NS/INC21004790/T1tc

ASS. REC. BY: Tayflik 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. MT/1127688-002

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

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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

Date: _____ Person Contacted: Client Vehicle: IN / OUT

Veh No: SHC 1884Z Yr Regn: 2020 / Aug

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toyota Prius c.c 1798

Colour Blue. A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: JTDKB3F490509394

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: 195/65R15

R: " "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	13/4/21

Survey held at Comfort Loyang

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
	Battery weak.
	COR $2078.15 , 2 days
	RED:2038.49;49%

Date/Time, File Pass to?

1) _____ ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format : _____

Lump Sum / I.B.I: (2078.15)

Days Of Repair: 2

Resurvey No. of Trip: _____

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

Survey Fee:	
Transportation:	
___$ x RS.___SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Vehicle No.: SHC1884Z
Make : TOYOTA
Model : PRIUS
DOA :

Date :
Insurance: NTUC
MVA : CHIANG
Admin :

Part No.	Parts Description / Labour	Qty	Unit Price	Amount
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 UNDER COVER			$552.60
2	REAR BUMPER SIDE RETAINER LH/RH		$112.70	$225.40
1	REAR BUMPER UNDER COVER RH			$232.00
1	REAR BUMPER TOWING COVER			$82.70
10	REAR BUMPER CLIPS			$22.00
1	REAR BUMPER REINFORCEMENT			$318.80
	SUB TOTAL			$2,947.90
	LESS 25%			$736.98
	DISCOUNTED TOTAL			**$2,210.93**
1	REAR TRUNK LID APPS STICKER			$40.00
1	REAR TRUNK LID COMFORT & TEL NO. STICKER			$60.00
1	REAR BUMPER REVERSE SENSOR			$135.70
				$235.70 NETT
	Labour Charge			
	Panel Beating			$800.00
	Spray Painting Charge			$600.00
	Wiring Charge			$90.00
	Tuff Kote			$90.00
	Remove/Refix Reverse Sensor			$90.00
	TOTAL LABOUR			**$1,670.00**
	ESTIMATE TOTAL			**$4,116.63**

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.

Tan [illegible] 97495744
WP 13/4/21 (pm
P/P Resurvey before paint
tan [illegible] e (Mon to Mon
2 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:

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline : 65 6383 6280 Facsimile : 65 6280 9755
Workshops
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717

Date/Time: 12.04.2021 09:20 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO.:305463170

CUSTOMER

MR/MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL. (R) 65508755 (O)
(P)

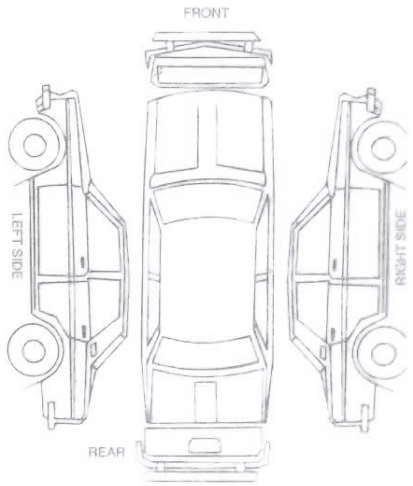
DISCOUNT CARD NO.

REGN NO.: SHC1884Z	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....
MODEL PRIUS HYBRID(G4A10	DATE/TIME IN 04.2021 09:40
YR OF MANU. 04.08.2020	TARGET DATE
CHASSIS CODE JTDKB3FU903091394	COMPLETION DATE/TIM

JOB DESCRIPTION

Accident Date: 09.04.2021
NATURE: 3P 09.04.2021

S/NO	LABOR CODE	DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Name:
/C No.:
/ehicle No.: SHC1884Z

Name of Service Advisor Signature/Date

To be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC1884Z

Name of Service Advisor Date

To be kept by Security Guard

SJ04214B0007 / JP Knights Pte Ltd
ENTRY DATE & TIME: 11/04/2021 18:33 (SGT)
SUBMITTED BY: Ashikin
VERSION: 1 (11/04/2021 18:33 (SGT))

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 witholding 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	11/04/2021 18:33 (SGT)
Date of Accident	09/04/2021 22:00 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	SLIP RD TOWARDS LENTOR DR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1884Z

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) +65-97425308
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	LIM HOE SENG
NRIC No	SXXXX497C

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM KAI
NRIC No	SXXXX391I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN #2

Describe Circumstances of the Accident

On 09/4/2021, at about 2200hrs, I was driving my vehicle ~~stor~~ SKE 1884Z along Yio Chu Kang Rd towards Lentor Dr. While slow down my vehicle to enter main road, rear driving vehicle SKL 7873H was collided into my rear bumper. Nobody was injured.

Declaration

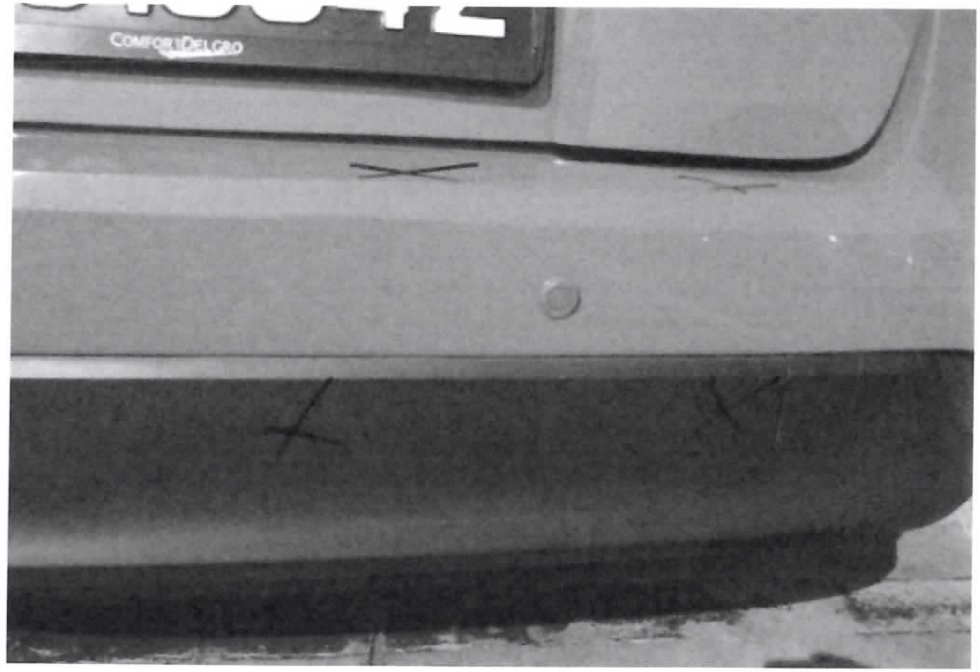
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	10/4/21 - 1225H	


SHC1884Z


6552
SHC1884Z
COMFORTDELGRO


SHC1884Z


COMFORTDELGRO


SKL 7873H


SKL 7873H