

ASS. REC. BY: Taylor

REF: NS/INC 21006351 / 71tc

### 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/1133285-002  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

N/S	O/S
	X

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ 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 WP  
 Date: \_\_\_\_\_ Person Contacted: Ms Loh Vehicle: IN / OUT

Veh No: SHC 88 33A Yr Regn: 2020, Sep  
 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: \_\_\_\_\_ T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: STDK153F4603091496  
 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: 195/65R15  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Davanti  
 Front Rear  
 R/Bal. 6 mm R/Bal. 6 mm  
 L/Bal. 6 mm L/Bal. 6 mm  
 D.O.A. \_\_\_\_\_ D.O.I. 1/6/21 @ 445pm  
 Survey held at Comport Logan  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
11/6	\$1060.95 <u>current</u> to <u>Ms Loh</u>
	<b>COR \$1060.95, 2 days.</b>
	<b>red.: 778.20; 42%</b>

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

1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) \_\_\_\_\_

Report Form: \_\_\_\_\_  
 Lump Sum / L.B.A. ( ) \_\_\_\_\_

Days Of Repair: 2  
 Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee: _____	<input type="checkbox"/> S + RS. <u>SI</u> <input type="checkbox"/> Photo <input type="checkbox"/> Others <b>TOTAL</b>
Transportation: _____	
_____	
_____	
_____	

**COMFORT TRANSPORTATION PTE LTD**

**REPAIR ESTIMATE**

Vehicle No. : SHC8833A

Make : Toyota

Model : Prius (G4A)

Date: 01/06/21

Insurance: NTUC

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER			\$499.90
10	REAR BUMPER CLIPS			\$22.00
1	REAR BUMPER LOWER COVER			\$552.60
1	REAR BUMPER TOWING COVER			\$82.70
1	REAR BUMPER REFLECTOR LAMP RH			\$55.00
<b>SUB TOTAL</b>				\$1,212.20
<b>LESS 25%</b>				\$303.05
<b>DISCOUNTED TOTAL</b>				<b>\$909.15</b>
<b>574.60</b>				
<b>430.95</b>				
1	REAR BUMPER REVERSE SENSOR	-10.00%		\$135.70
1	REAR BUMPER RUBBER MAT			\$50.00
<b>Labour Charge</b>				
	PANEL BEATING		\$50	\$400.00
	SPRAY PAINTING CHARGE		250	\$300.00
	WIRING CHARGE		10 x	\$50.00
	REMOVE/REFIX REVERSE SENSOR		30	\$80.00
	TUFF KOTE		100 x	\$50.00
<b>TOTAL LABOUR</b>				<b>\$880.00</b>
<b>ESTIMATE TOTAL</b>				<b>\$1,839.15</b>
<b>630</b>				
<b>\$1060.95</b>				
<b>2 days</b>				

By  
~~de~~  
 x u y  
 x u y

x u y  
 x u y

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.

Tanphie 97415749

'WP' 1/6/21 @ 445

2 days

Davanti

plp Resurvey after repair.

Tanphie@lkkauto.com

**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:

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: 4085118 JC NO.:305471330

STOMER  
/MS COMFORT TRANSPORTATION PTE LTD  
STOMER NO. 7010045  
DRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
.. (R) 65508755 (O)  
(P)  
COUNT CARD NO.

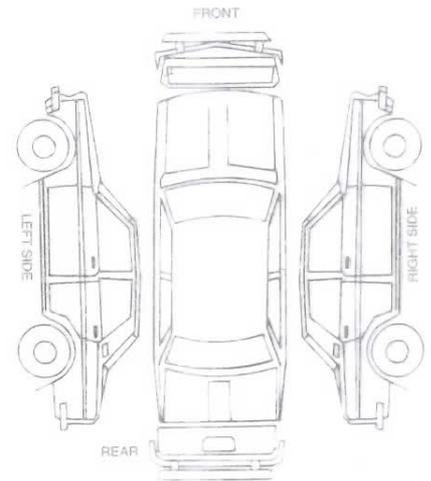
REGN NO: <b>SHC8833A</b>	MILEAGE
MAKE: <b>TOYOTA</b>	FUEL E.....1/2.....F
MODEL <b>PRIUS HYBRID(G4A30)</b>	DATE/TIME IN <b>05.2021 16:00</b>
YR OF MANU. <b>30.09.2020</b>	TARGET DATE
CHASSIS CODE <b>JTDKB3FU603091496</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 30.05.2021  
NATURE: 3P 30.05.2021

S/NO                      LABOR CODE                      DESCRIPTION

NTUC - FT6841Z.



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHC8833A**                      **YY NTUC**

Vehicle No.: **SHC8833A**

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	31/05/2021 10:13 (SGT)
Date of Accident	30/05/2021 12:10 (SGT)
Exact Location of Accident	Holland Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8833A
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) +65-92336678
Alternative Phone No	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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 CHYE SENG
NRIC No	SXXXX077Z

Date Of Birth	25/11/1969
Occupation	Outdoor
Date Of Driving Pass	27/03/1987
Driving experience	34 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92336678
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 363C SEMBAWANG CRESCENT #15-761
Address complement	-
Postcode	753363
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	Male

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

30/2021 12:10HRS AT THE TRAFFIC LIGHT OF HOLLAND RD GOT ONE CAR IN FRONT OF ME SUDDENLY E-BRAKE AND AFTER NOTICED I MANAGED TO STOP IN TIME TO AVOID COLLISION.HOWEVER VEHICLE B UNABLE TO STOP IN TIME AND HIT MY TAXI REAR PORTION. NO INJURY INVOLVE.

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	FT6841Z
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	LIM SHENGLONG
NRIC No	TXXXX806J
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 PLAN**

**IMPORTANT NOTICE**

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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

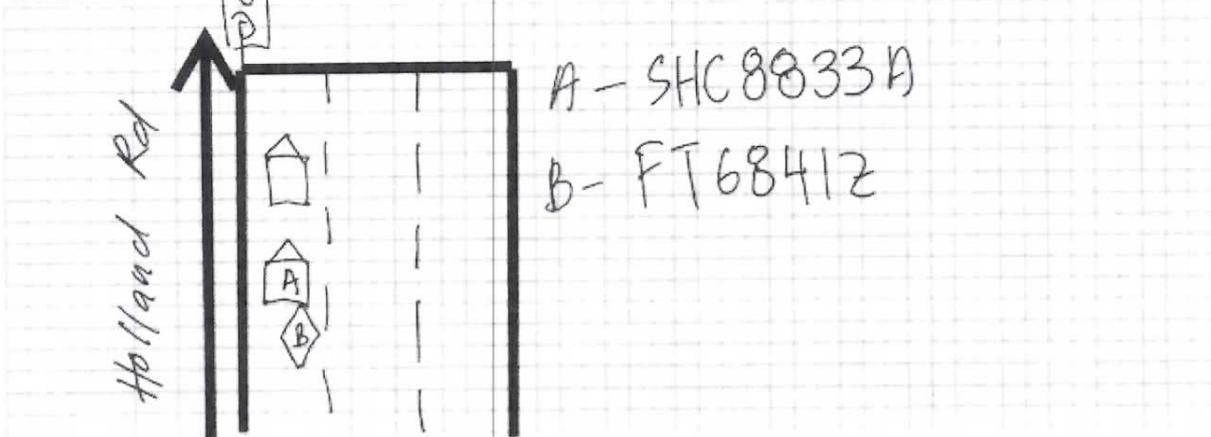
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

30/2021 12:10HRS AT THE TRAFFIC LIGHT OF HOLLAND RD  
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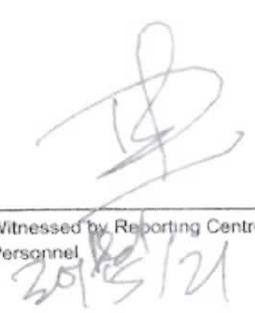
**Declaration**

I/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



Handwritten signature and date 20/5/21

