

ASS. REC. BY: Taylor

REF:

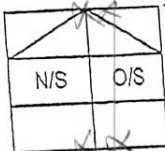
INC

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.



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

Date: _____ Person Contacted: Wm

Vehicle: IN / OUT

Veh No: SHC 1192L Yr Regn: 2017 June
 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: 425855 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: JTDKB3FYX03561156

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 195/65R15

R: 2

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

TOYO / YOKO or Westlake

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A.

D.O.I. 3/6/21

Survey held at Comfort Lodge

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / 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)

Report Format: _____

Lump Sum / L.B. / % _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photoe

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

LKK-

DATE: 3-Jun-21

INSURANCE: NTUC (45)

MODEL: Toyota Prius

MVA: LIM T S

VEHICLE NO.: SHC1192L

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Trunk Outer Garnish	1		\$889.70
	Rear Trunk Lid Logo (Prius)	1		\$60.80
	Rear Trunk Lid Logo (Hybrid)	1		\$52.40
	Rear Trunk Lid Logo (Toyota Star)	1		\$52.90
	Rear Bumper	1		\$458.60
	Rear Bumper Re-Inforcement	1		\$318.80
	Rear Bumper Lower Cover-Black	1		\$552.60
	Rear Bumper Side Retainer (RH)	1		\$112.70
	Rear Bumper Extension (RH)	1		\$232.00
	Rear Bumper Clips	10	\$2.20	\$22.00
	Rear Bumper Tow Cover	1		\$82.70
	Tail Lamp Assy (Upper) RH	1		\$557.90
	Tail Lamp Assy (Lower) RH	1		\$548.40
	Frt Bumper	1		\$499.90
	Frt Bumper Lower Grille	1		\$166.90
	Frt Under Cover	1		\$334.60
	SUB TOTAL			\$4,942.90
	LESS 25%			\$1,235.72
	DISCOUNTED TOTAL			\$3,707.17
	Reverse Sensor	1		\$135.70
	Rear Bumper Mat	1		\$50.00
	Rear Trunk ComfortDelGro	1		\$30.00
	Rear Trunk 65521111	1		\$30.00
	Rear Trunk APPS	1		\$40.00
				\$285.70
	NETT SUB TOTAL			\$285.70
	LESS 10%			\$28.57
	NETT TOTAL			\$257.13
	TOTAL SPARE PARTS			\$3,964.30
	Panel Beating			\$800.00
	Spray Painting Charge			\$600.00
	Remove/Refix Reverse Sensor			\$120.00
	TOTAL LABOUR			\$1,520.00
	ESTIMATE TOTAL			\$5,484.30

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

Labour Charge

Acknowledged by Repairer

Signature:

Date:

Panel Beating

Spray Painting Charge

Remove/Refix Reverse Sensor

Tanphee 87441749

4/5 Resurvey after repair

3/6/21 4pm

o Sdeys

TOTAL LABOUR

ESTIMATE TOTAL

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.

Tanphee 87441749

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305471927

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

Document Card No.

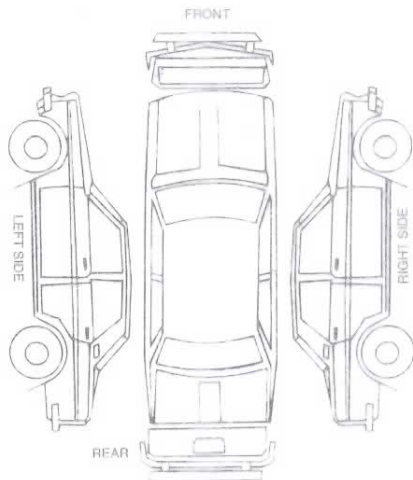
REGN NO.: SHC1192L	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)03	DATE/TIME IN 06.2021 09:30
YR OF MANU. 29.06.2017	TARGET DATE
CHASSIS CODE JTDKB3FUX03561156	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 02.06.2021
Nature: 3P 02.06.2021

Job No LABOR CODE

DESCRIPTION



Handed & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Handgement Slip

Exit Pass

Vehicle No: SHC1192L LIMITS

Vehicle No.: SHC1192L

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	03/06/2021 13:19 (SGT)
Date of Accident	02/06/2021 21:30 (SGT)
Exact Location of Accident	Opp Blk 465A, Singapore
Additional Location Information	BUKIT BATOK WEST AVENUE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1192L
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) +65-90084070
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	ARULANANTHAN S/O NALATHAMBY
NRIC No	SXXXX780I

Date Of Birth	10/06/1972
Occupation	Outdoor
Date Of Driving Pass	09/07/2010
Driving experience	10 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90084070
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 489D CHOA CHU KANG AVENUE 5 #04-235
Address complement	-
Postcode	684489
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 020621 AT AROUND 2130HRS, I WAS DRIVING MY VEHICLE A SHC1192L ALONG BUKIT BATOK WEST AVE 5. I WAS SLOWIG DOWN MY VEHICLE AT THE JUNCTION WITH BUKIT BATOK ROAD ON THE EXTREME LEFT LANE AS THE TRAFFIC LIGHT WAS RED IN MY DIRECTION. SUDDENLY VEHICLE B GY7600H CAME AND REAR ENDED MY VEHICLE. THE IMPACT WAS HARD THAT MY VEHICLE MOUNTED THE KERB DAMAGING MY UNDERCARRIAGE. THERE WAS ALSO DAMAGE TO THE REAR BUMPER AND BOOT LID OF MY VEHICLE. I HAVE NECK AND BACK INJURIES

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	FLE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY7600H
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver
Passport No/FIN
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SUBRAMANIAM SEKARAN
FXXXX504W
(Phone) +65-84906422
-
-
-
-
-
2

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?

ARULANANTHAN S/O NALATHAMBY
APT BLK 489 CHOA CHU KANG AVENUE 5 #04-235
-
684489
49
NECK AND BACK INJURIES
SHC1192L
Yes
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 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 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

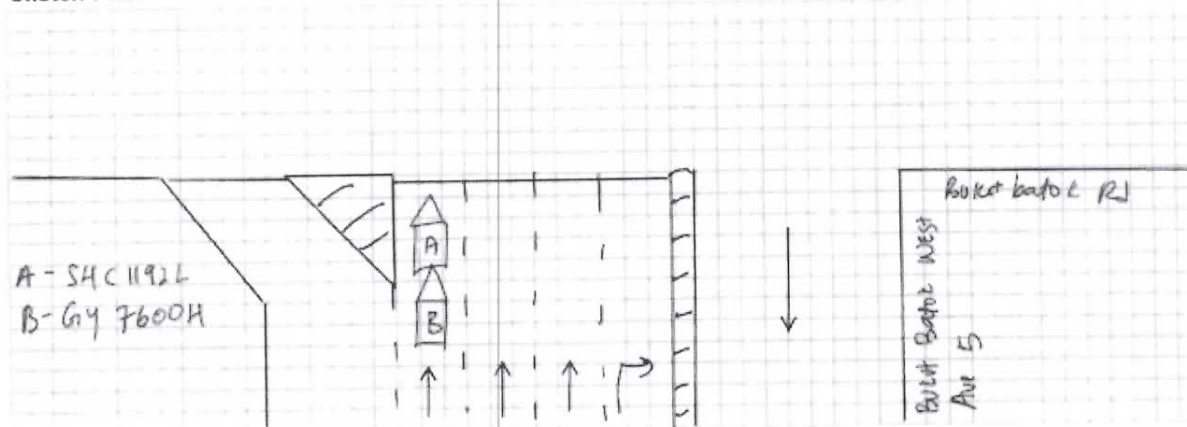
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

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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 3/6/21 0945

Witnessed by Reporting Centre Personnel KHANDEL