

ASS. REC. BY: Taypin

NS/ INC 21004977/T1vc

**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: **SJP 1317C**  
 Policy No. \_\_\_\_\_  
 Claims No. **MT/1129697-001**  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

N/S	O/S

(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: \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: Lim TS Vehicle: IN / OUT

Veh No: SHC 335 9K Yr Regn: 2019 April  
 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: 37435 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JTDKCB3F4 90307 9889  
 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: 195/65R15  
 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. 16/4/21 D.O.I. 19/4/21  
 Survey held at Compass Agency  
 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
20/5/21	LS \$4550 confirmed by email (Red 3185.22,41%)

Date/Time, File Pass to?  : Preli. Report  
 : Final Report

1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) 20/5/21-Typist

Project File No: **TP**  
 Lump Sum / L.S.: **LS \$4550**

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Insp (\$ \_\_\_\_\_)  
 : Misc (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 3 + RS. \$ \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Other: \_\_\_\_\_  
 TOTAL \_\_\_\_\_

# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

(4/5)

DATE: 19.04.2021  
 MODEL: TOYOTA PRIUS  
 VEH NO.: SHC3359K

3P INSURANCE: NTUC  
 SURVEYOR: LKK-TAUFIKH  
 MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	LIST PRICE
	FRT FENDER LH	1		\$945.30 <i>bt</i>
	FRT FENDER SHIELD LH	1		\$198.50 <i>de</i>
	FRT FENDER (HYBRID) LH	1		\$86.50 <i>na</i>
	FRT WHEEL CAP LH	1		\$177.70 <i>wt</i>
	FRT DOOR LH	1		\$1,264.00 <i>bt</i>
	WING MIRROR LH	1		\$1,390.10 <i>Rp</i>
	WING MIRROR OUTER COVER LH	1		\$141.90 <i>Rp</i>
	REAR DOOR LH	1		\$1,258.30 <i>bt</i>
	ROCKER PANEL GARNISH LH	1		\$576.00 <i>de</i>
	<b>SPARE PARTS SUB TOTAL</b>			<b>\$6,038.30</b>
	LESS 25%			<b>\$1,509.57</b>
	<b>DISCOUNTED SPARE PARTS TOTAL</b>			<b>\$4,528.72</b>
	FRT DOOR COMFORTDELGRO LH	1		\$75.00 <i>net</i>
	REAR DOOR APPS LH	1		\$80.00 <i>net</i>
	REAR FENDER (PETROL ONLY) LH	1		\$30.00 <i>net</i>
	<b>NETT LESS 10%</b>			<b>\$185.00</b>
	<b>NETT TOTAL</b>			<b>\$166.50</b>
	<b>SPARE PARTS &amp; NETT TOTAL</b>			<b>\$4,695.22</b>
	Panel Beating – Rear Fender LH			\$800.00 <i>700</i>
	Spray Painting Charge			\$1,800.00 <i>1250</i>
	Check Wiring Etc			\$40.00 <i>30</i>
	Tuff Kote			\$160.00 <i>40</i>
	Transfer Of 2 Doors			\$240.00 <i>120</i>
	<b>LABOUR TOTAL</b>			<b>\$3,040.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$7,735.22</b>

Kk Auto Totalants 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: \_\_\_\_\_

Taufikh 97495745  
 WP, LKK-TAUFIKH  
 4/5 Repairer upon upon  
 Taufikh @humble.w.s

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.

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO.:305464364

Customer: COMFORT TRANSPORTATION PTE LTD  
Customer No: 7010045  
Address: 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
Phone: (R) 65508755 (O)  
(P)  
Account Card No.

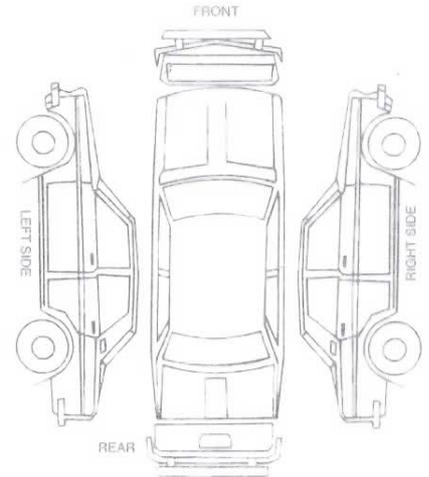
REGN NO: <b>SHC3359K</b>	MILEAGE
MAKE: <b>TOYOTA</b>	FUEL E.....1/2.....F
MODEL <b>PRIUS HYBRID(G4)17</b>	DATE/TIME IN <b>04.2021 09:25</b>
YR OF MANU. <b>01.04.2019</b>	TARGET DATE
CHASSIS CODE <b>JTDKB3FU903079889</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 16.04.2021  
NATURE: 3P 16.04.2021/C

/NO LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

No.: **SHC3359K**

**LIMITS**

Vehicle No.: **SHC3359K**

Signature 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	17/04/2021 12:33 (SGT)
Date of Accident	16/04/2021 10:30 (SGT)
Exact Location of Accident	Clarke Quay, Singapore
Additional Location Information	TAXI STAND
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3359K
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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) +65-92761477
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	SOON TENG GUAN
NRIC No	SXXXX043H

Date Of Birth	10/02/1959
Occupation	Outdoor
Date Of Driving Pass	08/06/1982
Driving experience	38 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92761477
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 920 HOUGANG STREET 91 #14-09
Address complement	-
Postcode	530920
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 - Change/cross lane
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)	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	Male

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

I WAS TRAVELLING ALONG RIVER VALLEY RD TO DROP OFF ONE PASSENGER (FEMALE) TO CLARKE QUAY TAXI STAND. I DRIVING AT THE 2ND LANE AND DID NOT QUEUE AS I HAVE ANOTHER PASSENGER MALE TO DROP OFF AT ANOTHER LOCATION. WHEN I GO TO THE TAXI STAND SUDDENLY VEHICLE B FROM TAXI QUEUE MOVED FORWARD AND STOP AT THE MIDDLE RD TO PICK UP PASSENGER. OUR VEHICLES COLLIDED AND HAS DAMAGES. NO INJURY INVOLVED.

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	SJP1317C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HIRA
Contact Number	(Phone) +65-81200088
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 willful 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.

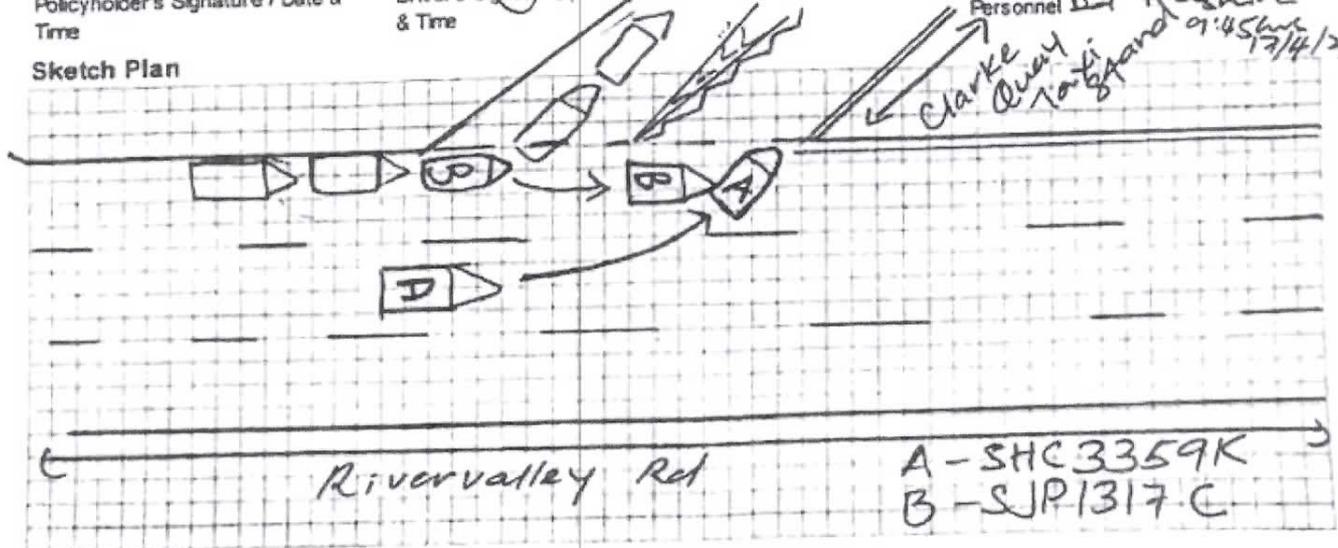
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

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**

I was travelling along Rivervalley Rd to drop off one passenger (female) to Clarke Quay Taxi Stand. I driving at the 2nd lane and did not queue ~~at~~ <sup>at</sup> RS I have another passenger (male) to drop off at another location. When I go to the taxi stand suddenly vehicle B from taxis queue moved forward and stop at the middle <sup>to</sup> pickup passenger. Our vehicles collided and has damages. No Injury involved.

**Declaration**

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel Del Hashim  
17/4/21 9:45hrs

