

ASS. REC. BY:

Tanjah

REF:

04/ALG 21006818/Tip93

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.

N/S	O/S
X	

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SHD 7295D

Yr Regn:

2018, Dec.

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

354965

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDK153F4103071510

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:

195/65K15

R:

a

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.

18/6/2018

Survey held at

Comfort Lodge

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

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Rep. Format:

Lump Sum / L.S. / C

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

S + RS. SI

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHD7295D

17/06/21

MAKE :

CHIANG/AIG

MODEL TOYOTA PRIUS G4

Qty	Parts Description/ Labour	Unit Price	Amount
1	REAR BUMPER		\$458.60
1	REAR UNDER COVER		\$552.60
1	REAR REINFORCEMENT		\$318.80
2	REAR BUMPER SIDE RETAINER RH/LH	\$112.70	\$225.40
1	REAR TOWING COVER		\$82.70
10	REAR BUMPER CLIPS	\$2.20	\$22.00
1	LH TAIL UPPER LAMP		\$557.90
1	LH TAIL LOWER LAMP		\$548.40
1	REAR TRUNK TOYOTA EMBLEM		\$47.00
1	REAR TRUNK PRIUS		\$52.90
1	REAR TRUNK HYBRID		\$52.90
	SUB TOTAL		\$2,919.20
	25.00%		\$729.80
	DISCOUNTED TOTAL		\$2,189.40
1	BOOTLID COMFORT LOGO/ TEL NUMBER		X \$60.00
1	BOOTID COMFORT APP		X \$40.00
1	BUMPER MAT		neu \$50.00
1	REVERSE SENSOR		\$135.70
			\$285.70
	Labour Charge		
	Panel Beating	350	\$500.00
	Spray Painting Charge	250	\$600.00
	Tuff Kote	X	\$60.00
	Check Lighting	X	\$60.00
	Remove and Refix Reverse Sensor	30	\$60.00
	TOTAL LABOUR		\$1,280.00
	ESTIMATE TOTAL		\$3,755.10
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 27495249
 sup' 18/6/21 2330p
 p/p Resny before paint
 2 days
 for the estimation

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: 18.06.2021 09:10

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305474070

Customer

VMS COMFORT TRANSPORTATION PTE LTD
Customer NO. 7010045
Address 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (R) (O)
(P)

Count Card NO.

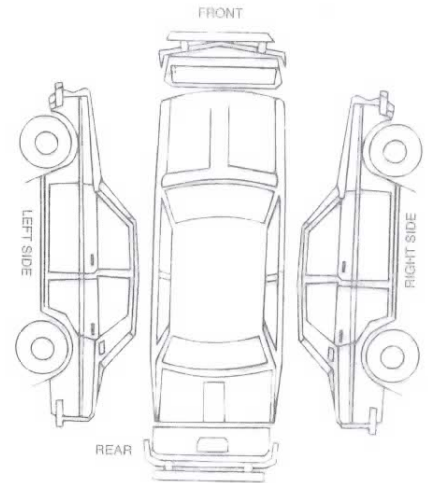
REGN NO.: SHD7295D	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 17.06.2021 15:20
YR OF MANU. 06.12.2018	TARGET DATE
CHASSIS CODE JTDKB3FU103077540	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 17.06.2021
NATURE: 3P 17.06.2021

S/NO LABOR CODE

DESCRIPTION



Checked & Passed Out By:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Vehicle Identification Slip

Exit Pass

No.: SHD7295D CHIANG

Vehicle No.: SHD7295D

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle 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	17/06/2021 19:29 (SGT)
Date of Accident	17/06/2021 11:15 (SGT)
Exact Location of Accident	College Road, Singapore
Additional Location Information	TOWARDS JALAN BUKIT MERAH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7295D
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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) +65-97717847
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	PE WEE KHENG
NRIC No	SXXXX684I

Date Of Birth	27/09/1963
Occupation	Outdoor
Date Of Driving Pass	28/04/1981
Driving experience	40 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97717847
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 428 ANG MO KIO AVENUE 3 #03-2632
Address complement	-
Postcode	560428
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 170621 AT ABOUT 1115HRS I WAS DRIVING MY VEHICLE ALONG COLLEGE ROAD TOWARDS JALAN BUKIT MERAH. UPON SLIP ROAD JUNCTION AND WAITIN FOR TRAFFIC TO CLEAR ON MAJOR ROAD BEFORE MAKE A RIGHT TURN. WHILE MY VEHICLE WAS STATIONARY, VEHICLE B COLLIDED ONTO MY REAR BUMPER. I SUSTAINED NECK PAIN DUE TO THE IMPACT

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	SJE3277D
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO JIN YAO

NRIC No	SXXXX430F
Contact Number	-
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	PE WEE KHENG
Address	BLK 428 ANG MO KIO AVENUE 3 #03-2632
Address Complement	-
Post Code	560428
Approximate Age Years Old	58
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SHD7295D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

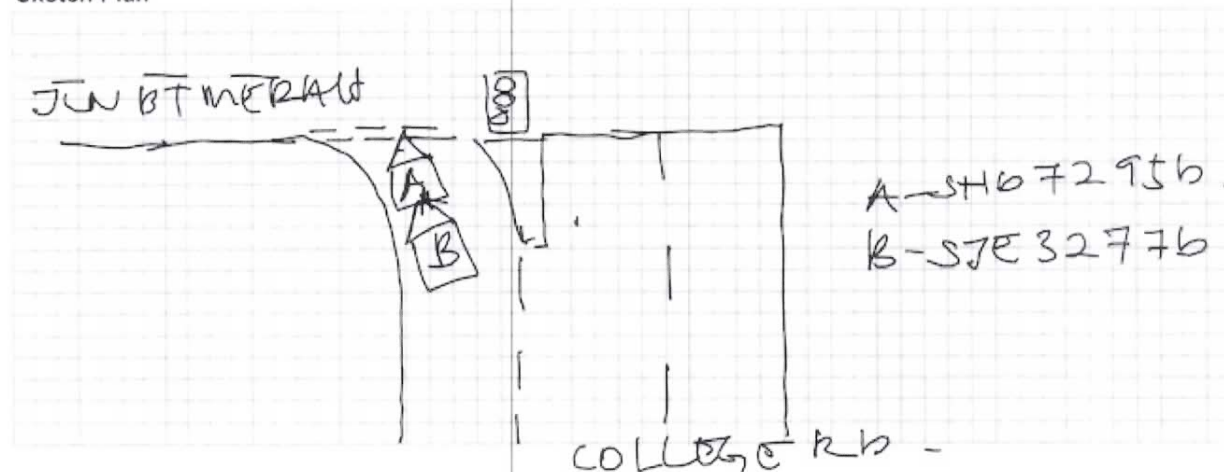
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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' law firms/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 firms/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 firms/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 170621 AT ABOUT 1115HRS I WAS DRIVING MY VEHICLE ALONG COLLEGE ROAD TOWARDS JALAN BUKIT MERAH. UPON SLIP ROAD JUNCTION AND WAITIN FOR TRAFFIC TO CLEAR ON MAJOR ROAD BEFORE MAKE A RIGHT TURN. WHILE MY VEHICLE WAS STATIONARY, VEHICLE B COLLIDED ONTO MY REAR BUMPER. I SUSTAINED NECK PAIN DUE TO THE IMPACT

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

17/6/21 - 1240H

Witnessed by Reporting Centre Personnel

Khammaraj



SINGAPORE POLICE FORCE



T/20210617/2038

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20210617/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/06/2021 14:41	Vide Report No.:	Station Diary No.: 22
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Informant's Particulars

Name of Informant: PE WEE KHENG			Address: APT BLK 428 ANG MO KIO AVENUE 3 #03-2632 SINGAPORE 560428		
ID Type / ID No.: NRIC NO / S1572684I			Contact No.: Home/Office: Mobile: 97717847		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 57	Date of Birth: 27/09/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/06/2021 11:10	Type of Location: Slip Road
Location: JALAN BUKIT MERAH				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD7295D	Car				Slightly Damaged	0
SJE3277D	Car					0

Details of Person Involved

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



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver				
Name	PE WEE KHENG		ID No.	S1572684I
Related Vehicle	SHD7295D (Car)		Contact No.	97717847
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	Slight
Driver				
Name	TEO JIN YAO		ID No.	S8267430F
Related Vehicle	SJE3277D (Car)		Contact No.	0
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the 17/06/2021 at around 1110hrs, I was driving my vehicle SHD7295D along College Road. I was on the slip road exiting to Jalan Bukit Merah. I then stopped at the slip road exit to look out for on-coming traffic on my right. My vehicle was already stationary at that point of time and I then felt a collision on the back of my vehicle. After the collision, I got down of my vehicle and realized that one vehicle SJE3277D had rear-ended my vehicle. We then moved our vehicle to the front so as not to block the traffic.

The driver then told me that he is at fault. We then took photos of our vehicles and exchanged particulars and left the location afterwards. After the collision, I felt numbness on my neck, left hand and back area. I then went to seek medical treatment at Sunshine Clinic Family Practice & Surgery and was given 5 days of medical leave from 17/06/2021 to 21/06/2021 due to the impact of the collision.

There is in-car camera at the front and the back of the vehicle, however I am not sure if it managed to captured the incident and would require Comfort to view the footages.

The damages to my vehicle is that the rear bumper slightly dislodged.



**SINGAPORE
POLICE FORCE**



T/20210617/2038

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20210617/2038

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:
G /
Sgt 2 LAM XUE TING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/06/2021 14:41

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168

