

ASS. FEO. BY:

Tayfmr

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/1128754-003**

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: **Corey**

Vehicle: IN / OUT

Veh No: **SHC 334B**Yr Regn: **2019 Jan.**

Type: M.Cár / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Toyota Prius**c.c. **1798**Colour: **Yellow**

A/C: Insured / Std / NI / NA

Sp. Reading: _____

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JTOKB3F4703078191**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** mmR/Bal. **6** mmL/Bal. **6** mmL/Bal. **6** mm

D.O.A. _____

D.O.I. **20/4/21**Survey held at **Computer logging**

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

Rear n/s.

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

Date / Time Action / Instruction

Body heavy wear.

COR lumpsum \$1700, 2 days

RED:3958.88;69%

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: **2**

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Photos

Other:

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Inve (\$

☐

Wash (\$

Report Form:

Lump Sum / LBS:

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHC334B

DOA: 18.04.2021

Date: 20.04.2021

Make : Toyota

Insurance: NTUC

Model : Prius (G4A)

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER			del \$499.90
10	REAR BUMPER CLIPS			del \$22.00
1	REAR BUMPER LOWER COVER			del \$552.60
1	RETAINER, REAR BUMPER SIDE LH			del \$94.80
1	REAR FENDER SHIELD LH			? \$134.20
1	REAR BUMPER REFLECTOR			X \$55.00
1	TAILLAMP ASSY UPPER LH			? \$557.90
1	TAILLAMP ASSY LOWER LH			ungr \$548.40
1	REAR TRUNK LID COVER			X \$1,126.60
1	REAR FENDER LH			X \$836.70
1	REAR FENDER SHIELD LH			X \$134.20
1	REAR FLOOR PANEL SIDE LH			X \$276.20
	SUB TOTAL			\$4,838.50
	LESS 25%			\$1,209.63
	DISCOUNTED TOTAL			\$3,628.88
1	REAR FENDER ADVERTISEMENT LOGO LH			ty \$100.00
1	REAR BUMPER ADVERTISEMENT LOGO			ng \$50.00
1	REAR TRUNK LID COMFORT & TEL NO STICKER			X \$60.00
1	REAR TRUNK LID APP STICKER			X \$40.00
1	REAR BUMPER MAT			ng \$50.00
				\$300.00
	Labour Charge			
	PANEL BEATING			350 \$800.00
	SPRAY PAINTING CHARGE			250. \$750.00
	WIRING CHARGE			30. \$50.00
	REMOVE/REFIX REVERSE SENSOR			30 \$80.00
	TUFF KOTE			X \$50.00
				\$1,730.00
				\$5,658.88

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:

TOTAL LABOUR**ESTIMATE TOTAL**

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.

Date/Time: 20.04.2021 09:08

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.:305464616

TOMER

MS CITYCAB PTE LTD

TOMER NO. 7010070

RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65551188

(O)

(P)

COUNT CARD NO.

REGN NO.:

SHC 334B

MILEAGE

MAKE :

TOYOTA

FUEL

E.....1/2.....F

MODEL

PRIUS HYBRID(G4)18.04.2021 23:00

DATE/TIME IN

YR OF MANU.

09.01.2019

TARGET DATE

CHASSIS CODE

JTDKB3FU703078191

COMPLETION DATE/TIME:

JOB DESCRIPTION

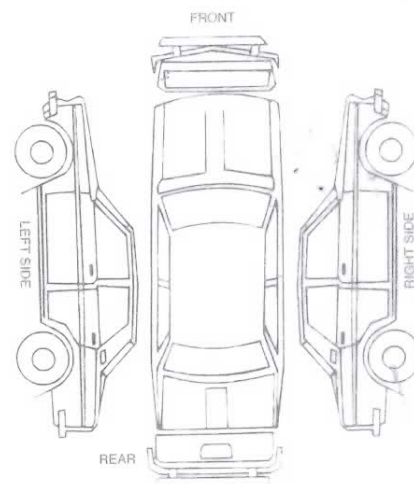
Accident Date: 18.04.2021

NATURE: 3P 18.04.2021

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

RE:

Mo.:

Vehicle No.: SHC 334B

YY NTUC

Exit Pass

Vehicle No.:

SHC 334B

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	19/04/2021 16:59 (SGT)
Date of Accident	18/04/2021 22:50 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC334B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-98638312
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/P2419140
Cover Note Number	-

DRIVER

Name of Driver	TAN HENG KIAT
NRIC No	SXXXX552H

Date Of Birth	06/02/1963
Occupation	Outdoor
Date Of Driving Pass	11/12/1980
Driving experience	40 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98638312
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 54 CHAI CHEE STREET #16-849
Address complement	-
Postcode	460054
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG THE UPPER BUKIT TIMAH TOWARDS CITY ONBOARD I HAVE ONE MALE PASSENGER. SUDDENLY VEHICLE B FROM LANE THREE FILTER TO LANE TWO (CUT THE CHEVRON) AND HIT MY TAXI REAR LEFT PORTION. BOTH VEHICLE HAS DAMAGES. FROM IMPACT MY PAX WAS OKAY BUT MYSELF WILL SEEK MEDICAL ADVICE FOR FURTHER CHECK UP.

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	SFS9699D
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN HENG KIAT
Address	BLK 54 CHAI CHEE STREET #16-849
Address Complement	-
Post Code	460054
Approximate Age Years Old	58
Injuries Sustained	SEEKING MEDICAL ADVISE
Injured person in which vehicle?	SHC334B
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 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.

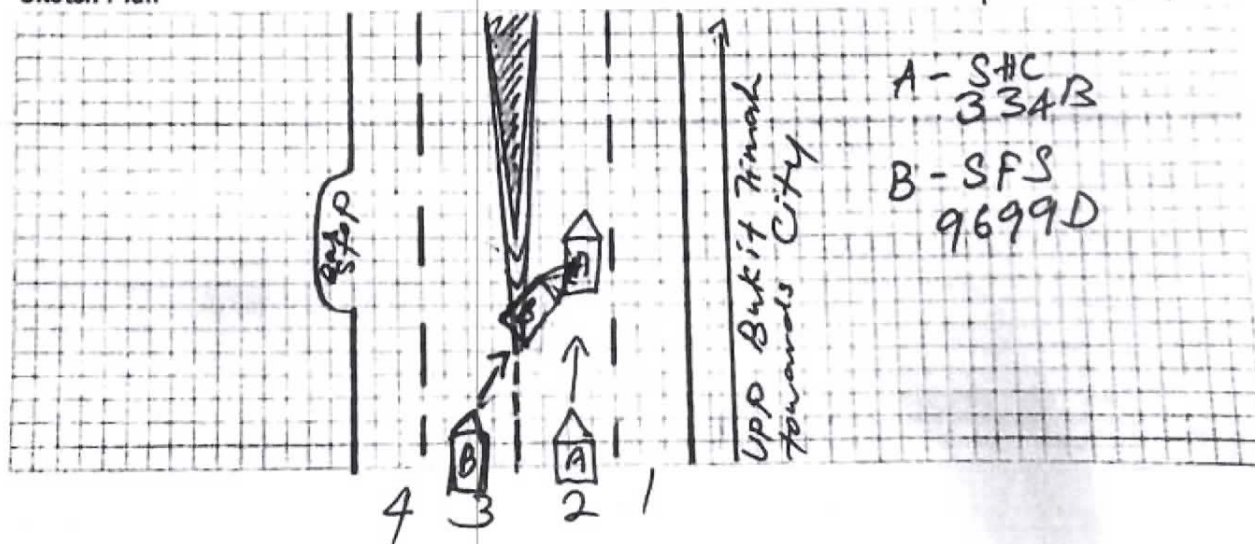
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

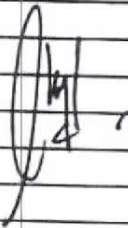
10:40am 19/4/20

Sketch Plan



Describe Circumstances of the Accident

I was travelling along the Upp Bukit Timah towards City. Aboard I have one male passenger. Suddenly vehicle B from lane three filter to lane two (cut the chevron) and hit my tail rear left portion. Both vehicle has damages. From Impact my car was okay but myself will seek medical advice for further checkup.



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

Witnessed by Reporting Centre Personnel

10:40am 19/4/21



