER MIRROR RH | 1 L | 141.90 | 25.00 | 106.42 | ds |
| 0005 | 28-01-0103-0003-A | FRT DOOR LOGOCOMFORTDELGR | 1 N | 75.00 | 2.50 | 75.00 | we |
| 0006 | 04-01-0302-2297-G | EMBLEM SIDE PANEL (HYBRID | 1 L | 86.50 | 25.00 | 64.87 | we |

SUB-TOTAL : 2,726.01

JOB NATURE

| | | | | | | | |
|------|--------|-------------------------------------|--|--|--|--------|------|
| 0000 | 20-05 | FRT FENDER ADVERTISMENT LOGO RH | | | | 100.00 | cut |
| 0001 | 20-05 | FRT DOOR ADVERTISMENT LOGO RH | | | | 100.00 | cut |
| 0002 | L | PANEL BEATING[repair frt fender Rh] | | | | 550.00 | 3500 |
| 0003 | 23-502 | SPRAYPAINT ON AFFECTED AREA | | | | 600.00 | 500 |
| 0004 | 17-01 | CHECK ALL LIGHTING | | | | 50.00 | 30 |

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 25.02.2021

Time: 18:21:32

Page: 2

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

JOB NO : 305455730
REGN NO : SHC3280C
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRI
DATE OF REGN : 15.05.2019
DATE/TIME IN : 25.02.2021 15:4
ACCIDENT DATE : 25.02.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0005 20-02 TRANSFER OF DOOR FRT RH

120.00 60

SUB-TOTAL : 1,520.00

TOTAL : 4,246.01

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Tanferi 97495749
26/2/21 @ 1130
P/P Resurvey before paint
2-3 days
tanferi@lkkauto.com

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: 25.02.2021 17:21 Page : 1

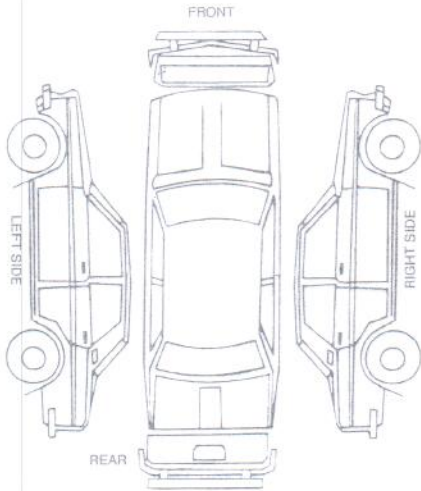
Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305455730

| | | |
|----------------------------|-------------------|-----------------------|
| OWNER | REGN NO. | MILEAGE |
| AS | SHC3280C | |
| OWNER NO. | MAKE : | FUEL |
| 7010045 | TOYOTA | E.....1/2.....F |
| ADDRESS | MODEL | DATE/TIME IN |
| 383 SIN MING DRIVE | PRIUS HYBRID(G4) | 25.02.2021 15:45 |
| Singapore SINGAPORE 575717 | YR OF MANU. | TARGET DATE |
| 65508755 (R) (P) | 15.05.2019 | |
| | CHASSIS CODE | COMPLETION DATE/TIME: |
| | JTDKB3FU603080739 | |

JOB DESCRIPTION

Accident Date: 25.02.2021
NATURE: 3P 25.02.2021

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

| | |
|---------------------------------------------|------------------------------|
| SERVICE ADVISOR | CUSTOMER'S SIGNATURE |
| Confirmation Slip | Exit Pass |
| No.: SHC3280C | Vehicle No.: SHC3280C |
| LKE | |
| Signature/Date | Name of Service Advisor |
| | Date |
| turned 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 | 25/02/2021 16:45 (SGT) |
| Date of Accident | 25/02/2021 10:00 (SGT) |
| Exact Location of Accident | Robinson Rd, Singapore |
| Additional Location Information | CAPITAL TOWER, ROBINSON RD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHC3280C |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LTD |
| Company Reg No | 1XXXXXXX1R |
| Email Address | FLEETSAFETY@CDGETAXI.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 | TAN WEE CHENG |
| NRIC No | SXXXX472D |
| Date Of Birth | 11/10/1953 |
| Occupation | Outdoor |

| | |
|--------------------------------------------------------------------|-----------------------------|
| Date Of Driving Pass | 31/12/1973 |
| Driving experience | 47 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98223531 |
| Alt. Phone Number | - |
| Email Address | WEECHENG11@HOTMAIL.COM |
| Address | BLK 135 PASIR RIS STREET 11 |
| Address complement | #06-241 |
| Postcode | 510135 |
| 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 | Collision - Opening Door of Vehicle |
| 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 | - |
| Gender | Male |

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

REFER 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 1

| | |
|-----------------------------------|-------------|
| Vehicle Registration Number | SLN2875M |
| Vehicle Manufacturer | Toyota |
| 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 | SLIGHT |
| Details of property damaged in accident | REAR LH DOOR |
| No. Of Passenger (Including Driver) | - |

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 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 to 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)
 - (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
CC, REG. NO. 199303821R

Policyholder's Signature
Date & Time:

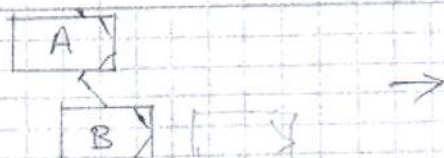
Driver's Signature
(if driver is not the policyholder)
Date & Time: 25.02.2021
1600m

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

SKETCH PLAN

A - SHC 3280C

B - SLN 2875M



CAPITAL TOWER Drop off Point

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

→ statement attached *

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 policyholder)
Date & Time: 25.02.2021

1600hrs

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

Describe Circumstances of the Accident.

On 25.02.2021, at about 1000hrs, I was driving my Comfort taxi, SHC3280C, along the lobby driveway of Capital Tower with 1 male pax. Weather was clear and light traffic.

I was driving on the left side of the road when suddenly the left rear door from a private car, B, opened and hit my taxi right front door and side mirror.

I have a video recording of the accident.

No injury.

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 policyholder)/Date
& Time



25.02.2021

1600 hrs

Larry Ng

Witnessed by Reporting
Centre Personnel