

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: SIS 6831R
 Policy No. MT 103782
 Claims No. M2102026
 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
LHS	RHS

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: 3HA 958L Yr Regn: 9 DEC 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA PRIUS (C.C) 1785 1798
 Colour: YELLOW A/C: Insured / Std / NI / NA
 Sp. Reading: 737,563 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKB3FU403538522
 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 CDGE LOYANG
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 FRONT OFFSIDE NEAR-SIDE
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
28/4/21	Naz confirmed LS \$1150 (Red 705,38%)

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

1) _____

Date/Time, File Return to? _____

2) 28/4/21-Typist

Report Format : Merimen

Lump Sum / L.B.I: (\$ 1150)

Days Of Repair: 2

Resurvey No. of Trip: 2

Survey Fee: _____

Transportation: _____

_____ S + RS, _____ SI

Photos _____

Others _____

TOTAL _____

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

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	23/04/2021 15:59 (SGT)
Date of Accident	23/04/2021 07:00 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA958L
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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) +65-91074185
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	SOH TONG HENG
NRIC No	SXXXX557J

Date Of Birth	28/10/1964
Occupation	Outdoor
Date Of Driving Pass	09/10/1985
Driving experience	35 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91074185
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	461 ANG MO KIO AVE 10 #05-1170
Address complement	-
Postcode	560461
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

MY TAXI INVOLVED IN ACCIDENT HEAD TO REAR COLLISION WITH VEHICLE B TODAY MORNING (23/4/2021). MY TAXI DID NOT COLLIDE OR TOUCH THE IN FRONT OF VEHICLE. VIDEO FOOTAGE CAPTURED. FROM THE IMPACT I WILL GO FOR MEDICAL CHECKUP.

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	SD CARD WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCJ6831R
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	QUEK SER TONG
NRIC No	SXXXX098B
Contact Number	-
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

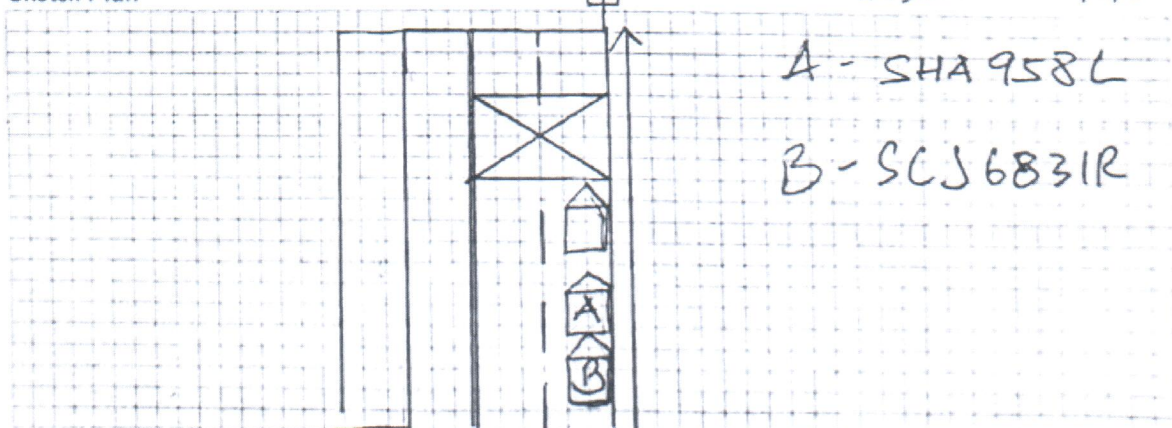
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts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

Policyholder's Signature / Date & Time

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

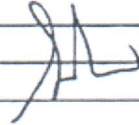
Witnessed by Reporting Centre Personnel *Da Hashim*
11:30am 23/4/21

Sketch Plan



Describe Circumstances of the Accident

My taxi involved in accident head to rear collision with vehicle B today morning (23/4/2021). My taxi did not collide or touch the Infront vehicle. Video footage captured. From the Impact I will go for medical checkup.

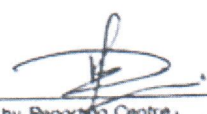


Declaration

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

 Dol Hashim
 10:0 am 23/4/21

Date/Time: 23.04.2021 16:19

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.:305465158

OWNER

IS CITYCAB PTE LTD
OWNER NO. 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

DUPLICATE CARD NO.

REGN NO.:

SHA 958L

MILEAGE

MAKE :

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)23.04.2021 11:20

DATE/TIME IN

YR OF MANU.

09.12.2016

TARGET DATE

CHASSIS CODE

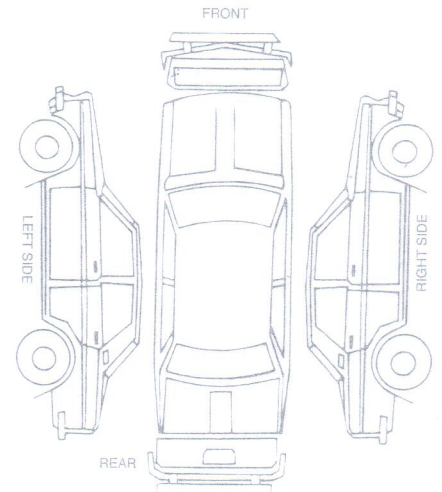
JTDKB3FU403538522

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 23.04.2021
NATURE: 3P 23.4.2021

/NO LABOR CODE DESCRIPTION



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

No.: SHA 958L JU TOKIO LKK

Vehicle No.: SHA 958L

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CCPL

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.:	SHA958L	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS TAXI, 1.8 (A)	Vehicle Reg. Date:	09/12/2016
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	2ZRR968181	Chassis No:	JTDKB3FU403538522
Odometer:	0 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,064.00
Miscellaneous Items	11.00
Labour	780.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,855.00
+ GST 7.00% (S\$)	129.85
Nett Amount (S\$)	1,984.85

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 23 Apr 2021)**Parts:** 144 TOYOTA PRIUS TAXI 1.8 (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHA958L/23/04/2021 16:38**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		*REAR BUMPER ASSY	25.00	0.00	*458.60 FL <i>XR</i>
2	1		*REAR BUMPER MOULDING CTR	25.00	0.00	*552.60 FL <i>DEF</i>
3	1		*REAR BUMPER BEAM	25.00	0.00	*318.80 FL <i>?</i>
4	10		*REAR BUMPER CLIPS	25.00	0.00	*22.00 FL <i>XNW</i>
5	1		*REAR BUMPER MAT	0.00	0.00	*50.00 F <i>NBC</i>

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	1,402.00
- List Item Discount on L Items (S\$)	338.00
Total Parts (S\$)	1,064.00

ComfortDelGro Engineering Pte Ltd/SHA958L/23/04/2021 16:38. Not valid without Reference section.
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 (\$\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	350 400.00
2	SPRAYPAINT	New	250 300.00
3	REMOVE/REFIX REVERSE SENSOR	New	30 80.00
Gross Labour Cost (\$\$)			780.00

ComfortDelGro Engineering Pte Ltd/SHA958L/23/04/2021 16:38. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

NAZ LKK
26/4/2021 1415
L/S
2 DAD
CHECK HEM 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: