

ASS. REC. BY: Tan Jih

REF:

CTI

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
X	X

Bal. or Market Value: _____

IDAC Accident Report: _____ 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: Chuan Vehicle: IN / OUTVeh No: SHD3601E Yr Regn: 2016, Sep.

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

Truck / Trailer or

Make: Toyota Prius c.c. 1798Colour: Blue A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: 5T0KBSF400353926Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 2

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. 23/3/21Survey held at Comfort LodgeDes. 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 Battery check.

Date/Time, File Pass to?

☐ : Preli. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Rep. Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Vehicle No.: SHD3601E

Make : TOYOTA

Model : PRIUS

DOA :

Date :

Insurance: CHINA

MVA : CHIANG

Admin :

Part No.	Parts Description / Labour	Qty	Unit Price	Amount	
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE			\$889.70	Ry
1	REAR TRUNK LID LOGO (PRIUS)			\$60.80	na -
1	REAR TRUNK LID LOGO (HYBRID)			\$52.40	na -
1	REAR TRUNK LID LOGO (TOYOTA STAR)			\$52.90	na -
1	REAR BUMPER			\$458.60	de -
1	REAR BUMPER UNDER COVER			\$552.60	de -
2	REAR BUMPER REFLECTOR LH/RH		\$55.00	\$110.00	LHx RHx
2	REAR BUMPER SIDE RETAINER LH/RH		\$112.70	\$225.40	LHx RHx
10	REAR BUMPER CLIPS		\$2.20	\$22.00	na -
2	REAR BUMPER ARM SUB LH /RH		\$139.60	\$279.20	?
1	REAR BUMPER REINFORCEMENT			\$318.80	?
1	REAR BUMPER UNDER COVER			\$232.00	x
1	REAR BUMPER TOWING COVER			\$82.70	de -
1	REAR SPOILER ASSY			\$953.70	na ?
1	REAR TRUNK LID COVER			\$1,126.60	Ry
1	REAR TRUNK LID LOCK			\$457.90	x
1	REAR END PANEL GARNISH			\$165.80	x
1	REAR END PANEL			\$602.10	Ry
1	REAR SPOILER ASSY			\$953.70	?
1	TRUNK LID WINDSCREEN GLASS W/ MOULDING			\$1,778.30	x
1	REAR TRUNK LID GLASS BLACK			\$1,569.70	na -
1	SMART KEY ANTENNA			\$312.00	?
SUB TOTAL				\$11,256.90	
LESS 25%				\$2,814.23	
DISCOUNTED TOTAL				\$8,442.68	
1	REAR BUMPER MAT			\$50.00	na -
1	REAR NUMBER PLATE/WHOLDER			\$55.00	
1	REAR TRUNK LID APPS STICKER			\$40.00	na -
1	REAR TRUNK LID COMFORT & TEL NO. STICKER			\$60.00	na -
2	REAR FENDER ADVERTISEMENT LH /RH		\$100.00	\$200.00	na -
1	REAR BUMPER ADVERTISEMENT			\$50.00	na -
1	REAR BUMPER REVERSE SENSOR			\$180.00	na -
				\$635.00	NETT
Labour Charge					
	Panel Beating			\$1,200.00	700
	Spray Painting Charge			\$900.00	750
	Wiring Charge			\$60.00	30
	Diagnose and reset error code			\$280.00	?
	Tuff Kote			\$120.00	x

Part No.	Parts Description / Labour	Qty	Unit Price	Amount
	Remove/Refix Reverse Sensor			\$90.00
	TOTAL LABOUR			\$2,650.00
	<i>Add Towing Fee</i>	1	60.00 ? <i>towing receipt</i>	
	ESTIMATE TOTAL			\$11,727.68

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.

Tanphn 47495747
 WP 23/3/21 @ 12pm
 4/5 resurvey after repair
 - 3 days
 Tanphn @ 1/4 hour
 Bath week.

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: 22.03.2021 12:42

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

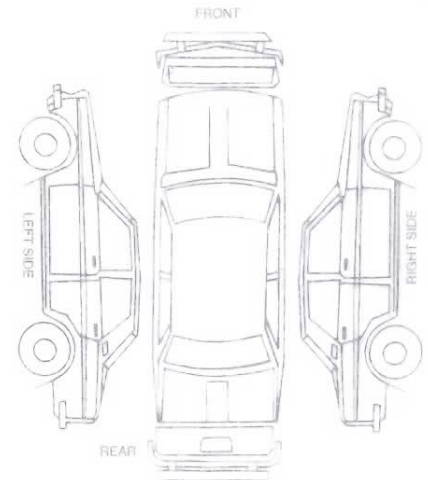
JC NO.: 305459858

CUSTOMER	REGN NO.: SHD3601E	MILEAGE
MR/MS CUSTOMER NO. 7010045	MAKE: TOYOTA	FUEL E.....1/2.....
ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL PRIUS HYBRID(G4)20.03.2021 15:10	DATE/TIME IN
TEL. (R) 65508755 (O)	YR OF MANU. 14.09.2016	TARGET DATE
(P)	CHASSIS CODE JTDKB3FU003530126	COMPLETION DATE/TIME
DISCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 20.03.2021
NATURE: 3P 20.03.2021

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

Time:

Vehicle No.:

Vehicle No.: **SHD3601E** **CHIANG**

Vehicle No.:

SHD3601E

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be 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	21/03/2021 15:51 (SGT)
Date of Accident	20/03/2021 15:10 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	PIE EXIT TO CHANGI AIRPORT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3601E
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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) +65-96225071
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
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	KOH SONG POON
NRIC No	SXXXX765J

Date Of Birth	28/06/1952
Occupation	Outdoor
Date Of Driving Pass	16/08/1973
Driving experience	47 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96225071
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 129 ANG MO KIO AVENUE 3 #08-1557
Address complement	-
Postcode	560129
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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 20/3/21 AT ABOUT 1510HRS, I WAS DRIVING MY VEHICLE A (SHD3601E) ALONG CTE/PIE EXIT TO CHANGI AIRPORT WITH ONE FEMALE PASSENGER. I SLOW DOWN MY VEHICLE DUE TO TRAFFIC. SUDDENLY VEHICLE B (GBJ351K) FROM BEHIND HIT ONTO MY VEHICLE REAR, FOLLOWED BY VEHICLE C (SFT718L) ONTO VEHICLE B REAR AND VEHICLE D (SMT9993R) ONTO VEHICLE C. MY VEHICLE REAR DAMAGED AND TOWED TO 59 LOYANG WAY. MY PASSENGER LEFT WITH ANOTHER VEHICLE. I'VE BEEN CONVEYED TO RAFFLES HOSPITAL BY AMBULANCE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ351K
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-97263740
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFT718L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMT9993R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-92330663
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH SONG POON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD3601E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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

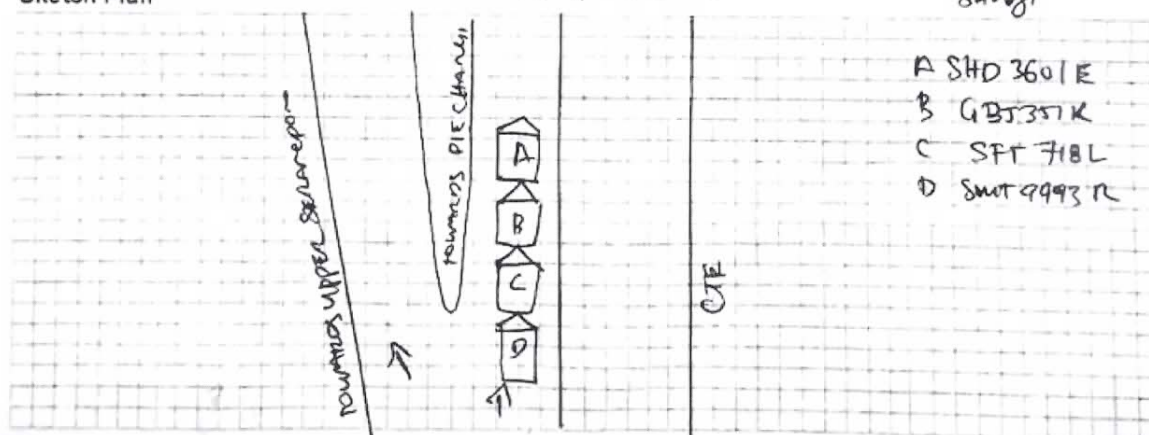
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms) which may be sited outside of Singapore for one or more of the above Purposes.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

On 20/5/21 at about 1510 hrs, I was driving my vehicle A (SHD360/E) along CTE/PIE Exit to Channel Airport with one female passenger. I slow down my vehicle due to traffic. Suddenly vehicle B # (GRT 311K) from behind hit onto my vehicle rear, followed by vehicle C (SPT 718L) onto vehicle B rear and vehicle D (SPT 993R) onto vehicle C rear. My vehicle rear damaged and towed to S9 Luyang way. My passenger left with another vehicle. I been conveyed to RAFFLES Hospital by ambulance.

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

20/3/21 / 1455 HRS

Brady



SINGAPORE POLICE FORCE



T/20210322/2008

1 of 3

Report No. T/20210322/2008

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2021 09:37		Vide Report No.:		Station Diary No.: 21	
Informant's Particulars					
Name of Informant: KOH SONG POON			Address: APT BLK 129 ANG MO KIO AVENUE 3 #08-1557 SINGAPORE 560129		
ID Type / ID No.: NRIC NO / S0241765J			Contact No.: Home/Office: Mobile: 96225071		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 28/06/1952	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/03/2021 15:10	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ351K	Van				Slightly Damaged	0
SFT718L	Car				Slightly Damaged	0
SHD3601E	Car				Slightly Damaged	1
SMT9993R	Car				Slightly Damaged	0



Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMAD AZHAR BIN SUPENGI	ID No.	S7430774D
Related Vehicle	GBJ351K (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KOH SONG POON	ID No.	S0241765J
Related Vehicle	SHD3601E (Car)	Contact No.	96225071
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/03/2021	Date Discharge	20/03/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 20.03.21 at about 1510hrs, I was driving my vehicle SHD 3601E along CTE/PIE Exit to Changi Airport with one female passenger. I slow down my vehicle due to traffic. Suddenly, one vehicle B (GBT 351K), from behind hit onto my vehicle rear, followed by vehicle C (SFT718L) onto the rear of vehicle B and Vehicle D (SMT9993R) onto the rear of vehicle C. The rear of my vehicle was damaged due to the accident. I was conveyed to Raffles Hospital by ambulance.



**SINGAPORE
POLICE FORCE**



T/20210322/2008

3 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20210322/2008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

SI TAN THIAM HUAT

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

22/03/2021 09:37

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN

Contact No.: 65476206

Classification Of Case:

AN 085

Authentication Stamp

NP168



Signature:

Singapore Police Force



