(US/13 (A) REF:	LOKE
ASS REC. BY: NAZ NS (NC 21005	208 1190
ASSIG	NMENT 2 24 B
From: Date:	Veh No: SHA 8317 J Yr Regn: 9 DE 6 2016
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
	Make: Toyota PRIUS (C.C) 1,798
To Inspect Vehicle No:	Colour VELLOW A/C: (Insured Std / NI / NA
at Workshop m/s	Sp.Reading 455, 260 T/Radio Insured 1std / NI / NA
of	
Insured:	C/No: JTDK B3 FUX 0.35 386 99
Policy No.	Gen. Cond: Good / Fair / Poor / Burnt
Claims No. MT/1129446-002	Steering: (norder / Jammed / Leaked / Burnt or
Sum Insured: Excess:	Brake: (norder/ Jammed / Leaked / Burnt or
(Client's Record)	Modi: Nil / S/Rim / STDA/Rim or
Make of Veh:	Tyre Size: F: 195/65 RIS
	R:
(Policy Condition) N/S O/S	DO LEUN / EXNOVA / GY / ES / LIZA / MIC / OHTSU / PIR / SUMI / - Tyre
Remark: The veh had commenced its repair at the time of inspection.	TOYO/YOKO or WESTLAKE brands
repair at the time of mapecularity	Rear
Bal. or Market Value:	R/Bal. Mm R/Bal. 4 mm
IDAC Accident Rport: Consistent? : Yes or No	L/Bal. L/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	D.O.A. 2314(2021 D.O.I. 26/4/2021
Est. Repairs: days Res.: Yes or No	2-4-C
Lum Sum: % 3 Val.: Yes or No	Des. of Damages : Frt Rear O/S N/S U/C Rooftop or
CA / REV / REP. / 24 HRS	
Venicle: IN 7001	The U/C / Chassis frame / Body Structure affected due to collision.
Date:Person Contacted:	INC 45
Date / Time Action / Instruction 201/2021 FINALIZED LUMP SUM REPORT	R \$1500,00/1 DAY
2914/2021 FINALIZED CUM SUM REPORT	
() () () () () () () ()	
-	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
	Resurvey No. of Trip: Survey Fee:
1) 30/04 Typist : Final Report	Transportation:
Add Fe	e: : Site Insp (\$)S+RS,SI
2)	: Interview (\$) Photos
Towns Towns To	: Tech. Invs (\$) Others
Report Format:	: Weekend (\$
Lump Sum / I.B.1: (\$	TOTAL

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHA8317J

DOA:23.04.2021

Date: 26.04.2021

Make

: Toyota

Insurance: NTUC

Model

: Prius (G4A)

MVA: MS. LOKE YY

ty Parts Description / L	abour	Туре	Unit Price	Amount
1 REAR BUMPER				CRX \$499.90
10 REAR BUMPER CLIPS				\$22.00
1 REAR BUMPER LOWER COVER				\$552.60
	SUB TOTAL		1,553,3	\$1,074.50
	LESS 25%			\$268.63
	DISCOUNTED TOTAL		1164.98	\$805.88
1 REAR REVERSE SENSOR				\$135.70
1 REAR BUMPER MAT				NEC \$50.00 \$185.70
Labour Charge				
PANEL BEATING				/350 \$400.00
SPRAY PAINTING CHARGE				/250 .\$300.00
REMOVE/REFIX REVERSE SENSOR				/30 \$60.00
TUFF KOTE				/40 \$50.00
	TOTAL LABOUR			\$810.00
Balance Services and the service of	ESTIMATE TOTAL		The same state	\$1,801.58

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.

NAZ LXX 2614/2021 1330 L/S 2 DAY RESER REPAR 97000

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:



ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops 205 Braddell Road Singapore 579701 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717

Date/Time: 26.04.2021 11:02

REGN NO.: SHA8317J

Page: 1

Team: STOMER ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO::305465429

MILEAGE

FUEL

/MS

(P)

CITYCAB PTE LTD

7010070

STOMER NO. 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65551188 .. (R)

TOYOTA MODEL PRIUS HYBRID(G4)24.04.2021 10:15

JTDKB3FUX03538699

DATE/TIME IN

YR OF MANU. 09.12.2016

MAKE:

TARGET DATE

CHASSIS CODE

COMPLETION DATE/TIME:

COUNT CARD NO.

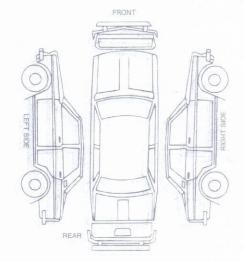
JOB DESCRIPTION

Accident Date: 23.04.2021 NATURE: 3P 23.04.2021

S/NO

LABOR CODE

DESCRIPTION



ECKED & PASSED OUT BY:		
SERVICE ADVISOR		CUSTOMER'S SIGNATURE
wledgement Slip	Exit Pass	
:	Vehicle No.:	

of Service Advisor

le No.:

Signature/Date

YY NTUC

Name of Service Advisor

Date

SHA8317J

returned to Service Reception upon collection

SHA8317J

To be kept by Security Guard

SJ04214P0002 / JP Knights Pte Ltd ENTRY DATE & TIME: 25/04/2021 10:57 (SGT) SUBMITTED BY: Ashikin VERSION: 1 (25/04/2021 10:57 (SGT))



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 witholding 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 Date of Accident

Exact Location of Accident Additional Location Information Country/State of Loss

25/04/2021 10:57 (SGT) 23/04/2021 17:10 (SGT)

Boundary Rd & Upper Serangoon Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHA8317J

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

CITYCAB PTE LTD

1XXXXX839G

fleetsafety@cdgtaxi.com.sg

(Phone) +65-97634464

(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Toyota

Prius

Private hire

No - Claiming third party

Auto

1798

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy Policy Number

Cover Note Number

AXA Insurance Pte Ltd ThirdPartyFireTheft

Yes

VFX/P2419140

DRIVER

Name of Driver NRIC No

NG KEE LONG SXXXX491E



Date Of Birth 20/11/1963 Occupation Outdoor Date Of Driving Pass 30/12/1983 Driving experience 37 YEARS AND 4 MONTHS Gender Male Mobile Number (Phone) +65-97634464 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sq Address BLK 464 UPPER SERANGOON ROAD #06-1219 Address complement Postcode 530464 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? 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 Female DETAILS OF POLICE ACTION No No If yes, against whom? CIRCUMSTANCES OF ACCIDENT

Was the accident reported to the police? Was notice of intended Prosecution given?

I WAS STATIONARY AT THE SLIP ROAD TO ENSURE NO ONCOMING VEHICLES, SUDDENLY VEHICLE B HIT MY REAR TAXI. MY PASSENGER'S HEAD HIT THE FRONT SEAT HEAD REST. MYSELF HAVE 2 DAYS MC. VIDEO CAPTURED INCIDENT.

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMR7609A Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour
Vehicle Category
Name of Driver
NRIC No
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
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

NG KEE LONG

A KEE LONG

DAYS MC

DAYS MC

SHA8317J

No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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
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- 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
- Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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
- (i) investigating the accident and/or my claims;
- (ii) 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
- (v) complying with applicable law in administering, processing, handing 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	Driver's Signature of driver is not the policyholder) / De & Time	Personnel Od Haghin
Sketch Plan		10:30hs 24/4/2
		A-SHA8317
	130	B-SMR76091
Upp Sevangeon	7	
3	\$ \ (B) \	
5	曼人人	

escribe Circumstances of		00001 00
ensure no	afranary of the 81:p	raad /
vehsale B	oncoming volices	& suddenly
head Lid 1	my my rear paxi.	My passenger
1	he front stat hand re	ST: Myself
have 2 days	MC. VIOLO captured	ineident.
	1	
	A	
aration		
Jaradon		
declare the foregoing particular	s are true in every respect.	
		^
	W	
yholder's Signature / Date &	Driver's Signature (¥ driver) is not the policyholder) / Date	Witnessed by Reporting Centre
yholder's Signature / Date &	Driver's Signature (¥ driver)s not the policyholder) / Date & Time	Witnessed of Reporting Centre Personnel Dol Hermin 10:20 cm 24/4/











