

ASS. REC. BY: Denise NA2 REF: NS/INC 21005386/NTC INC LOKE LIS

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/1130574-001
 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 |
| LMS | RMS |

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: SH 6224P Yr Regn: 3 OCT / 2017
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____

Make: TOYOTA PRINS HYBRID (cc) 1,785
 Colour: BLUE A/C: Insured / Std / NI / NA
 Sp. Reading: 485,954 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: JTDKB3FU403564974

Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD / Rim or
 Tyre Size: F: 195/65 R15
 R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / tyre brand
 TOYO / YOKO or WESTLAKE

| | |
|-------------------------|-------------------------|
| Front | Rear |
| R/Bal. <u>5</u> mm | R/Bal. <u>5</u> mm |
| L/Bal. <u>5</u> mm | L/Bal. <u>5</u> mm |
| D.O.A. <u>29/4/2021</u> | D.O.I. <u>30/4/2021</u> |

Survey held at CDCE LOYANG
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
FRONT OFFSIDE NEARSIDE

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

| Date / Time | Action / Instruction |
|-----------------|---|
| <u>3/5/2021</u> | <u>FINALIZED LUMP SUM REPAIR \$1,850.00 / 2 REPAIR DAYS</u> <u>(Red: 977.58, 250%)</u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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

1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

____ S + RS. ____ SI

Photos

Others

TOTAL

Report Format : TP

Lump Sum / I.B.I: (\$ 1850)

Date/Time: 30.04.2021 09:27

Page : 1

JOB CARD

Sales Order: 4073818

JC NO.: 305466394

Team: ARC Repair TP(CLSO)1

CUSTOMER

MR/MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL. (R) 65508755 (O)
(P)

DISCOUNT CARD NO.

REGN NO.

SH 6224P

MILEAGE

MAKE

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)29.04.2021 15:30

DATE/TIME IN

YR OF MANU.

03.10.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU403564974

COMPLETION DATE/TIME

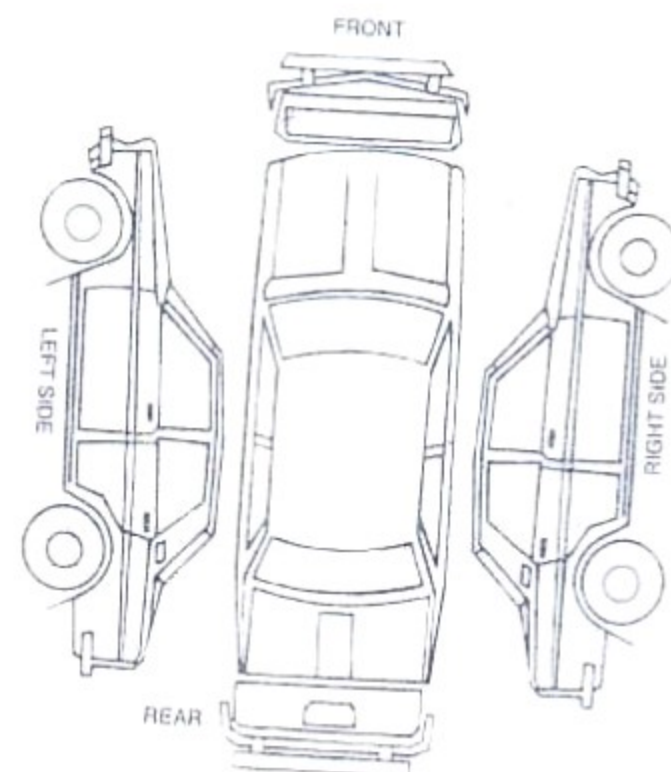
Accident Date: 29.04.2021
NATURE: 3P 29.04.2021

JOB DESCRIPTION

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

No.: SH 6224P

YY NTUC

Exit Pass

Vehicle No.:

SH 6224P

Signature of 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 | 29/04/2021 17:35 (SGT) |
| Date of Accident | 29/04/2021 14:13 (SGT) |
| Exact Location of Accident | Bukit Batok Rd, Singapore |
| Additional Location Information | Towards Jurong Town Hall |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SH6224P |
|-----------------------------|---------|

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) +65-96414581 |
| 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 | LIM BOON GIAP |
| NRIC No | SXXXX739I |

| | |
|--|---------------------------------------|
| Date Of Birth | 28/06/1954 |
| Occupation | Outdoor |
| Date Of Driving Pass | 15/11/1977 |
| Driving experience | 43 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96414581 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 724 BEDOK RESERVOIR ROAD #08-5234 |
| Address complement | - |
| Postcode | 470724 |
| 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 29/04/2021 @ 1413HRS, I WAS DRIVING MY VEHICLE SH6224P ALONG BT BATOK RD. UPON REACHING JUNCTION, IT WAS AMBER TRAFFIC LIGHT TURNED TO RED. I STOPPED MY VEHICLE. WHILE MY VEHICLE WAS STATIONARY FOR FEW SECONDS, ONE MOTORBIKE FBN4025E HIT ONTO MY REAR BUMPER. WE NEVER EXCHANGED PARTICULARS AS I WROTE DOWN HIS PLATE NUMBER AND HE ASKED ME TO REPORT TO COMFORT AND LEFT THE SCENE. MOTORIST NEVER FALL DOWN. NOBODY WAS INJURED.

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 | FBN4025E |
| Vehicle Manufacturer | - |

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

SKETCH PLANIMPORTANT 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

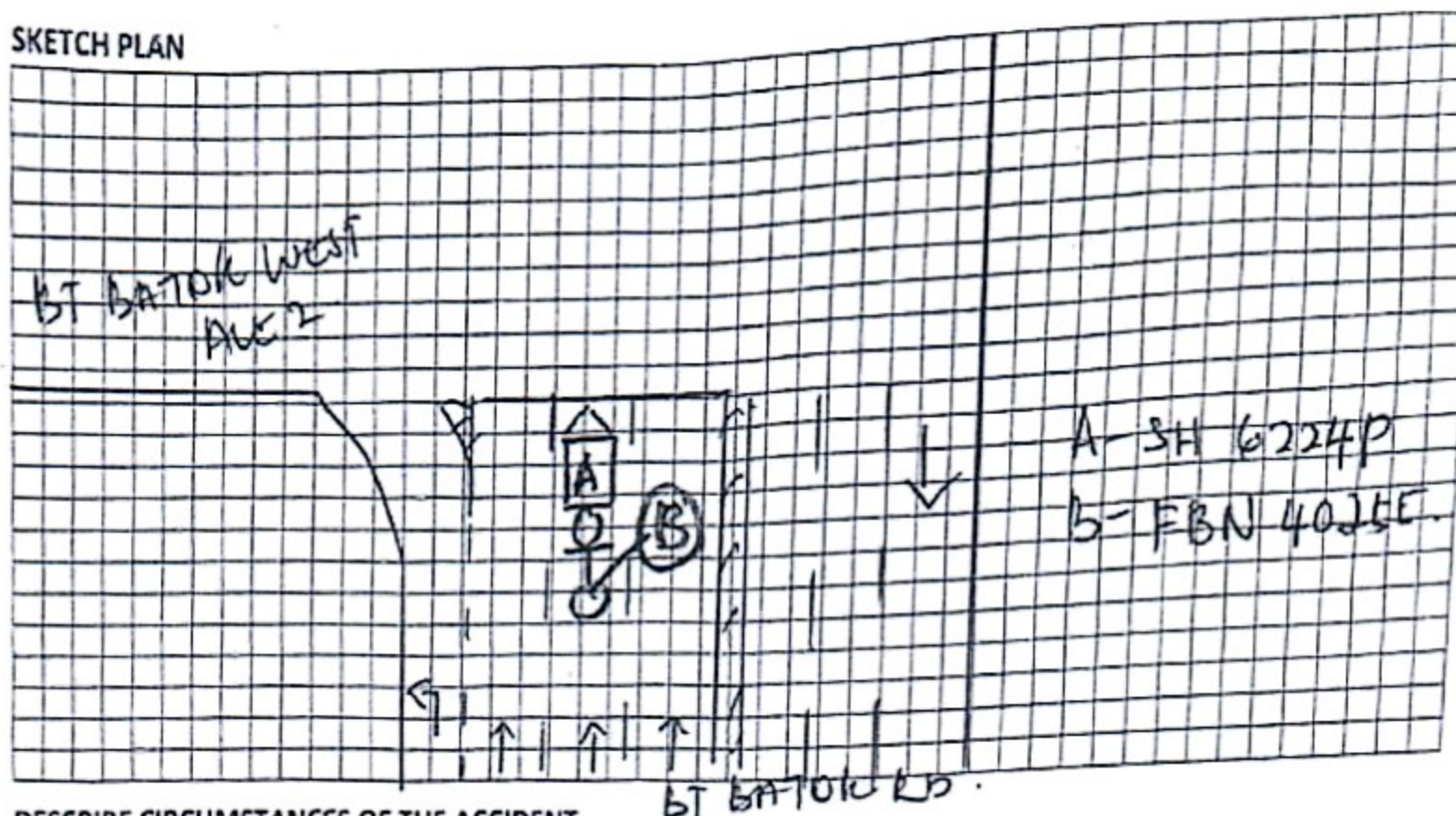
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Kharmay*
NRIC/FIN No.:

29/4/2021 -
1640H

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/4/2021 @ 1413 hrs. I was driving my vehicle SH 6224P along BT BATOK RD. Upon reaching junction, it was amber traffic light turned to red. I stopped my vehicle. While my vehicle was stationary for few seconds, one motorcycle FBN 4025E was hit onto my rear bumper. We never exchanged particulars as I wrote down his complete number and he asked me to report to comfort and left the scene. Motorist never felt down. Nobody was injured.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

GIARMC SketchPlanForm_V1

Driver's Signature

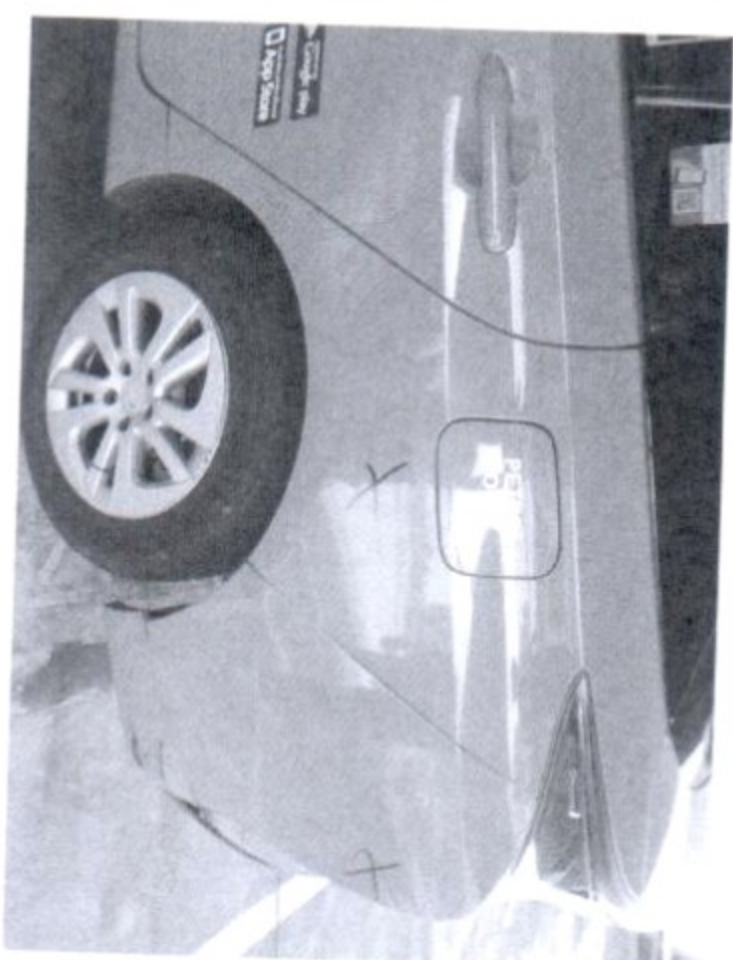
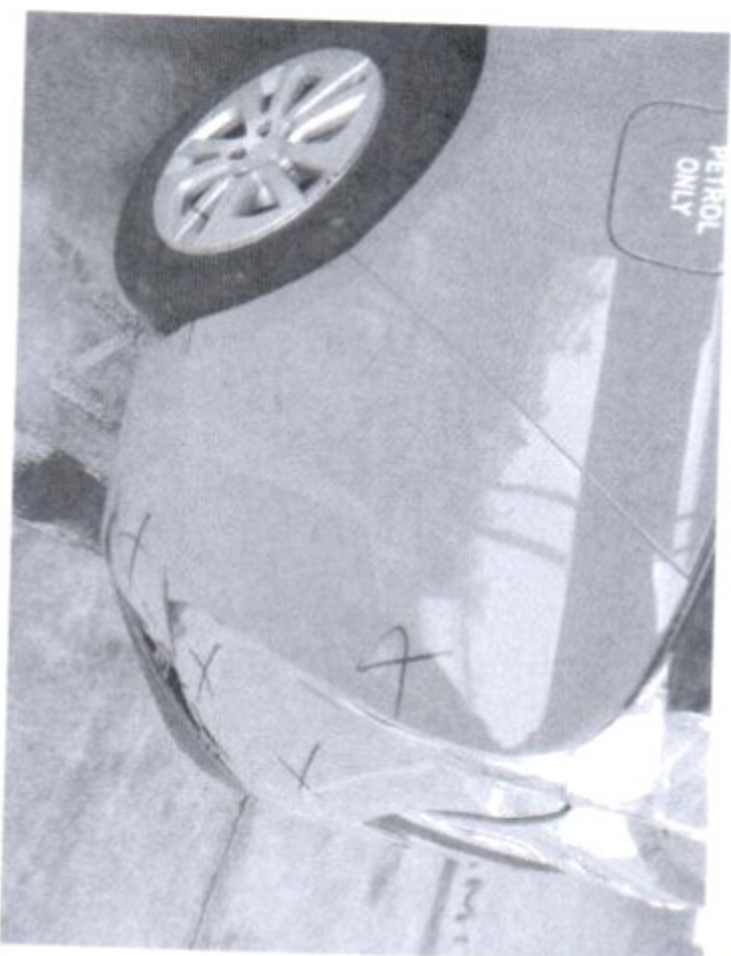
(If driver is not the policyholder)

Date & Time: 24/4/2021 - 1640H

Reporting Centre Personnel's Signature

Name: Khanawaf

NRIC/FIN No.:



REPAIR ESTIMATE

DOA:29.04.2021

Date: 30.04.2021

Insurance: NTUC

MVA: MS. LOKE YY

NA2 CLK
30/4/2021 1345
4/5
2 DAYS
AFTER REPAIR PHOTOS

Acknowledged by Repairer
Signature: _____
Date: _____

COMFORT DELGRO ENGINEERING

VEHICLE I SH6224P
NTUC
305466394

TYPE OF C: TP
SURVEY B': LKK/ NAZ
DATE : 03/05/21

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

| DESCRIPTION | QTY | ESTIMATE | \$ | REMARKS |
|------------------------------|-----|----------|---------|---------|
| REAR TRUNK LID LOGO (HYBRID) | 1 | | \$52.40 | NEC |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | TOTAL | \$52.40 | |
| | | | | |
| | | | | |