

ASS. BY:

REF:

CS/MSG21002813/Dvd3

ASSIGNMENT

COE Dec 2027

From: _____ Date: _____

Estimate Cost: _____

OD ☒ FWS / TP RES / OD RES / EVA / INV / MV

To Insp Vehicle No: _____

at Work m/s _____

or _____

Insured _____

Policy # _____

Claim # _____

Sum Insured: _____

Excess: _____

(Check Record)

Make of Vch: _____

(Police Condition)

Remark: The vch had commenced its repair at the time of inspection.

Bal. of Market Value: _____

IDAC Accident Report _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 47 days Res.: Yes or NoLima Sum: 7/P % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 6529 LYr Regn: Dec 2019

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

Truck / Trailer or

Make: Toyota PriusC.D. 1798Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 137894

T/Radio: Insured / Std / NI / NA

Eng/No: 22R2G04192C/No: JTDKB3FU003090313Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orMod: ☒ Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65 R15R: 11

BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMAI /

TOYO / YOKO or Dunlop

Front

Rear

R/Bal: S mmR/Bal: S mmL/Bal: S mmL/Bal: S mmD.O.A. 01/03/2021D.O.L. 03/03/2021Survey held at Bijrost sin Ming

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

4/3 Portion

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

Date / Time

Action / Instruction

MSG SMA 706M

Date/Time, File Pass to?

☐ : Prel. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Report Format: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Trans portation:

S + RS. \$

Hours

O. . .

Add Fee:

☐ Site Insp (\$☐ Interview (\$☐ Tech. Invs (\$

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	02/03/2021 11:33 (SGT)
Date of Accident	01/03/2021 16:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	THE WATERSIDE CONDO CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6529L
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	CHOO WEE CHUAN
NRIC No	SXXXX684B
Date Of Birth	28/04/1966
Occupation	Outdoor

Date Of Driving Pass	16/06/2003
Driving experience	17 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91861001
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 203C COMPASSVALE ROAD
Address complement	#14-33
Postcode	543203
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 - 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
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

PLS REFER TO ATTACHED
Type of accident : 3P REVERSE (REAR TO WHOLE LEFT SIDE)

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	SMA706M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	SEE BOON HUAT
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	MSIG
Nature Of Damage	MODERATE
Details of property damaged in accident	REAR
No. Of Passenger (Including 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)**

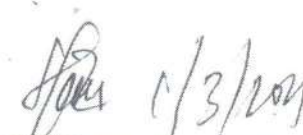
I understand, acknowledge, agree and consent that:

- (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. 199303821R

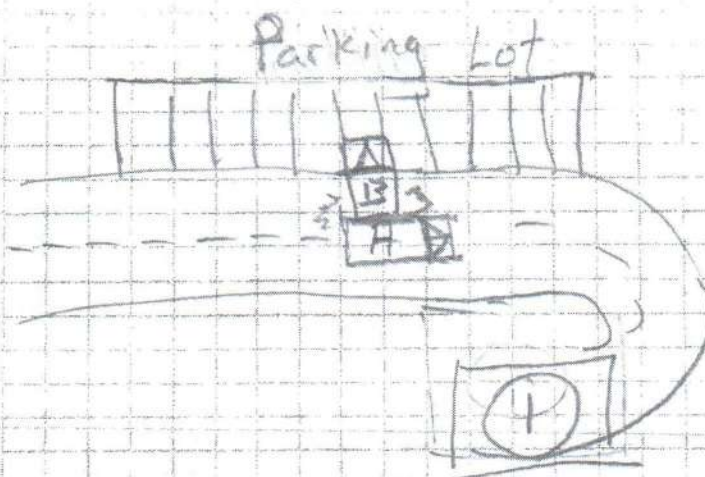
Policyholder's Signature
& Time:


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


Reporting Centre Personnel's Signature
Name: Ang Leong Teck
NRIC/Fin No. 1/3/201

A SHD 6529L

B SMA 706M



The Waterside
Condo

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/3/2021 @ about 1635 hrs, I was dropping passenger at The Waterside condo where inside the drive way, when I pass through the parking lot, B vehicle SMA 706M suddenly reversed from parking lot and collided onto my vehicle center portion, no injured at that of accident. Particular had been exchange and scene photo taken.

DECLARATION

I 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:

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

1/3/2021
Fong Leong Teck

Phone Number:

Fax Number:

Customer:		Date:	3/3/2021 4:22 PM
Company:		VIN	
License NO:	SHD6529L	Technician:	
Odometer:		Order NO:	

VEHICLE ALIGNMENT REPORT

TOYOTA, PRIUS Alpha ZVW40W/ZVW41W, 11-11 (Customized)

Primary Angles			Initial	Specifications Min. Max.		Final
Front	Caster	Left	8°55' *	5°10'	6°40'	8°47' *
		Right	12°02' *	5°10'	6°40'	12°05' *
	Camber	Left	-0°34'	-0°55'	0°35'	-0°03'
		Right	-0°31'	-0°55'	0°35'	-0°34'
	Toe	Left	0°02'	0°00'	0°11'	0°56' *
		Right	0°02'	0°00'	0°11'	-0°30' *
Total		0°05'	0°00'	0°21'	0°26' *	
Rear	Camber	Left	-1°28'	-1°55'	-0°55'	-1°10'
		Right	-1°27'	-1°55'	-0°55'	-1°25'
	Toe	Left	0°08'	-0°03'	0°13'	-0°58' *
		Right	-0°02'	-0°03'	0°13'	-0°07' *
		Total	0°06'	-0°05'	0°26'	-1°05' *
	Thrust Angle		-0°05'	0°15'		0°26' *
Secondary Angles			Initial	Specifications Min. Max.		Final
SAI	Left	8°16'	----	----	8°16'	
	Right	3°50'	----	----	3°50'	
Included Angle	Left	7°42' *	99°59'	99°59'	8°13' *	
	Right	3°19' *	99°59'	99°59'	3°17' *	
Toe Out On Turns	Left	----	99°59'	99°59'	----	
	Right	----	99°59'	99°59'	----	
Max Turn Inside	Left	----	99°59'	99°59'	----	
	Right	----	99°59'	99°59'	----	
Toe Curve Change	Left	----	0°00'	199°59'	----	
	Right	----	0°00'	199°59'	----	
Setback	Front	-0.09" *	99.99"	99.99"	-0.09" *	
	Rear	-0.23" *	99.99"	99.99"	-0.23" *	
Track Width Diff.		0.17"			0.17"	
Wheel Base Diff.		0.14"			0.14"	
Front Ride Height	Left	----	99.99"	99.99"	----	
	Right	----	99.99"	99.99"	----	
Rear Ride Height	Left	----	99.99"	99.99"	----	
	Right	----	99.99"	99.99"	----	
Frame Angle					----	

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 2-Mar-21

INSURANCE: MSIG

MODEL: TOYOTA PRIUS

VEHICLE NO.: SHD6529L

DESCRIPTION	QTY	LIST PRICE	AMOUNT	
REAR BUMPER <i>CLT</i>	1	\$642.04	\$642.04	✓
REAR BUMPER SIDE RETAINER <i>SVL</i>	1	\$157.78	\$157.78	X
REAR BUMPER CLIPS <i>HCC</i>	1	\$30.80	\$30.80	✓
REAR BUMPER SIDE CLIP <i>HH</i>	1	\$35.00	\$35.00	X
TAIL LAMP ASSY (UPPER) G5 <i>HH</i>	1	\$942.90	\$942.90	X
TAIL LAMP ASSY (LOWER) G5 <i>HH</i>	1	\$860.58	\$860.58	X
REAR FENDER, LH <i>Dental</i>	1	\$1,171.38	\$1,171.38	✓ 836.70
REAR FENDER SIDE PANEL (LH) <i>HH</i>	1	\$231.00	\$231.00	X
REAR FENDER SHIELD (LH) <i>HH</i>	1	\$187.88	\$187.88	X
REAR DOOR RUBBER SEAL OUTER <i>HF</i>	1	\$361.06	\$361.06	X
PANEL SUB-ASSY, REAR DOOR, LH <i>Dental</i>	1	\$1,761.62	\$1,761.62	✓ 1294.90
REAR DOOR HINGE UPPER <i>HH BT</i>	1	\$115.22	\$115.22	✓
REAR DOOR HINGE LOWER <i>BT</i>	1	\$115.22	\$115.22	✓
REAR DOOR CHECK <i>HH</i>	1	\$214.20	\$214.20	X
REAR DOOR TRIMBOARD <i>HH</i>	1	\$1,015.00	\$1,015.00	X
MOTOR, POWER WINDOW REGULATOR FRT, LH <i>HH</i>	1	\$1,318.52	\$1,318.52	X
REGULATOR, FRONT DOOR WINDOW REAR, LH <i>HH</i>	1	\$319.76	\$319.76	X
DOOR CENTRE PILLAR <i>Dental</i>	1	\$2,226.84	\$2,226.84	✓ 1590.60
PANEL SUB-ASSY, FRONT DOOR, LH <i>Dental / BT</i>	1	\$1,769.60	\$1,769.60	✓ 1300.97
FRONT DOOR OUTER HANDLE (LH) <i>HH</i>	1	\$530.46	\$530.46	X
FRONT DOOR INNER LOCK <i>HH</i>	1	\$964.32	\$964.32	X
FRONT DOOR HINGE UPPER <i>HH BT HH</i>	1	\$115.22	\$115.22	X
FRONT DOOR HINGE LOWER <i>HH BT HH</i>	1	\$127.68	\$127.68	X
FRONT DOOR CHECK <i>HH</i>	1	\$214.93	\$214.93	X
FRONT DOOR TRIMBOARD <i>HH</i>	1	\$1,015.00	\$1,015.00	X
FRONT DOOR OUTER MOULDING <i>SVL</i>	1	\$264.04	\$264.04	X
FRONT DOOR HANDLE BASE <i>HH</i>	1	\$402.78	\$402.78	X
FRONT DOOR WHETHER STRIP <i>HH</i>	1	\$641.06	\$641.06	X
FRONT DOOR RUBBER SEAL <i>HH</i>	1	\$359.80	\$359.80	X
MOTOR ASSY, POWER WINDOW FRT, LH <i>HH</i>	1	\$1,318.52	\$1,318.52	X
REGULATOR, FRONT DOOR WINDOW FRT, LH <i>HH</i>	1	\$319.76	\$319.76	X
MIRROR ASSY, OUTER REAR VIEW, LH <i>broken</i>	1	\$2,420.18	\$2,420.18	✓ 1374.20
KEY LOCK ANTENNA <i>HH</i>	1	\$436.80	\$436.80	X
FRONT DOOR COMFORT LOGO <i>HCC</i> <i>SH</i>	1	\$105.00	\$105.00	✓ SH
CENTRE ROCKER PANEL (GARNISH) <i>distorted / Dental</i>	1	\$806.40	\$806.40	✓ 576.00
REAR TYRE (LH) <i>SVL</i>	1	\$302.40	\$302.40	X
REAR TYRE RIM (LH) <i>distorted / BT</i>	1	\$2,177.00	\$2,177.00	✓ 1570.55
REAR WHEEL HUB CAP (LH) <i>distorted / BT</i>	1	\$248.78	\$248.78	✓ 177.10
REAR WHEEL BEARING IN & HUB <i>7 Down</i>	1	\$854.28	\$854.28	✓ 493.00
REAR CROSS MEMBER <i>HH</i>	1	\$3,080.56	\$3,080.56	X
REAR SHOCK ABSORBER <i>7 distorted</i>	1	\$165.62	\$165.62	✓
REAR SHOCK ABSORBER MOUNTING <i>HH</i>	1	\$175.42	\$175.42	X
REAR LOWER ARM <i>7 distorted</i>	1	\$696.50	\$696.50	✓ 497.50

REAR UPPER ARM <i>2 disturbed</i>	1	\$499.52	\$499.52
REAR KNUCKLE ARM <i>2 disturbed</i>	1	\$1,134.84	\$1,134.84
REAR COIL SPRING <i>44</i>	1	\$267.96	\$267.96
REAR COIL SPRING MOUNTING <i>44</i>	1	\$0.00	\$0.00
REAR BRAKE ABS SENSOR (WIRE) <i>44</i>	1	\$110.32	\$110.32
REAR STABILIZER BAR <i>44</i>	1	\$436.10	\$436.10
REAR STABILIZER LINK <i>44</i>	1	\$212.24	\$212.24
REAR TRAILING ARM <i>2 disturbed</i>	1	\$439.88	\$439.88
REAR ASSIST ARM <i>2 disturbed</i>	1	\$479.08	\$479.08
FRONT FENDER HYBRID EMBLEM, LH <i>44</i>	1	\$121.10	\$121.10
SUB TOTAL			\$34,919.95
LESS 20% 25%			\$6,983.99
DISCOUNTED TOTAL			\$27,935.96
REAR BUMPER RUBBER MAT <i>44</i>	SN 1	\$70.00	\$70.00
REAR DOOR COMFORT & APPS STICKER <i>44</i>	SN 1	\$112.00	\$112.00
SUB TOTAL			\$182.00
Labour Charge			
Panel Beating	1	\$1,800.00	\$1,800.00
Spray Painting Charge	1	\$1,800.00	\$1,800.00
Wiring Charge	1	\$120.00	\$120.00
Tuff Kote	1	\$150.00	\$150.00
Towing Charge	1	\$80.00	\$80.00
Remove/Refix Cushion & Upholstery Rear	1	\$150.00	\$150.00
Remove/Refix Rear Windscreen Glass		\$120.00	\$0.00
Remove/Refix Reverse Sensor	1	\$120.00	\$120.00
Remove/Refix Undercarriage (RR)	1	\$400.00	\$400.00
Re-set Rear ABS System	1	\$400.00	\$400.00
Remove/Refix Fuel Tank	1	\$80.00	\$80.00
Remove/Refix Exhaust Pipe	1	\$80.00	\$80.00
Transfer of Door Mechanism FRONT	1	\$80.00	\$80.00
Re-set Frt Power Window System	1	\$200.00	\$200.00
Transfer of Door Mechanism REAR	1	\$80.00	\$80.00
Re-set Rear Power Window System	1	\$200.00	\$200.00
Four Wheel Alignment	1	\$120.00	\$120.00
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$550.00
TOTAL LABOUR			\$6,410.00
ESTIMATE TOTAL			\$34,527.96
prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.			

Z ✓ 356.80
 Z ✓ 810.60
 X
 X
 X
 X
 X
 Z ✓ 314.20
 Z ✓ 342.20
 X
 12604.22
 9453.16
 ✓
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 287.00
 1200/-
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 80/-
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 40/-
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 180/-

03/03/2021 @ 1100hrs

?/P 12,640.16

HA Andrew 7

Part by RA. 9 days.

↑

Man

LKK Auto

Pha after repair
with damaged parts

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: