

ASS. REC. BY: BRYAN

REF:

CS / SMR 2100 4881 / Duj³**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SH 7105Tat Workshop m/s BIFROST AUTO

of _____

Insured: SHC 4604 X

Policy No. _____

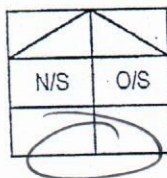
Claims No. TAX / 04 / 21 / 2046 / MA

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 6 days Res.: Yes or NoLump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SH 7105T Yr Regn: 2017, May

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 / NASp. Reading: 492258 T/Radio: Insured / Std / NI / NAEng/No: 2ZR5042267C/No: STDKB3FU603556794

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/60 R15R: — 11 —

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

TOYO / YOKO or Westlake

Front Rear

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 15/04/2021 D.O.I. 20/04/2021Survey held at Bifrost Sin Ming

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

Rear

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

Date / Time Action / Instruction

SMRT SHC 4604 X

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 16-Apr-21

INSURANCE: SMRT

MODEL: TOYOTA PRIUS

VEHICLE NO.: SH7105T

| DESCRIPTION | QTY | LIST PRICE | AMOUNT | |
|---|-----|------------|------------|---|
| REAR TRUNK LID COVER <i>St/Dent</i> | 1 | \$1,126.60 | \$1,126.60 | ✓ |
| REAR TRUNK LID LOCK <i>Sw</i> | 1 | \$457.90 | \$457.90 | X |
| REAR TRUNK LID COVER TRIM BOARD <i>H/H</i> | 1 | \$254.40 | \$254.40 | X |
| Boot Lid Trimboard, Centre <i>H/H</i> | 1 | \$159.60 | \$ 159.60 | X |
| Boot Lid Trimboard SIDE (LH/RH) <i>H/H</i> | 1 | \$92.50 | \$ 92.50 | X |
| Boot Lid Trimboard REAR <i>H/H</i> | 1 | \$124.80 | \$ 124.80 | X |
| REAR TRUNK LID RUBBER <i>deformed</i> | 1 | \$365.20 | \$365.20 | ✓ |
| BOARD ASSY, BACK DOOR TRIM <i>H/H</i> | 1 | \$354.40 | \$354.40 | X |
| GARNISH SUB-ASSY, BACK DOOR, OUTSIDE <i>broken</i> | 1 | \$896.30 | \$896.30 | ✓ |
| REAR TRUNK LID LOGO (PRIUS) <i>Hec</i> | 1 | \$60.80 | \$60.80 | ✓ |
| REAR TRUNK LID LOGO (HYBRID) <i>Hec</i> | 1 | \$52.40 | \$52.40 | ✓ |
| REAR TRUNK LID LOGO (TOYOTA STAR) <i>Hec</i> | 1 | \$52.90 | \$52.90 | ✓ |
| REAR TRUNK LID STRIKER <i>H/H</i> | 1 | \$98.70 | \$98.70 | X |
| REAR BUMPER <i>Dent</i> | 1 | \$458.60 | \$458.60 | ✓ |
| REAR BUMPER RE-INFORCEMENT <i>St/Dent</i> | 1 | \$318.80 | \$318.80 | ✓ |
| REAR BUMPER LOWER COVER <i>Dent/damaged</i> | 1 | \$552.60 | \$552.60 | ✓ |
| REAR BUMPER SIDE RETAINER <i>H/H</i> | 1 | \$112.70 | \$112.70 | X |
| REAR BUMPER TOWING COVER <i>H/H</i> | 1 | \$82.70 | \$82.70 | X |
| REAR BUMPER CLIPS <i>Hec</i> | 1 | \$22.00 | \$22.00 | ✓ |
| REAR BUMPER SIDE CLIP <i>H/H</i> | 1 | \$25.00 | \$25.00 | X |
| REAR BUMPER UPPER STOPPER (LH/RH) <i>H/H</i> | 2 | \$76.40 | \$152.80 | X |
| ARM SUB-ASSY, REAR BUMPER, RH <i>H/H</i> | 1 | \$139.60 | \$139.60 | X |
| REAR BUMPER UNDER SIDE COVER (RH) <i>dislodged</i> | 1 | \$232.00 | \$232.00 | ✓ |
| SEAL, REAR BUMPER SIDE, RH <i>dislodged</i> | 1 | \$148.40 | \$148.40 | ✓ |
| ARM SUB-ASSY, REAR BUMPER, (LH/RH) <i>H/H</i> | 1 | \$139.60 | \$139.60 | X |
| TAIL LAMP ASSY (UPPER) <i>mostly ok</i> | 1 | \$557.90 | \$557.90 | ✓ |
| TAIL LAMP ASSY (LOWER) <i>broken</i> | 1 | \$548.40 | \$548.40 | ✓ |
| TAIL LAMP QUARTER PANEL <i>Dent</i> | 1 | \$216.00 | \$216.00 | ✓ |
| TAIL LAMP SIDE COVER <i>H/H</i> | 1 | \$256.00 | \$256.00 | X |
| REAR END PANEL <i>Dent</i> | 1 | \$602.10 | \$602.10 | ✓ |
| REAR END PANEL GARNISH <i>deformed</i> | 1 | \$165.80 | \$165.80 | ✓ |
| REAR WIRING ASSY <i>H/H</i> | 1 | \$582.40 | \$582.40 | X |
| REAR SPARE TYRE PANEL <i>H/H</i> | 1 | \$667.70 | \$667.70 | X |
| REAR SPARE TYRE CUSHION (FLR BOARD CENTRE) <i>H/H</i> | 1 | \$101.40 | \$101.40 | X |
| REAR FIBER TOOL BOX TRIM (LH/RH) <i>H/S Dam o/s H/H</i> | 2 | \$598.00 | \$1,196.00 | ✓ |
| REAR FIBER TOOL BOX CENTER <i>H/H</i> | 1 | \$186.20 | \$186.20 | X |
| SPARE TYRE LOCK NUT <i>H/H</i> | 1 | \$88.40 | \$88.40 | X |
| SPARE TYRE LOCK NUT BRACKET <i>H/H</i> | 1 | \$113.50 | \$113.50 | X |
| SPARE TYRE SIDE PANEL (LH/RH) <i>Dent</i> | 1 | \$196.50 | \$196.50 | ✓ |
| REAR FENDER, LH <i>Dent</i> | 1 | \$836.70 | \$836.70 | ✓ |
| REAR FENDER OUTER PANEL, LH <i>Pin</i> | 1 | \$486.00 | \$486.00 | X |

| | | | | |
|--|------|------------|--------------------|-------|
| REAR FENDER REINFORCEMENT, ROCKER, PANEL, LH <i>HN</i> | 1 | \$552.30 | \$552.30 | X |
| REAR FENDER PANEL, ROOF SIDE OUTER, LH <i>HN</i> | 1 | \$311.00 | \$311.00 | X |
| REAR FENDER EXTENSION, ROOF SIDE INNER FRT, LH <i>HN</i> | 1 | \$265.10 | \$265.10 | X |
| REAR FLOOR PANEL SIDE (LH) <i>HN</i> | 1 | \$276.20 | \$276.20 | X |
| REAR FENDER SHIELD (LH/RH) <i>HN</i> | 1 | \$174.20 | \$174.20 | X |
| REAR FENDER AIR DUCT <i>detonne</i> | 1 | \$165.10 | \$165.10 | ✓ |
| REAR FENDER TOP PANEL INNER <i>HN</i> | 1 | \$340.20 | \$340.20 | X |
| | | | | |
| SUB TOTAL | | | \$15,366.40 | |
| LESS 20% <i>25%</i> | | | \$3,073.28 | |
| DISCOUNTED TOTAL | | | \$12,293.12 | |
| | | | | |
| REAR TRUNK LOWER W/S MOULDING <i>Hec</i> | SN 1 | \$180.00 | \$180.00 | ✓ |
| REAR LOWER W/S SEALANT <i>Hec</i> | SN 1 | \$46.00 | \$46.00 | ✓ |
| REAR WINDSCREEN MOULDING <i>Hec</i> | SN 1 | \$160.00 | \$160.00 | ✓ |
| REAR WINDSCREEN SEALANT <i>Hec</i> | SN 1 | \$46.00 | \$46.00 | ✓ |
| REAR NO. PLATE WITH COVER <i>HN</i> | SN 1 | \$100.00 | \$100.00 | X |
| REAR TRUNK LID APPS STICKER <i>Hec</i> | SN 1 | \$40.00 | \$40.00 | ✓ |
| REAR TRUNK LID COMFORT & TEL NO. STICKER <i>Hec</i> | SN 1 | \$60.00 | \$60.00 | ✓ |
| REAR BUMPER REVERSE SENSOR <i>Dam</i> | SN 1 | \$135.70 | \$135.70 | ✓ |
| REAR BUMPER RUBBER MAT <i>Hec</i> | SN 1 | \$50.00 | \$50.00 | ✓ |
| | | | | |
| SUB TOTAL | | | \$817.70 | |
| | | | | |
| Labour Charge | | | | |
| Panel Beating | 1 | \$1,400.00 | \$1,400.00 | 800/- |
| Spray Painting Charge | 1 | \$1,200.00 | \$1,200.00 | 800/- |
| Wiring Charge | 1 | \$100.00 | \$100.00 | 30/- |
| Tuff Kote | 1 | \$100.00 | \$100.00 | 40/- |
| Towing Charge | 1 | \$80.00 | \$80.00 | HN |
| Remove/Refix Cushion & Upholstery Rear | 1 | \$150.00 | \$150.00 | 80/- |
| Remove/Refix Rear Windscreen Glass | 2 | \$120.00 | \$240.00 | 120/- |
| Remove/Refix Fuel Tank | 1 | \$80.00 | \$80.00 | HN |
| Remove/Refix Exhaust Pipe | 1 | \$80.00 | \$80.00 | HN |
| Diagnostic & Resetting To Erase Fault Code | 1 | \$550.00 | \$550.00 | HN |
| | | | | |
| TOTAL LABOUR | | | \$3,980.00 | |
| | | | | |
| ESTIMATE TOTAL | | | \$17,090.82 | |
| | | | | |
| will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company. | | | | |

20/04/2021 @ 0900hr
 NA Antura
 4/5mm \$6 days.
 2 yea

2KK Auto

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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|---|--------------------------------------|
| Owner ID Type: | Company |
| Owner ID: | 821R |
| Vehicle Details | |
| Vehicle No.: | SH7105T |
| Vehicle to be Exported: | Yes |
| Intended Deregistration Date: | 16 Apr 2021 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | PRIUS HYBRID 1.8 CVT |
| Primary Colour: | Blue |
| Manufacturing Year: | 2017 |
| Engine No.: | 2ZRS042267 |
| Chassis No.: | JTDKB3FU603556794 |
| Maximum Power Output: | 90.0 kW (120 bhp) |
| Open Market Value: | \$31,008.00 |
| Original Registration Date: | 25 May 2017 |
| First Registration Date: | 25 May 2017 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$5,000.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 24 May 2025 |
| PARF Rebate Amount: | \$3,750.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 24 May 2025 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 8 |
| PQP Paid: | \$40,532.00 |
| COE Rebate Amount: | \$20,797.00 |
| Total Rebate Amount: | \$24,547.00 |
| Message | |
| Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier. | |

The information contained herein is correct as at 16 Apr 2021

OK

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 | 16/04/2021 13:56 (SGT) |
| Date of Accident | 15/04/2021 21:00 (SGT) |
| Exact Location of Accident | Rochor Flyover, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SH7105T |
| 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) +65-82997878 |
| 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 | YE SHINAN |
| NRIC No | SXXXX642A |

| | |
|--|---------------------------------|
| Date Of Birth | 14/08/1983 |
| Occupation | Outdoor |
| Date Of Driving Pass | 19/07/2004 |
| Driving experience | 16 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-82997878 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 40 BEDOK SOUTH ROAD #10-689 |
| Address complement | - |
| Postcode | 460040 |
| 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 | Collision - Head to Rear |
| Weather Conditions | Clear |
| Road Surface | Wet |

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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 3 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Female |

PASSENGER 2

| | |
|--------|---------|
| 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 15/04/2021 @ 2100HRS, I WAS DRIVING MY VEHICLE SH7105T ALONG ROCHOR FLYOVER. WHILE MY VEHICLE WAS STATIONERY DUE TO RED TRAFFIC LIGHT, VEHICLE B - SHC4604X (SMRT TAXI) COLLIDED ONTO MY REAR BUMPER. ME AND BOTH PASSENGERS SUSTAINED BODY PAIN DUE TO THE IMPACT.

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 | FILE IS NOT SUITABLE |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|----------|
| Vehicle Registration Number | SHC4604X |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| 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) | 1 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---------------------------------|
| Name of injured person | YE SHINAN |
| Address | BLK 40 BEDOK SOUTH ROAD #10-689 |
| Address Complement | - |
| Post Code | 460040 |
| Approximate Age Years Old | 37 |
| Injuries Sustained | BODY PAIN |
| Injured person in which vehicle? | SH7105T |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|-----------|
| Name of injured person | PASSENGER |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY PAIN |
| Injured person in which vehicle? | SH7105T |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 3

| | |
|---|-----------|
| Name of injured person | PASSENGER |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SH7105T |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

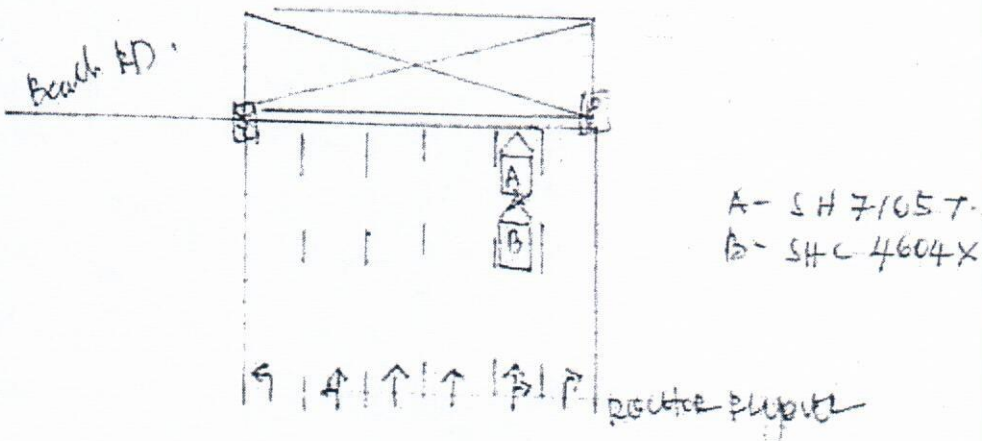
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

On 15/4/2021 @ 2100hrs, I was driving my vehicle 3H71057 along Rochor flyover. While my vehicle was stationary due to red traffic light, which is - SMC 4804X (SMRT TAXI) was collided onto my rear bumper. Me and both passenger sustained body pain due to the impact.

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
16/4/2021 - 1115hrs

Witnessed by Reporting Centre Personnel