

08/11/13) wef

ASS. REC. BY: Rosul

REF: NS/INC21007229/R1vc

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: SLH 3695R NTWC

Policy No. _____

Claims No. MT/1136112-002

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHB 4488U Yr Regn: 2017 / MAY
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: 54112 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKBFU803587431Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: MR / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or WESTLAKG

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 27/06/21 D.O.I. 29/06/21Survey held at COMFORT LOYANGDes. 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

2/7/21 LS \$850 confirmed by email (Red 1476.68,63%)

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 2

1)

☐ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

2) 6/7/21-Typist

Transportation:

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

Report Format: TP

Lump Sum / L.B.I. (\$ 850)

TOTAL

REPAIR ESTIMATE

LKK -

MVA: LIM T S

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.

Date:

Resu
Hp 90010068
2 days
4s
29/06/21 @1620
Resy after repair

Date/Time: 29.06.2021 09:49 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305475851

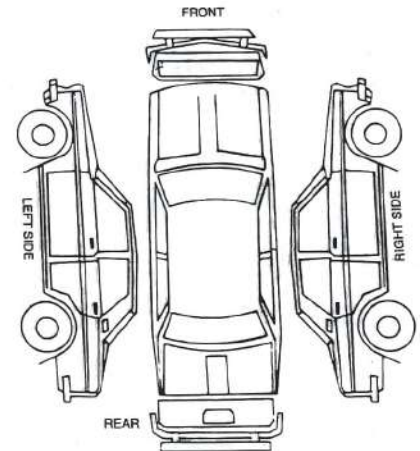
CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)		REGN NO.: SHB4488U MAKE : TOYOTA MODEL PRIUS HYBRID(G4) YR OF MANU. 30.05.2017 CHASSIS CODE JTDKB3FU803557431	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 28.06.2021 11:55 TARGET DATE COMPLETION DATE/TIME:
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COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 27.06.2021
NATURE: 3P 27.06.2021

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Io.: SHB4488U LIMITS

Vehicle No.: SHB4488U

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned 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	28/06/2021 18:34 (SGT)
Date of Accident	27/06/2021 22:25 (SGT)
Exact Location of Accident	Lower Delta Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4488U
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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) +65-97868547
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	NAH CHING HOON
NRIC No	SXXXX175E

Of Birth	16/03/1968
Occupation	Outdoor
Date Of Driving Pass	01/03/2012
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97868547
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 553 WOODLANDS DRIVE 44 #05-16
Address complement	-
Postcode	730553
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)	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

ON 270621 AT AROUND 2225HRS, I WAS DRIVING MY VEHICLE A SHB4488U ALONG LOWER DELTA ROAD ON THE 3RD LANE GOING STRAIGHT. I WAS STATIONARY AS THE TRAFFIC LIGHT WAS RED IN MY DIRECTION. SUDDENLY VEHICLE B SLH3695R REAR ENDED MY VEHICLE. THERE WAS DAMAGE TO MY REAR BUMPER. 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 IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH3695R
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SAKTHIVEL S/O MUTHU
NRIC No	SXXXX743F
Contact Number	(Phone) +65-84990230
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

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

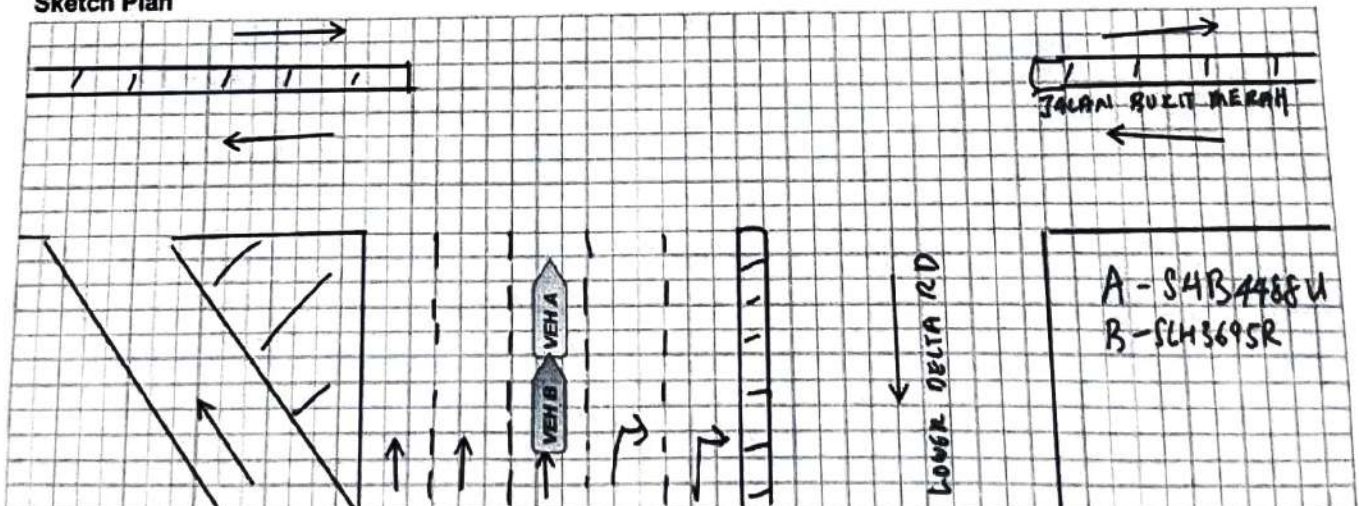
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 28/6/21 1235

Witnessed by Reporting Centre Personnel KHAIRUL

Sketch Plan



Describe Circumstances of the Accident

ON 270621 AT AROUND 2225HRS, I WAS DRIVING MY VEHICLE A SHB4488U ALONG LOWER DELTA ROAD ON THE 3RD LANE GOING STRAIGHT. I WAS STATIONARY AS THE TRAFFIC LIGHT WAS RED IN MY DIRECTION. SUDDENLY VEHICLE B SLH3695R REAR ENDED MY VEHICLE. THERE WAS DAMAGE TO MY REAR BUMPER. THERE WAS NO INJURIES.

Declaration

I/We declare the foregoing particulars are true in every respect.



7/9
Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time 28/6/21 1235



Witnessed by Reporting Centre
Personnel KHAMBU

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	821R
Vehicle No.:	SHB4488U
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.:	2ZR5044563
Chassis No.:	JTDKB3FU803557431
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	30 May 2017
First Registration Date:	30 May 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 May 2025
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	29 May 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$40,532.00
COE Rebate Amount:	\$19,843.00
Total Rebate Amount:	\$23,593.00

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