

(08/11/13) wef

ASS. REC. BY: Pasul

REF:

NS/INC21007223/R1tc

8212

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: NTUCPolicy No. MT/1135941-002

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

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: SH 9442G Yr Regn: 2017 / July

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: TOYOTA PRIUS HYBRID 1.8 c.c. 1798Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 517016 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 3TDK83FU003562896

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: _____

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

TOYO / YOKO or _____

Front RearR/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 21/06/21 D.O.I. 29/06/21Survey held at COMFORT LOYANG

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

REAR O/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

LUMP SUM 2000, 3DAYS
(RED: 962.25;32%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____) S + RS SI☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others

Report Format : _____

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

LKK-

DATE: 28.06.21

MODEL: Toyota Prius

VEHICLE NO.: SH 9442G

INSURANCE: NTUC C45

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper <i>de</i>	1		\$458.60
	Rear Bumper Re-Inforcement <i>?</i>	1		\$318.80
	Rear Bumper Lower Cover-Black <i>scu</i>	1		\$552.60
	Rear Bumper Side Retainer RH <i>gla</i>	1		\$112.70
	Rear Bumper Clips <i>an</i>	10	\$2.20	\$22.00
	Rear Bumper Extension RH <i>swent</i>	1		\$232.00
	Tail Lamp Assy (Upper) RH <i>ca</i>	1		\$557.90
	Tail Lamp Assy (Lower) RH <i>cm</i>	1		\$548.40
	SUB TOTAL			\$2,803.00
	LESS 25%			\$700.75
	DISCOUNTED TOTAL			\$2,102.25
	NETT TOTAL			\$0.00
	TOTAL SPARE PARTS			\$2,102.25
	Labour Charge			
	Panel Beating	350		\$400.00
	Spray Painting Charge	250		\$300.00
	Check Lightings			\$40.00
	Remove/Refix Reverse Sensor	60		\$120.00
	TOTAL LABOUR			\$860.00
	ESTIMATE TOTAL			\$2,962.25

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.

- 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:

Resue
Hp 90010068
3 days
48
29/06/21 @ 1630
Resue after repair

Date/Time: 29.06.2021 13:34 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305475879

JMER

AS COMFORT TRANSPORTATION PTE LTD
TOMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

REGN NO.:

SH 9442G

MILEAGE

MAKE:

TOYOTA

FUEL

E.....1/2.....F

MODEL

PRIUS HYBRID(G4)

DATE/TIME IN

27.06.2021 16:15

YR OF MANU.

26.07.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU003562896

COMPLETION DATE/TIME:

OUNT CARD NO.

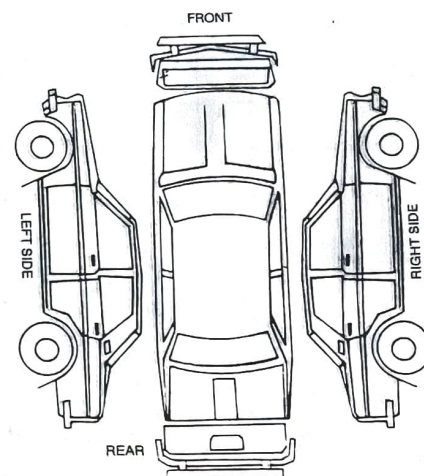
JOB DESCRIPTION

Accident Date: 27.06.2021
NATURE: 3P 27.06.2021

S/NO

LABOR CODE

DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SH 9442G

LIMITS

Vehicle No.:

SH 9442G

vice 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	29/06/2021 11:38 (SGT)
Date of Accident	27/06/2021 15:40 (SGT)
Exact Location of Accident	Devonshire Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9442G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LT
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-98809216
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	CHUA PENG HUI
NRIC No	SXXXX628C

Date of Birth	26/11/1959
Occupation	Outdoor
Date Of Driving Pass	18/01/1984
Driving experience	37 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98809216
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 9 EUNOS CRESCENT
Address complement	#05-2703
Postcode	SINGAPORE 1440
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 vehicle 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 27/06/2021 AT AROUND 1540HRS, I WAS DRIVING MY VEHICLE A (SH9442G) ALONG DEVONSHIRE ROAD HEADING TOWARDS 111 SOMERSET. I STOPPED MY VEHICLE ON THE GIVE WAY LINE TO LET VEHICLES FROM THE MAIN ROAD TO DRIVE PAST WHEN SUDDENLY VEHICLE B (FBQ5062A) REAR ENDED MY VEHICLE. THERE WAS DAMAGES TO THE REAR RIGHT BUMPER OF MY VEHICLE. THERE WAS NO 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	FILE NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ5062A
Vehicle Manufacturer	Yamaha
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	WOO GUO WEN

C No	SXXXX717B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

[Signature]

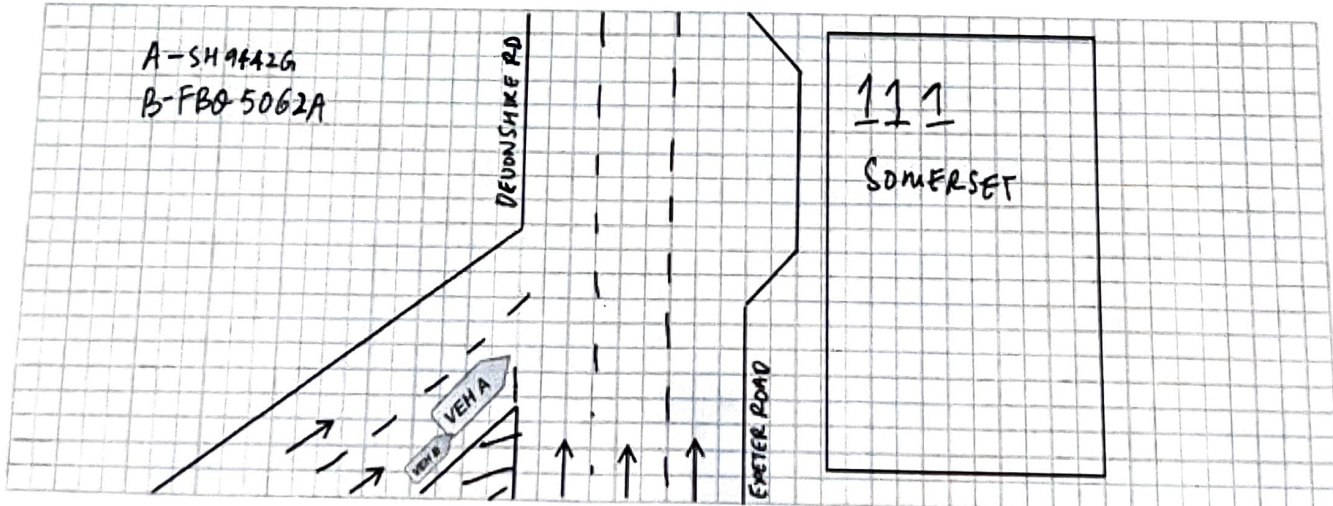
[Signature]

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 28/6/21 0940

Witnessed by Reporting Centre Personnel *[Signature]*

Sketch Plan



Describe Circumstances of the Accident

ON 270621 AT AROUND 1540HRS, I WAS DRIVING MY VEHICLE A SH9442G ALONG DEVONSHIRE ROAD HEADING TOWARDS 111 SOMERSET. I STOPPED MY VEHICLE ON THE GIVE WAY LINE TO LET VEHICLES FROM THE MAIN ROAD TO DRIVE PAST WHEN SUDDENLY VEHICLE B FBQ5062A REAR ENDED MY VEHICLE. THERE WAS DAMAGES TO THE REAR RIGHT BUMPER OF MY VEHICLE. THERE WAS NO INJURIES.

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 201612 0940

Witnessed by Reporting Centre Personnel K4A1KWL

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	821R
Vehicle No.:	SH9442G
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Jun 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	2ZR5060003
Chassis No.:	JTDKB3FU003562896
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	26 Jul 2017
First Registration Date:	26 Jul 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Jul 2025
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	25 Jul 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$38,560.00
COE Rebate Amount:	\$19,417.00
Total Rebate Amount:	\$23,367.00

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 29 Jun 2021

OK