

ASS. REC. BY: NA2

REF:

CS/TM1 21005126/NAF3

CHIANZ L15

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: SKS 86238

Policy No. MR000127

Claims No. M2102025

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
LHS	RHS

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: S1A 8998 B Yr Regn: 29 JUNE 2017

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

Truck / Trailer or

Make: TOYOTA PRIUS HYBRID (c.c) 1,785

Colour: BLUE A/C: Insured / Std / NI / NA

Sp. Reading: 425,479 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU303561256

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: 195/65 R15

R: 11

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

TOYO / YOKO or WESTLAKE

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 23/4/2021 D.O.I. 26/4/2021

Survey held at EDGE LOYANG

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

FRONT OFF-SIDE NEAR-SIDE

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

TM12/5

Date / Time Action / Instruction

3/5/21 Naz confirmed LS \$1700 (Red 1382.57,44%)

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) _____
Date/Time, File Return to?

2) 3/5/21-Typist

Report Format : Merimen

Lump Sum / L.B.I: (\$ 1700)

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

____ S + RS, ____ SI

Photos

Others

TOTAL

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	25/04/2021 06:59 (SGT)
Date of Accident	23/04/2021 14:15 (SGT)
Exact Location of Accident	Tanglin Rd, Singapore
Additional Location Information	TOWARDS LUCKY PLAZA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8998B
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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) +65-98445363
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	SUM CHEE KUEN
NRIC No	SXXXX130A

Date Of Birth	22/06/1967
Occupation	Outdoor
Date Of Driving Pass	05/04/1994
Driving experience	27 YEARS
Gender	Male
Mobile Number	(Phone) +65-98445363
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 739 PASIR RIS DRIVE 10 #11-11
Address complement	-
Postcode	510739
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?	Yes
Police Station Name	Changkat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007819999
Alt. Police Station Phone No	(Fax) +65-67832722
Police Station Address	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210423/2091.

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	SKJ8623S
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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	SUM CHEE KUEN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ACHING ON NECK, SPINE, AND RIGHT ARM (5 DAYS MC)
Injured person in which vehicle?	SH8998B
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

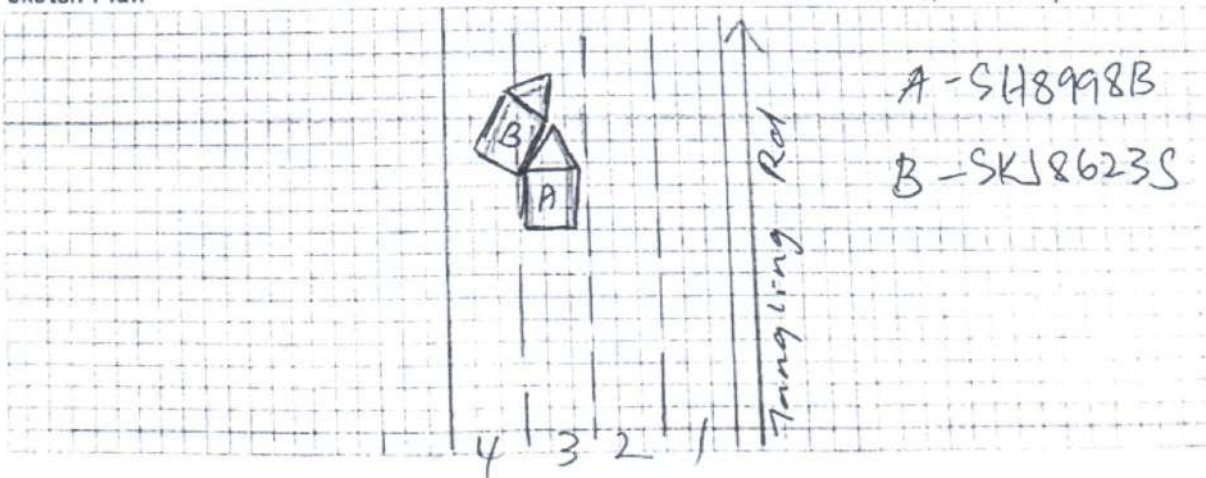
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel *Da Hashim*
24/4/21 12pm

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report T/20210423/2091

[Signature]

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature / Date & Time

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

[Signature]

Witnessed by Reporting Centre
Personnel *SD Hashim*
12pm 24/4/21



SINGAPORE POLICE FORCE



T/20210423/2091

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20210423/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/04/2021 16:46	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars

Name of Informant: SUM CHEE KUEN			Address: APT BLK 739 PASIR RIS DRIVE 10 #11-11 SINGAPORE 510739	
ID Type / ID No.: NRIC NO / S1797130A			Contact No.: Home/Office:	Mobile: 98445363
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 53	Date of Birth: 22/06/1967	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/04/2021 14:15	Type of Location: Straight Road
Location: TANGLIN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH8998B	Car				Slightly Damaged	1
SKJ8623S	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210423/2091

2 of 3

Report No. T/20210423/2091

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

CONTINUATION OF REPORT

Driver			
Name	SUM CHEE KUEN	ID No.	S1797130A
Related Vehicle	SH8998B (Car)	Contact No.	98445363
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	23/04/2021	Date Discharge	23/04/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Chan Yian Ching	ID No.	S7134307C
Related Vehicle	SKJ8623S (Car)	Contact No.	96636215
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/04/2021 at 1415hrs, I was driving along Tanglin Road with 1 passenger in my taxi (SH8998B). It was a 4 lane road and I was traveling on the 3rd lane of Tanglin Rd.

Out of a sudden, a vehicle (SKJ8623S) traveling on the 4th lane came and cut into my lane and collided onto the left side of my vehicle. I alighted and make a check, there was no need for immediate medical attention. I discovered that there were some dents and scratches on the left front portion of my vehicle. I exchanged particulars with the other driver and left.

Later, I felt some aching on the neck, spine and right arm area. I proceeded to see a doctor and was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20210423/2091

3 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20210423/2091

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Staff Sgt TAN YI YI, JEAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Insp BOON YEN KIAN

Contact No.: 65476172

Signature Of Informant:

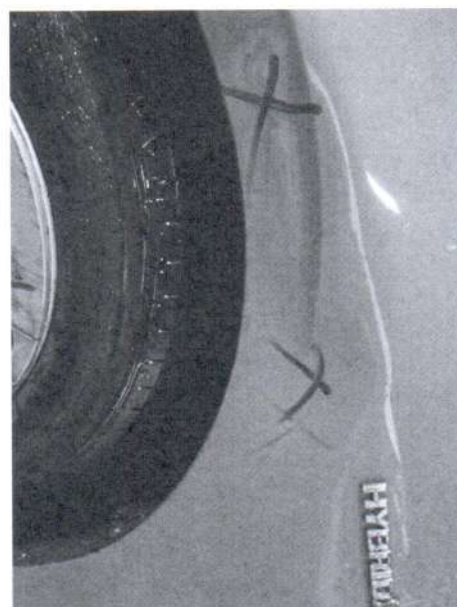
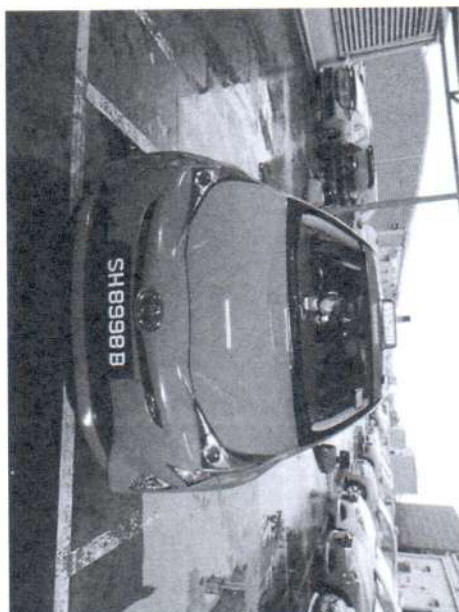
Date/Time:

23/04/2021 16:46

Classification Of Case:

Authentication Stamp

NP168





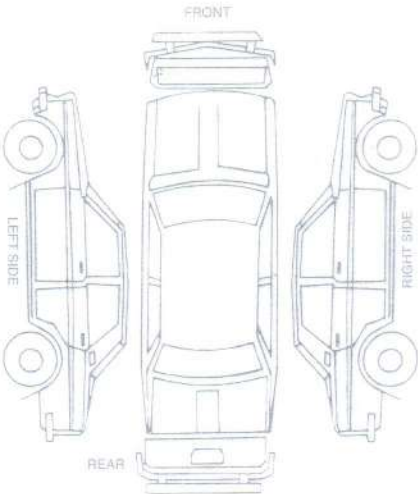
Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.:305465318

STOMER	REGN NO. SH 8998B	MILEAGE
MS COMFORT TRANSPORTATION PTE LTD	MAKE: TOYOTA	FUEL E.....1/2.....F
STOMER NO. 7010045	MODEL PRIUS HYBRID(G4)24	DATE/TIME IN 04.2021 09:15
DRESS 383 SIN MING DRIVE	YR OF MANU. 29.06.2017	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE JTDKB3FU303561256	COMPLETION DATE/TIME:
65508755 (R) (P) (O)		
COUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 23.04.2021
NATURE: 3P 23.04.2021

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 8998B CHIANG

Vehicle No.: SH 8998B

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

C' HANG L/S

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)
 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

PARTICULARS OF CLAIM			
Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	23/04/2021
Vehicle Reg. No.:	SH8998B	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS TAXI, 1.8 (A)	Vehicle Reg. Date:	29/06/2017
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZRS055801	Chassis No:	JTDKB3FU303561256
Odometer:	425479 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,501.57
Miscellaneous Items	11.00
Labour	1,570.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,082.57
+ GST 7.00% (S\$)	215.78
Nett Amount (S\$)	3,298.35

This claim is handled by: CHIANG LIAT CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 26 Apr 2021)

Parts: 144 TOYOTA PRIUS TAXI 1.8 (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SH8998B)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *,

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRONT BUMPER COVER	25.00	0.00	*499.90 FL
2	1		*FRONT BUMPER BRACKET LH	25.00	0.00	*82.30 FL
3	1		*FRONT FENDER LH	25.00	0.00	*945.30 FL
4	1		*FRONT FENDER EMBLEM	25.00	0.00	*86.50 FL
5	1		*FRONT WHEEL COVER LH	25.00	0.00	*189.60 FL
6	1		*FRONT FENDER SHIELD LH	25.00	0.00	*198.50 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	2,002.10
- List Item Discount on L Items (S\$)	500.53
Total Parts (S\$)	1,501.57

Report was unsubmitted during this print-out.
Generated using **Merimen e-Claims IEAS**

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	700.00
2	SPRAY PAINTING	New	780.00
3	CHECK WIRING & LIGHTING	New	60.00
4	RESET FRONT WHEEL ALIGNMENT	New	60.00
Gross Labour Cost (S\$)			1,570.00

Report was unsubmitted during this print-out.
Generated using **Merimen e-Claims IEAS**

< END OF ESTIMATES >

NA2 LKK

26/4/2021 1430

L/S

3 PAGES

CHECK ITEM PHOTO

AFTER REPAIR PHOTO

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: