

ASSIGNED BY: Tajmir TM1

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. \_\_\_\_\_  
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
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ 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

CA / REV / REP. / 24 HRS

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

Veh No: SHU 6214K Yr Regn: 2019 / May  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Prius C.C. 1798

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

Sp. Reading: 271777 T/Radio: Insured / Std / NI / NA

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

C/No: STDK33E 400308 1109

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / STD / STD A/Rim or

Tyre Size: F: 185/65R15

R: 22

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

TOYO / YOKO or Workshop

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

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

D.O.A. \_\_\_\_\_ D.O.L. 7/5/21

Survey held at Workshop

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

3 + RS. \$

Photos

Other:

Total

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Travel (\$

Payment Method:

Lump Sum / B.D.:

## 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

*Jumani*  
*CP/P*

**PARTICULARS OF CLAIM**

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	06/05/2021
Vehicle Reg. No.:	SHA6214K	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS HYBRID, 1.8 CVT (A)	Vehicle Reg. Date:	31/05/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZR2C24969	Chassis No:	JTDKB3FU003081109
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	581.67
Miscellaneous Items	11.00
Labour	700.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>1,292.67</b>
<b>+ GST 7.00% (S\$)</b>	<b>90.49</b>
<b>Nett Amount (S\$)</b>	<b>1,383.16</b>

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

**REPAIR DETAILS****Reference**

<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 07 May 2021)
<b>Parts:</b>	144	TOYOTA PRIUS HYBRID 1.8 CVT (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	ComfortDelGro Engineering Pte Ltd/SHA6214K/07/05/2021 09:01	
<b>Validity:</b>	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	
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.	

**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FERT BUMPER ASSY	25.00	0.00	2499.90 FL
2	10		*FERT BUMPER CLIPS	25.00	0.00	22.00 FL
3	1		*FERT BUMPER EMBLEM	25.00	0.00	88.00 FL
4	1		*FRT NUMBER PLATE W/CASING	0.00	0.00	50.00 F
5	1		*FRT NUMBER PLATE MOULDING	25.00	0.00	99.00 FL

F=Franchise part. L=ListItemDisc.

<b>Sub Total (\$\$)</b>	<b>758.90</b>
<b>- List Item Discount on L Items (\$\$)</b>	<b>177.23</b>
<b>Total Parts (\$\$)</b>	<b>581.67</b>

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Generated using Merimen e-Claims IEAS

5/7/2021

Repairer Estimates

## Estimates on Miscellaneous Items

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

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	350 400.00
2	SPRAYPAINT	New	250 300.00
Gross Labour Cost (S\$)			700.00

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&lt; END OF ESTIMATES &gt;

Tanpin 27495719  
7/5/20 @ 230 pm

2 days  
p/p resurvey new parts, after repair  
tanpin @ 16h auto con

**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:

Date/Time: 07.05.2021 08:48

Page : 1

Team: ARC Repair TP(CLS0)1

**JOB CARD** Sales Order:

JC NO.:305467585

Customer: COMFORT TRANSPORTATION PTE LTD  
Customer No: 7010045  
Address: 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
Phone: (R) 65508755 (P) (O)

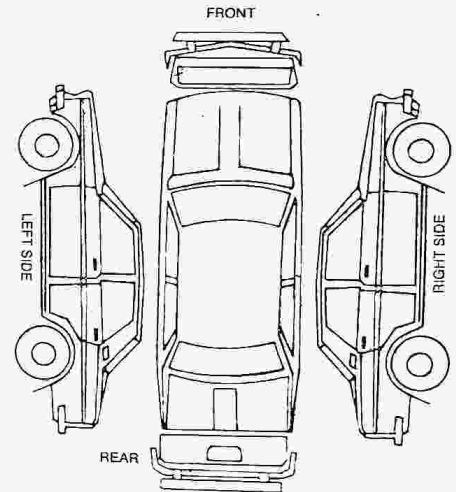
REGN NO: <b>SHA6214K</b>	MILEAGE
MAKE: <b>TOYOTA</b>	FUEL E.....1/2.....F
MODEL <b>PRIUS HYBRID(G4)06</b>	DATE/TIME IN <b>05.2021 13:25</b>
YR OF MANU. <b>31.05.2019</b>	TARGET DATE
CHASSIS CODE <b>JTDKB3FU003081109</b>	COMPLETION DATE/TIME:

IDENTIFICATION CARD NO.

### JOB DESCRIPTION

Accident Date: 06.05.2021  
Accident Time: 3P 06.05.2021

SLIP NO LABOR CODE DESCRIPTION



ISSUED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

Vehicle No.:

SHA6214K

JU TOKIO LKK

SHA6214K

Service Advisor

Signature/Date

Name of Service Advisor

Date

Handed 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 ..... 06/05/2021 20:35 (SGT)  
Date of Accident ..... 06/05/2021 09:30 (SGT)  
Exact Location of Accident ..... Kampong Bahru Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHA6214K  
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) +65-94524968  
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 ..... WONG LEE SUNG  
NRIC No ..... SXXXX613D

Date Of Birth	03/12/1968
Occupation	Outdoor
Date Of Driving Pass	18/06/1991
Driving experience	29 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94524968
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 49 CIRCUIT ROAD #03-763
Address complement	-
Postcode	370049
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 - Major/Minor Rd
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	PASSENGER
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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	SLM2522L
-----------------------------	----------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98220930
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

# INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	WONG LEE SUNG
Address	BLK 49 CIRCUIT ROAD #03-763
Address Complement	-
Post Code	370049
Approximate Age Years Old	-
Injuries Sustained	DONT FEEL WELL
Injured person in which vehicle?	SHA6214K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



## SKETCH PLAN

## IMPORTANT NOTICE

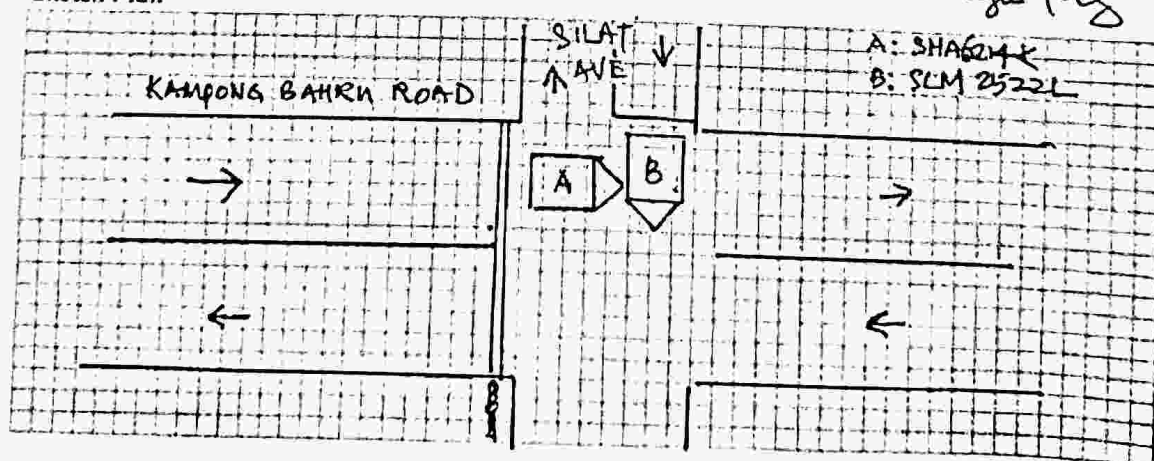
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.
  - (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  
 06.05.2021 1430 HRS

Witnessed by Reporting Centre Personnel  
 Kye Yung

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT

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



**SINGAPORE  
POLICE FORCE**



T/20210506/2041

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

1 of 3

Report No. T/20210506/2041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/05/2021 12:42		Vide Report No.:		Station Diary No.: 38	
<b>Informant's Particulars</b>					
Name of Informant: WONG LEE SUNG			Address: APT BLK 49 CIRCUIT ROAD #03-763 SINGAPORE 370049		
ID Type / ID No.: NRIC NO / S6845613D			Contact No.: Home/Office: Mobile: 94524968		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 03/12/1968	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2021 09:30	Type of Location: Straight Road
Location:  KAMPONG BAHRU ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA6214K	Car					1
SLM2522L	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE  
POLICE FORCE**


T/20210506/2041

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

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Report No. T/20210506/2041

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	WONG LEE SUNG	ID No.	S6845613D
Related Vehicle	SHA6214K (Car)	Contact No.	94524968
Hospital/Clinic	CALROSE MEDICAL FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/05/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

**Brief Details.**

On 06/05/2021 at about 0930hrs, I was driving my taxi, a blue Comfort Delgro taxi bearing vehicle number SHA6214K, along KAMPONG JAVA RD towards JALAN BUKIT MERAH. There is one passenger onboard my vehicle. As I was approaching SILAT AVENUE, I saw vehicle SLM2522L at the junction of Silat Avenue and Kampong Java Rd. SLM2522L was still at the stop line of Silat Avenue when I was approaching the said junction. I wish to state that there was no traffic light at the said junction and it was a give way type. As I reached the junction, SLM2522L suddenly moved forward and I could not stop in time and collided onto the said vehicle. I collided onto the right front driver side wheel portion.

After the collision, we alighted from the vehicle and exchanged contact number. No one informed that they were injured.

Later the day, I felt pain on my right shoulder and back. I consulted the doctor and was given 5 days MC.

C'



**SINGAPORE  
POLICE FORCE**



T/20210506/2041

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

3 of 3

Report No T/20210506/2041

**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:

F /

Sgt 3 LOUIS SEAH ZHENG LIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/05/2021 12:42

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168

