

ASS. REC. BY:

*Typist*

NS/INC 21005087/T1vc

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD (T) / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s # \_\_\_\_\_

of \_\_\_\_\_

Insurec: **FBL 4052L**

Policy No. \_\_\_\_\_

Claims No. **MT/1128951-002**

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 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

*WP*

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: *Juman* Vehicle: IN / OUT

Veh No: **SH 9159A** Yr Regn. **2019 Dec.**

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

Truck / Trailer or \_\_\_\_\_

Make: **Toyota Prim.** cc **1798**

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

Sp. Reading: **119498** T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: **JD DK B3 F4 20309004**

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: **195/65 R15**

R: **h**

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

Front R/Bal. **6** mm Rear R/Bal. **6** mm

L/Bal. **6** mm L/Bal. **6** mm

D.O.A. **20/4/21** D.O.I. **21/4/21**

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
21/5/21	Final fig \$1106.47 confirmed by email (Red 560.46,33%)

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

1)  : Final Report

Date/Time, File Return to? **28/5/21-Typist**

Report Fee: **TP**  
Lump Sum / A/B/C/D: **\$1106.47**

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Add Fee:

- : Site Insp (\$ \_\_\_\_\_)
- : Interview (\$ \_\_\_\_\_)
- : Tech Insp (\$ \_\_\_\_\_)
- : Wash (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS \$ \_\_\_\_\_

Photos \_\_\_\_\_

Other \_\_\_\_\_

TOTAL \_\_\_\_\_

**COMFORT TRANSPORTATION PTE LTD**

**REPAIR ESTIMATE**

Vehicle No.: SH 9159A  
 Make : TOYOTA  
 Model : PRIUS  
 DOA :

Date : 21.04.21  
 Insurance: NTUC  
 MVA : JUMANI

Qty	Parts Description / Labour	Qty	Unit Price	Amount
1	REAR BUMPER ASSY	1		<i>Ry</i> \$458.60
2	REAR BUMPER LOWER COVER	1		<i>de</i> \$552.60
3	REAR BUMPER CLIPS	10		<i>x</i> \$22.00
4	REAR BUMPER TOW COVER	1		<i>de</i> \$82.70
<b>SUB TOTAL</b>				\$1,115.90
<b>LESS 25%</b>				\$278.97
<b>DISCOUNTED TOTAL</b>				<b>\$836.93</b>
	RERA BUMPER MAT	1		<i>x</i> \$50.00
				<b>\$50.00</b>
<b>Labour Charge</b>				
	PANEL BEATING			<i>350</i> \$400.00
	SPRAYPAINT			<i>250</i> \$300.00
	REMOVE/REFIX REVERSE SENSOR			<i>30</i> \$80.00
<b>TOTAL LABOUR</b>				<b>\$780.00</b>
<b>ESTIMATE TOTAL</b>				<b>\$1,666.93</b>

*Tanphai 974 95749  
 WP' 21/4/21 @ 1430  
 P/P Resurvey new parts, after repair  
 02 days  
 tanphai@kkkauto.com*

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.

**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:

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO.:305464915

OMER  
IS COMFORT TRANSPORTATION PTE LTD  
OMER NO. 7010045  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)  
(P)  
IDENTIFICATION CARD NO.

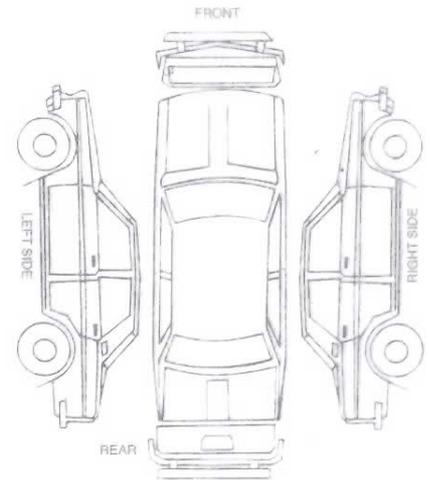
REGN NO. <b>SH 9159A</b>	MILEAGE
MAKE: <b>TOYOTA</b>	FUEL E.....1/2.....F
MODEL <b>PRIUS HYBRID(G4A20)</b>	DATE/TIME IN <b>04.2021 09:50</b>
YR OF MANU. <b>13.12.2019</b>	TARGET DATE
CHASSIS CODE <b>JTDKB3FU203090104</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 20.04.2021  
NATURE: 3P 20.4.2021

/NO LABOR CODE

DESCRIPTION



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

No.: SH 9159A

JU NTUC LKK

Vehicle No.:

SH 9159A

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	21/04/2021 10:44 (SGT)
Date of Accident	20/04/2021 08:15 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	( City )
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9159A
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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) +65-93879287
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	JONG FOOK SENG
NRIC No	SXXXX480A

Date Of Birth	09/10/1961
Occupation	Outdoor
Date Of Driving Pass	22/04/1991
Driving experience	30 YEARS
Gender	Male
Mobile Number	(Phone) +65-93879287
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 126A EDGEDALE PLAINS #04-332
Address complement	-
Postcode	821126
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

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 20/04/2021 @ 0815HRS, I WAS DRIVING MY VEHICLE SH9159A ALONG KPE TOWARDS CITY. WHILE MY VEHICLE WAS STATIONARY DUE TO TRAFFIC, VEHICLE B - FBL4052L ( MOTORBIKE ) COLLIDED ONTO MY REAR BUMPER. NOBODY WAS INJURED AT THE MOMENT OF ACCIDENT.

#### 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	FBL4052L
Vehicle Manufacturer	Honda
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	(Phone) +65-81573273
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

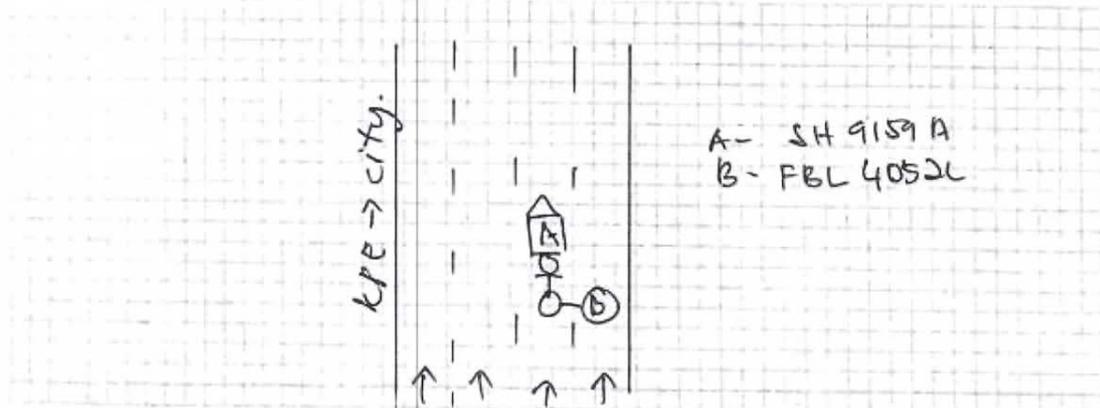
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

*[Handwritten Signature]*  
 20/4/2021, 1045 H.  
*[Handwritten Signature]*



Describe Circumstances of the Accident

On 20/4/2021 @ 0815hrs, I was driving my vehicle SH 9153A along KP8 towards city. While my vehicle was stationary due to traffic, vehicle B - FBL 40526 (motorbike) was collided into my rear bumper. Nobody was injured at the moment of accident.

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

20/4/2021 - 1045A

hascut

