

ASS. REC. BY: Taughtlin REF: CS/TM/21004621/T1vf3

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: SGJ 6138L
 Policy No. MR001978
 Claims No. M2101756
 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: Whegy

Vehicle: IN / OUT

Veh No: SMA 2788Y Yr Regn: 2017 oct
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Prius C.C. 1700
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 564437 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKIB3F450356841
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: NI / S/Rim / STD A/Rim or _____
 Tyre Size: F: 195/65R15
 R: 215/65R15
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or west lake
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 0 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 8/4/21 D.O.I. 13/4/21
 Survey 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

5/5/21 LS \$1300 confirmed by email (Red 407.52.23%)

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) _____
 Date/Time, File Return to?

2) 5/5/21-Typist

Report Form: Merimen

Lump Sum / L.B.I. (\$ LS \$1300)

Days Of Repair: 1

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

____ S. + RS. ____ SI

Photos

Others

TOTAL

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CTPL

Loke YY

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	08/04/2021
Vehicle Reg. No.:	SHA2788Y	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS C, 1.5 HYBRID CVT (A)	Vehicle Reg. Date:	06/10/2017
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZRS080570	Chassis No:	JTDCB3FU503568841
Odometer:	564437 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	2		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	1,296.52
Miscellaneous Items	11.00
Labour	400.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,707.52
+ GST 7.00% (S\$)	119.53
Nett Amount (S\$)	1,827.05

This claim is handled by: CHIANG LIAT CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 12 Apr 2021)**Parts:** 144 TOYOTA PRIUS C 1.5 HYBRID CVT (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHA2788Y/12/04/2021 15:12**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk *.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		Door view side mirror RH, front	25.00	0.00	*1,728.70 FL
						<i>1728.70</i>
Sub Total (S\$)						1,728.70
- List Item Discount on L Items (S\$)						432.18
Total Parts (S\$)						1,296.52

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHA2788Y/12/04/2021 15:12. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (\$\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	175 200.00
2	SPRAY PAINTING	New	100 150.00
3	WIRING CHARGE	New	30 50.00
Gross Labour Cost (\$\$)			400.00

ComfortDelGro Engineering Pte Ltd/SHA2788Y/12/04/2021 15:12. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tanpin 97475747
12/4/21 @ 130pm
1/5 Resurvey after repair
o/day
Tanpin Thakur...

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: 12.04.2021 14:28 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4070340 JC NO.:305463270

CUSTOMER
NAME: COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L. (R) 65508755 (O)
(P)
COUNT CARD NO.

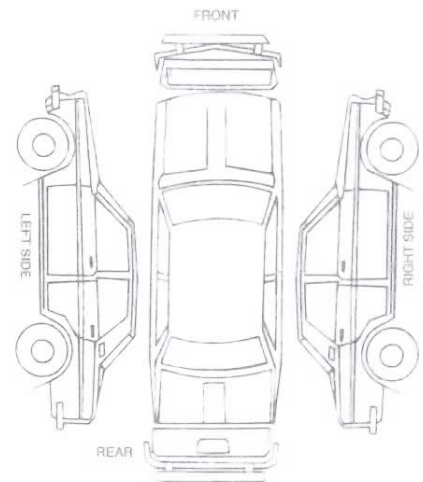
REGN NO. SHA2788Y	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)12	DATE/TIME IN 04.2021 13:35
YR OF MANU. 06.10.2017	TARGET DATE
CHASSIS CODE JTDKB3FU503568841	COMPLETION DATE/TIME:

Accident Date: 08.04.2021
NATURE: 3P 08.04.2021

JOB DESCRIPTION

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

at:

Vehicle No.: **SHA2788Y** **YY TOKIO**

Vehicle No.: **SHA2788Y**

Name 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	09/04/2021 17:47 (SGT)
Date of Accident	08/04/2021 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	COMPASS ONE TAXI STAND
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2788Y
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) +65-96320731
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	TEO PUAY BENG
NRIC No	SXXXX608A

Date Of Birth	01/01/1948
Occupation	Outdoor
Date Of Driving Pass	03/11/1966
Driving experience	54 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96320731
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 329B ANCHORVALE STREET #05-587
Address complement	-
Postcode	542329
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	Hit and run / Vandalism / Damaged whilst parked
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	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 08/04/2021, AT OR ABOUT 1900HRS, I HAD SLOWED DOWN AND STOPPED ALONG THE EXTREME LEFT LANE, WITH AN INTENTION TO FILTER TOWARDS THE TAXI STAND, SO AS TO ALIGHT THE PASSENGER. WHILE IN STATIONARY POSITION, I LATER FELT AN IMPACT FROM THE RIGHT PORTION, IN WHICH VEHICLE SGJ6138L HAD MOMENTARILY STOPPED AND DROVE OFF THEREAFTER.

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	SGJ6138L
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)	-

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SKETCH PLAN

IMPORTANT NOTICE

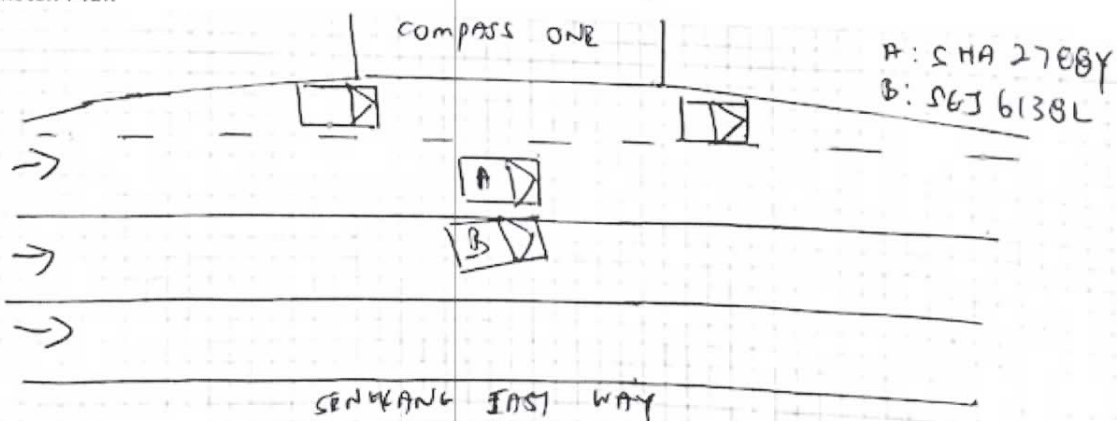
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
 - (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
04/04/2021 1600H/PJ

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 08/04/2021, AT OR ABOUT 1900HRS, I HAD
 SLOWED DOWN AND STOPPED ALONG THE EXTREME ~~LEFT~~ ^{RIGHT} ~~LANE~~
 LEFT LANE, WITH AN INTENTION TO FILTER TOWARDS THE
 TAXI STAND, SO AS TO ALIGHT THE PASSENGER. WHILE IN
 STATIONARY POSITION, I LATER FELT AN IMPACT FROM
 THE RIGHT PORTION, IN WHICH VEHICLE SGJ613BL HAD
 HIT ONTO MY VEHICLE'S RIGHT-WING MIRROR.
 DRIVER OF VEHICLE SGJ613BL HAD MOMENTARILY STOPPED
 AND DROVE OFF THEREAFTER.

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 09/04/2021 1600HRS

Witnessed by Reporting Centre Personnel


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No 1800-5852999



T/20210409/2088

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Report No. T/20210409/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2021 17:56		Vide Report No.:	Station Diary No.: 72
Informant's Particulars			
Name of Informant: TEO PUAY BENG		Address: APT BLK 329B ANCHORVALE STREET #05-587 SINGAPORE 542329	
ID Type / ID No.: NRIC NO / S0586608A		Contact No.: Home/Office: Mobile: 96320731	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 73	Date of Birth: 01/01/1948	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/04/2021 19:00	Type of Location: Taxi Stand/Drop off point
Location: SENGKANG SQUARE				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
SHA2788Y	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Pasir Ris N P C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No. 1800-5852999



T/20210409/2088

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Report No. T/20210409/2088

CONTINUATION OF REPORT

Driver			
Name	TEO PUAY BENG	ID No.	S0586608A
Related Vehicle	SHA2788Y (Car)	Contact No.	96320731
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was about to alight my passenger off at Compass One shopping mall. My passenger was a male Chinese. My car at the point of time was stationary and we were moving towards the drop off point. As I was doing so, all of a sudden I felt an impact from the right of my car and noticed that a car had collided to the right side mirror of my car. After the impact the car did not stopped the car and just stopped momentarily before driving off and joining into the main road.

I reported this matter to my taxi company and they later reviewed the footage of my in-car camera and managed to establish the license plate number believed to be "SGJ6138L". It was then that my company advised me to lodge a traffic accident report on the matter.

The damaged sustained on my right side mirror was that the frame and neck of the mirror had been cracked. Similarly the glass was also slightly dislodged from the frame itself and there was a possibility the internal functions of it may been damaged. From this no one was injured and did not require any medical attention.


**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Pasir Ris N P C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No. 1800-5852999



T/20210409/2088

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Report No. T/20210409/2088

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:

G /

Sgt 2 MUHAMMAD KHIRUL NA'EM BIN
KHIRUDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/04/2021 17:56

Officer In Charge Of Case:

TP / HRT /

SI NOR AFFENDY BIN JAFFAR

Contact No.: 65476368

Classification Of Case:

SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

