

ASS. REC. BY: TaughtREF: 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
<u> X </u>	<u> </u>

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 WPDate: _____ Person Contacted: Ching Vehicle: IN / OUTVeh 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. 1298Colour: Blue A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: 5TDKB3F4905091394Gen. Cond: Good Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R:

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

TOYO / YOKO or WestlakeFront Rear R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 13/4/21Survey 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

COR \$2078.15, 2 days

RED:2038.49;49%

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Form:

Lump Sum / L.B. / 2078.15Days Of Repair: 2

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.: 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			X \$889.70
1	REAR TRUNK LID LOGO (PRIUS)			^ \$60.80
1	REAR TRUNK LID LOGO (HYBRID)			X \$52.40
1	REAR TRUNK LID LOGO (TOYOTA STAR)			X \$52.90
1	REAR BUMPER			dl ✓ \$458.60
1	REAR BUMPER UNDER COVER			dl ✓ \$552.60
2	REAR BUMPER SIDE RETAINER LH/RH		\$112.70	? \$225.40
1	REAR BUMPER UNDER COVER RH			X \$232.00
1	REAR BUMPER TOWING COVER			dl ✓ \$82.70
10	REAR BUMPER CLIPS			we ✓ \$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			X \$40.00
1	REAR TRUNK LID COMFORT & TEL NO. STICKER			^ \$60.00
1	REAR BUMPER REVERSE SENSOR			1w ✓ \$135.70
				\$235.70 NETT
Labour Charge				
	Panel Beating			350- \$800.00
	Spray Painting Charge			\$600.00
	Wiring Charge			X \$90.00
	Tuff Kote			X \$90.00
	Remove/Refix Reverse Sensor			30- \$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.

Tanphu 974957867
 up 13/12/21 10/1pm
 p/p Rising before paint
 tanphu e (hhaan town)
 2 days

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) 04.2021 09:40

DATE/TIME IN

YR OF MANU.

04.08.2020

TARGET DATE

CHASSIS CODE

JTDKB3FU903091394

COMPLETION DATE/TIME

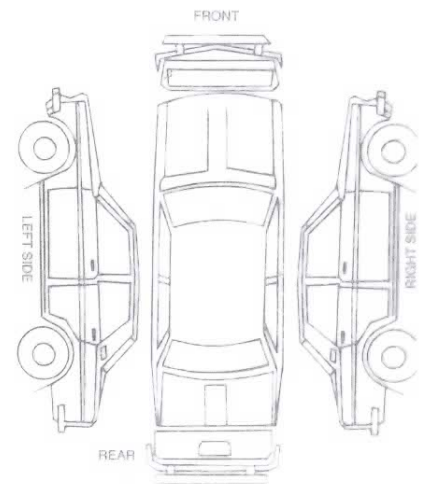
JOB DESCRIPTION

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.:

Vehicle No.: SHC1884Z

Exit Pass

Vehicle No.:

SHC1884Z

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	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	SXXXX3911
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

On 09/4/2021, at about 2200hrs, I was driving my vehicle ~~at~~ S4c 1842 along Y10 Cheaney Rd towards Leiston Dr. While slowing down my vehicle to enter main road suddenly vehicle S4c 7873H was collided into my rear bumper. Nobody was injured.

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 10/4/21 - 1225H

Witnessed by Reporting Centre Personnel

