

ASS. REC. BY: MARUJ

REF:

CS/SMR 21007261/44f3**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SHA 2098at Workshop m/s LAG

of _____

Insured: SHF 964

Policy No. _____

Claims No. TAX/06/21/2067

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: 1 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

SMR

Vehicle: IN / OUT

Date: _____ Person Contacted: MTA 23732Veh No: SHA 2098Yr Regn: 15/16/17Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAIMake: Toyota prius Hybrid1798Colour: blue

A/C: Insured / Std / NI / NA

Sp. Reading: 623912

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU703558764Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: _____

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 mmD.O.A. 29/6/21D.O.I. 2/7/21

Survey held at _____

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

OLS Rpt wing mirror

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

Date / Time Action / Instruction

wing mirror broken so Driver scared to drive and Tow to comfort Delgro.6/7/21 Confirmed 2/5 @ 1100 with MR Lim, 1 repair days.
(RED \$408.99; 27%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 6/7 TYPIST☐

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 1Resurvey No. of Trip: 1

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

Report Format: TPLump Sum / L.B.I. (\$ 1100)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

COMFORTDELGRO ENGINEERING PTE LTD

Date: 01.07.2021

REPAIR ESTIMATE

Time: 14:50:38

Page: 1

SMRT Cab CP/P)

TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305476243
 REGN NO : SHA2098E
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 15.06.2017
 DATE/TIME IN : 29.06.2021 17:20
 ACCIDENT DATE : 29.06.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-0594-G WING MIRROR RH 1 1,390.10 25.00 1,042.57

CNE ✓

0002 04-01-0302-0898-G WING MIRROR OUTER CVR RH 1 141.90 25.00 106.42

ms ✓

SUB-TOTAL : 1,148.99

JOB NATURE

0000 PB PANEL BEATING

150.00 100

0001 SP SPRAYPAINT CHARGE

150.00 80

0002 23-01 TOWING FEE

60.00 ✓

SUB-TOTAL : 360.00

Lump

TOTAL : 1,508.99

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

- 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:

Not Authorised
 LKK survey

2/7/21

The 1st photo taken
 @ 4pm

1 days

1100
 1149
 1388
 1111
 marcus@lkkauto.com

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

Our Job Ref No : 305476243
Date : 05/07/21

FINALIZATION FORM

To : LKK

Fax :

Attn : MARCUS CHUA

Vehicle Reg No. : SHA2098E

Date of Accident : 29.06.21

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: SMRT --- **SMRTCAB SHF 96Y**
2. The finalized amount shall be:
- (a) Spare Parts after List discount _____
- (b) Labour Charges _____
- Total for Part-By-Part Repair Cost** _____
- (c) Lumpsum Repair (if applicable)
- Total for Lumpsum repair cost after Less: 20% \$1,100.00
- Final Lumpsum Repair cost** \$1,100.00

3. Estimated normal period for repairs: 1 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Signature : 

Name : LIM T S

Name : MARCUS

Tel : 62148398

Date : _____

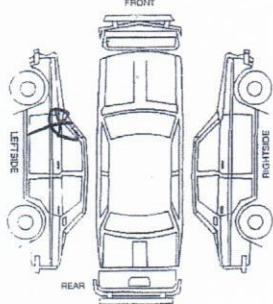
Fax : 65468156

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49 /\$2.00			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition								
1. Date: <u>29/06/2021</u> Time Received: <u>1805</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)						
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>MR. Liam Liam</u> Contact No.: <u>90672812</u> Vehicle No.: <u>SHA2098E</u> Make/Model/Colour: <u>PRIO</u> Email: _____		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up						
7. Location: <u>545, Bedok N St 3</u>		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery						
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____		6. Parts Replaced/Remarks: _____ _____ _____						
10. Odometer Reading: _____ Fuel Level: <table border="1"><tr><td>F</td><td>1/4</td><td>1/2</td><td>3/4</td><td>E</td></tr></table>		F	1/4	1/2	3/4	E	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input checked="" type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
F	1/4	1/2	3/4	E				
11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		 <p># : Cracked X : Dented / : Scatched O : Missing</p>						
12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> OTHERS Name of Driver: <u>Hei</u> Vehicle No.: <u>G1BF90J</u> Time Dispatch: <u>1805</u> Time of Arrival: <u>1835</u> Time Completed: <u>1910</u>								

Signature of Customer

Cash Invoice Details (if applicable)

13. Cash Invoice No. _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

29/06/2021

Date

(1910)

Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY

Date/Time: 01.07.2021 14:36

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305476243

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

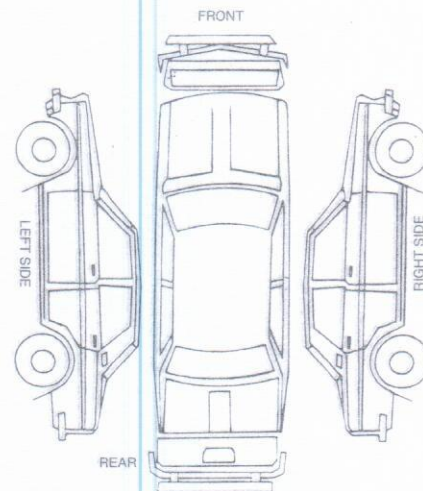
REGN NO.: SHA2098E	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 29.06.2021 17:20
YR OF MANU. 15.06.2017	TARGET DATE
CHASSIS CODE JTDKB3FU703558764	COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 29.06.2021
NATURE: 3P 29.06.2021

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: **SHA2098E** **LIMITS**

Vehicle No.: **SHA2098E**

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHA2098E
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Jul 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	27RS048527
Chassis No.:	JTDKB3FU703558764
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	15 Jun 2017
First Registration Date:	15 Jun 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Jun 2025
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	14 Jun 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$40,500.00
COE Rebate Amount:	\$19,982.00
Total Rebate Amount:	\$23,732.00
Message	
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 03 Jul 2021

OK

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	01/07/2021 14:11 (SGT)
Date of Accident	29/06/2021 17:20 (SGT)
Exact Location of Accident	Bedok North Ave 1, Singapore
Additional Location Information	PASSED CONTROLLED CROSS JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2098E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-90672812
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	DTAI LIAM KWEE
NRIC No	SXXXX484H

Date Of Birth	10/08/1957
Occupation	Outdoor
Date Of Driving Pass	10/09/1977
Driving experience	43 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90672812
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 547 PASIR RIS STREET 51 #06-31
Address complement	-
Postcode	510547
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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	Side Swipe
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 29062021 AT ABOUT 17:20HRS, I WAS TRAVELLING ALONG BEDOK NORTH AVE 1 AT THE MOST LEFT LANE. AFTER I PASS THE CONTROLLED CROSS JUNCTION, I SAW UNKNOWN VEHICLE STOP TO ALIGHT PASSENGER AT THE SIDE OF THE ROAD OF THE LANE I'M TRAVELLING AT. SO I STOP BEHIND THE UNKNOWN VEHICLE WHILE WAITING FOR THE UNKNOWN VEHICLE TO MOVE. I HEARD A LOUD SOUND AND I FELT AN IMPACT ON MY RIGHT SIDE (SIDE MIRROR). I REALISED VEHICLE B FROM THE RIGHT LANE GOING STRAIGHT HAS HIT MY VEHICLE. SO I WENT AFTER HIM UNTIL TO THE CARPARK TO EXCHANGE PARTICULARS. NO ONE IS INJURED.

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	SHF96Y
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT 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.
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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")

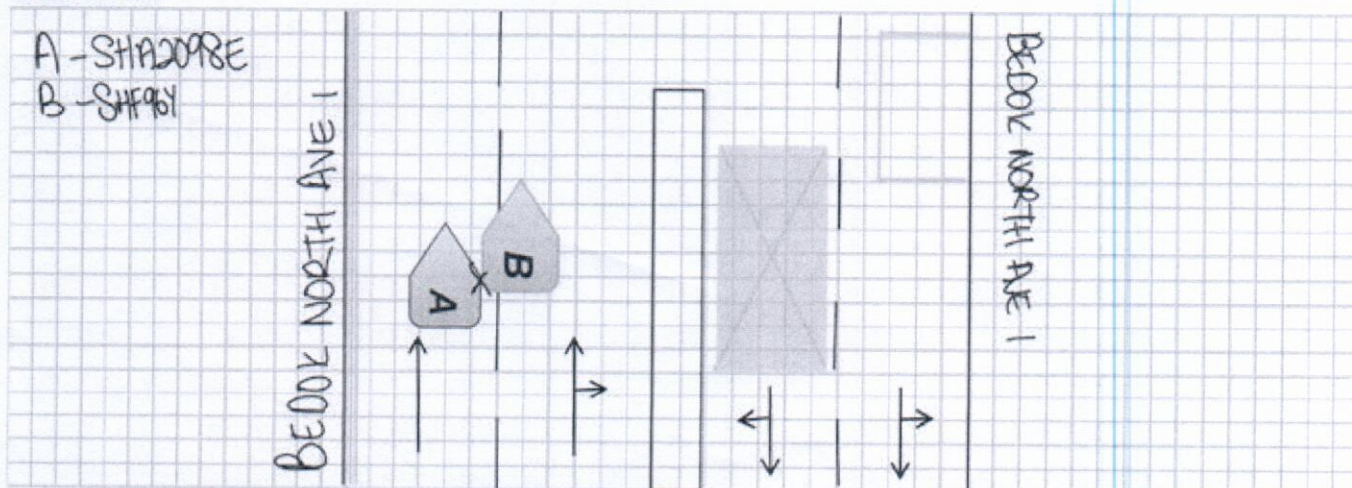
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 13:50 30.6.21

Witnessed by Reporting Centre Personnel MDNAZBIN

Sketch Plan

Describe Circumstances of the Accident

ON 29062021 AT ABOUT 17:20HRS, I WAS TRAVELLING ALONG BEDOK NORTH AVE 1 AT THE MOST LEFT LANE. AFTER I PASS THE CONTROLLED CROSS JUNCTION, I SAW UNKNOWN VEHICLE STOP TO ALIGHT PASSENGER AT THE SIDE OF THE ROAD OF THE LANE I'M TRAVELLING AT. SO I STOP BEHIND THE UNKNOWN VEHICLE WHILE WAITING FOR THE UNKNOWN VEHICLE TO MOVE. I HEARD A LOUD SOUND AND I FELT AN IMPACT ON MY RIGHT SIDE (SIDE MIRROR). I REALISED VEHICLE B FROM THE RIGHT LANE GOING STRAIGHT HAS HIT MY VEHICLE. SO I WENT AFTER HIM UNTIL TO THE CARPARK TO EXCHANGE PARTICULARS. NO ONE IS INJURED.

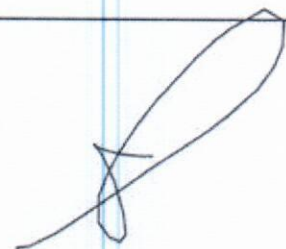
Declaration

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 13:50 30.6.21



Witnessed by Reporting Centre Personnel MD NADRI