

REF:

INC

ASS. REC. BY: Taufik

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MY
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. **MT/1137669-001**
 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

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: **4** days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS **WP**Date: _____ Person Contacted: Jumani

Vehicle: IN / OUT

Veh No: **SHC 3465L** Yr Regn: **299 / Dec.**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Toyota Prius Hybrid** c.c. **1798**
 Colour: **Blue** A/C: Insured / Std / NI / NA

Sp. Reading _____

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **STDKB 3F4 103 089 770**

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: **2 2**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Westlake**

Front

Rear

R/Bal. **6** mmR/Bal. **6** mmL/Bal. **6** mmL/Bal. **6** mm

D.O.A. _____

D.O.I. **14/6/21 24pm**Survey held at **Compt Logam**

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

Frt n/s, n/c.

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

Date/Time Action/Instruction **Ba Heng north**

09/07/21 @ 2.27pm Taufik finalised with Jumani final fig \$10005.17, 4 days. (Red \$7642.87, 43%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 13/07 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Report Formet: _____

TP

Lump Sum / B.B. / 10005.17

Days Of Repair: **4**Resurvey No. of Trip: **2**

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

S + RS. SI

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

REPAIR ESTIMATE

Date : 12/6/2021
Insurance: NTUC
MVA : JUMANI
Admin :

Pg 1

Part No.	Parts Description / Labour	Qty	Unit Price	Amount
	DISCOUNTED TOTAL			\$14,386.14
			NET	\$-
	<u>Labour Charge</u>			
	PANEL BEATING		700	\$1,200.00
	SPRAYPAINT		750	\$800.00
	CHECK WIRING		30	\$50.00
	TUFF KOTE		30	\$50.00
	REMOVE/REFIX UNDER CARRIAGE		150	\$200.00
	ADJUST FOUR WHEEL ALIGNMENT		80	\$120.00
	REMOVE/REFIX AIRCON AND REFILL A/C GAS		? 100	\$120.00
	TOWING FEE		X	\$60.00
	TO DIAGNOSTIC AND RESET FAULT CODE		Report 250?	\$550.00
	TOTAL LABOUR			\$3,150.00
	ESTIMATE TOTAL			\$17,536.14
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be				

Taylor 1747549
 'up' 14/6/21 2:45pm
 r/p survey before paint.
 Taylor 1747549
 3-4 days

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(CLS0)1

JOB CARD

Sales Order: 4088846 JC NO.: 305473281

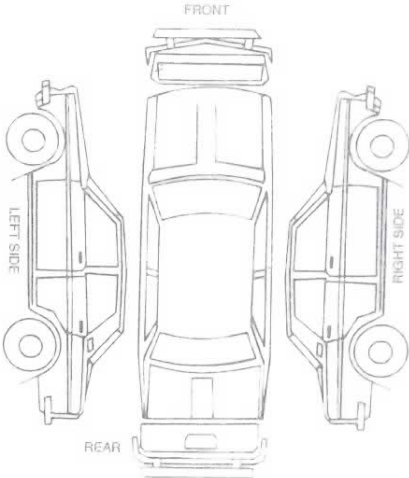
COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
UNT CARD NO.

REGN NO.: SHC3465L	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4A11.06.2021 23:20	DATE/TIME IN
YR OF MANU 05.12.2019	TARGET DATE
CHASSIS CODE JTDKB3FU103089770	COMPLETION DATE/TIME:

Accident Date: 11.06.2021
NATURE: 3P 11.06.2021

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



JO & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ement Slip

Exit Pass

SHC3465L

JU NTUC LKK

Vehicle No.:

SHC3465L

Service Advisor

Signature/Date

Name of Service Advisor

Date

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	13/06/2021 15:13 (SGT)
Date of Accident	11/06/2021 23:23 (SGT)
Exact Location of Accident	Choa Chu Kang East Flyover, Singapore
Additional Location Information	TOWARDS YEW TEE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3465L
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) +65-97655544
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	FAM WUI YIN
NRIC No	SXXXX137C

Date Of Birth	04/12/1976
Occupation	Outdoor
Date Of Driving Pass	31/12/1996
Driving experience	24 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97655544
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	24 WOODLANDS DRIVE 16 #10-10
Address complement	-
Postcode	737881
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	Collided into Motorcyclist
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?	Yes
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 12/06/2021 AT ABOUT 2323HRS I WAS DRIVING MY CAR SHC3465L ALONG CHOA CHU KANG EAST FLYOVER TOWARDS YEW TEE . WHILE I WAS IN THE MOST RIGHT LANE (RIGHT TURN ONLY LANE), WAITING FOR THE TRAFFIC LIGHT TO TURN RIGHT GREEN ARROW. SUBSEQUENTLY, ONCE THE TRAFFIC LIGHT TURNED TO RIGHT GREEN ARROW, I PROCEEDED TO TURN INTO THE ROAD GOING TOWARDS KJE (BKE). WHILE I WAS TURNING INTO THE SAID ROAD, ONE MOTORBIKE FF6006S COME FROM THE OPPOSITE DIRECTION AND COLLIDED ONTO MY FRONT LEFT SIDE OF THE CAR.

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	FF6006S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver
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?

RIDER
-
-
-
-
UNKNOWN
FF6006S
-
Yes

SKETCH PLAN

IMPORTANT NOTICE

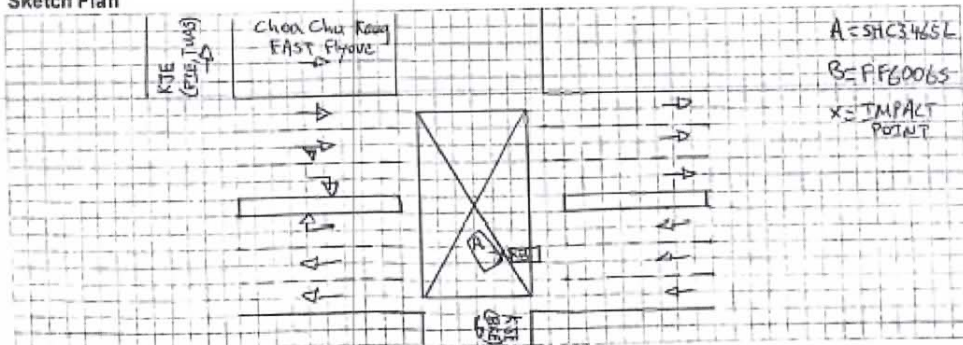
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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' 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 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' 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 (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 12/06/2021 at about 2523hrs I was driving my car (SHC34654) along Choa Chu Kang East flyover towards Yew Tee. While I was in the most right lane (right turn only lane), waiting for the traffic light to turn right green arrow. Subsequently, once the traffic light turned to right green arrow, I proceeded to turn into the road going towards KJE (RKE). While I was turning into the said road, one motorbike (FF60065) came from the opposite direction and collided onto my front left side of the car.

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

Willow for 12/06/2021 @ 2523hrs

gh



SINGAPORE POLICE FORCE



T/20210612/2014

1 of 3

Report No. T/20210612/2014

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/06/2021 09:31	Vide Report No.: J/20210611/0194	Station Diary No.: 22
--------------------------------------------	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: FAM WUI YIN	Address: 24 WOODLANDS DRIVE 16 #10-10 SINGAPORE 737881		
ID Type / ID No.: NRIC NO / S7640137C	Contact No.: Home/Office: Mobile: 97655544		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 44	Date of Birth: 04/12/1976	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: Taxi driver	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/06/2021 23:20	Type of Location: X-Junction
Location: CHOA CHU KANG DRIVE				
Lamp Post Number: 58				
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 - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FF6006S	Motorcycle	YAMAHA	FZ 16	Black		0
SHC3465L	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Blue	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20210612/2014

2 of 3

Report No. T/20210612/2014

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver				
Name	FAM WUI YIN		ID No.	S7640137C
Related Vehicle	SHC3465L (Car)		Contact No.	97655544
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 11/06/21 at about 11:23.p.m, I was driving my taxi bearing vehicle registration number, SHC3465L and was travelling along the Choa Chu Kang Drive, direction heading towards Yew Tee.

Upon reaching at traffic junction of Choa Chu Kang Drive, Choa Chu Kang EAST Flyer over (Lamp Post number 58), I waited for the green light arrow to flash.

I then made a right turn towards Kranji Express Way when the green light arrow flashed. Suddenly, a motorcycle bearing vehicle registration number, FF6006S collided onto the front left portion of my vehicle.

Subsequently, he fell onto the floor and was in his semi-conscious. I alighted from my taxi to render assistance.

We were attended by the traffic police later. The said rider was conveyed by ambulance respectively.

I am lodging this report as advised by Traffic Police.



**SINGAPORE
POLICE FORCE**



T/20210612/2014

3 of 3

Report No. T/20210612/2014

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194

Tel No: 1800-2519999

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:

E /

Sr Staff Sgt TEOH PREECHA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt LIM ENG KUAN, CLARENCE

Contact No.: 65476200



SINGAPORE
POLICE FORCE

SN 168

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:

12/06/2021 09:31

Classification Of Case:

