

ASS. REC. BY: Taufikh

REF: CS/TM/21007423/T1983

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. MW007029
 Claims No. M2103153
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SHB6275D Yr Regn: 249, Dec
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Proace c.c. 1798
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 195678 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: STDKRB3FU303089656
 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: _____

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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. 7/7/21
 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.

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS wp
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
12/07/21 @ 2.40pm	revised to Fiona Gan via Merimen.
13/09/21 @ 11.27pm	Taufikh finalised with Mr Chiang final fig \$2453.67, 2 days. (Red \$773.93, 24%)

Date/Time, File Pass to? : Prel. Report
 1) 26/10 Typist : Final Report
 Date/Time, File Return to?

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

Report Format: MER-TP
 Lump Sum / L.B.N. () 2453.67

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	_____
Transportation:	_____
_____ s + RS _____ SI	_____
Photos	_____
Others	_____
TOTAL	_____

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CTPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	05/07/2021
Vehicle Reg. No.:	SHB6275D	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS, 1.8 HYBRID CVT (A)	Vehicle Reg. Date:	05/12/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZR2F59003	Chassis No:	JTDKB3FU303089656
Odometer:	195678 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,651.00
Miscellaneous Items	11.00
Labour	1,380.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,042.00
+ GST 7.00% (S\$)	212.94
Nett Amount (S\$)	3,254.94

This claim is handled by: CHIANG LIAT CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 07 Jul 2021)**Parts:** 144 TOYOTA PRIUS 1.8 HYBRID CVT (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHB6275D/07/07/2021 14:50**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk *.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*BUMPER REAR	25.00	0.00	*458.60 FL
2	1		*REAR BUMPER LOWER COVER	25.00	0.00	*552.60 FL
3	1		*REAR BUMPER REINFORCEMENT BEAM	25.00	0.00	*318.80 FL
4	1		*REAR BUMPER TOW COVER	25.00	0.00	*82.70 FL
5	2		*REAR BUMPER SIDE RETAINER LH/RH	25.00	0.00	*225.40 FL
6	1		*REAR BUMPER REFLECTOR LH	25.00	0.00	*55.00 FL
7	10		*REAR BUMPER CLIPS	25.00	0.00	*22.00 FL
8	1		*REAR TRUNK LOGO PRIUS	25.00	0.00	*52.90 FL
9	1		*REAR TRUNK LOGO HYBRID	25.00	0.00	*52.40 FL
10	1		*REAR TRUNK COMFORT & TEL NUMBER	0	0.00	*60.00 FS
11	1		*REAR TRUNK COMFORT APP.	0	0.00	*40.00 FS
12	1		*REAR BUMPER ADVERTISEMENT	0	0.00	*50.00 FS
13	1		*REAR BUMPER REVERSE SENSOOR	0	0.00	*135.70 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$)	2,106.10
- List Item Discount on L Items (\$\$)	455.10
Total Parts (\$\$)	1,651.00

ComfortDelGro Engineering Pte Ltd/SHB6275D/07/07/2021 14:50. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New 350	600.00
2	SPRAY PAINTING	New 500	600.00
3	CHECK WIRING & LIGHTING	New	60.00
4	REMOVE/REFIX REVERSE SENSOR	New	60.00
5	TOWING FEE	New towing receipt ?	60.00
Gross Labour Cost (S\$)			1,380.00

ComfortDelGro Engineering Pte Ltd/SHB6275D/07/07/2021 14:50. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tanpin 97495749
 WP, 7/7/21 430
 P/P Resurvey before paint
 02 days
 Tanpin e (Merimen)

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(CLSO)1

JOB CARD

Sales Order: 4096283 JC NO.: 305477199

STOMER
VMS
STOMER NO.
DRESS
- (R)
(P)
COUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

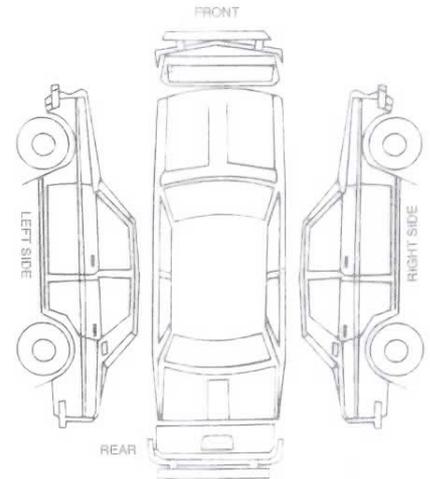
REGN NO.: SHB6275D	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4A05.07.2021 21:40	DATE/TIME IN
YR OF MANU. 05.12.2019	TARGET DATE
CHASSIS CODE JTDKB3FU303089656	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.07.2021
NATURE: 3P 05.07.2021

S/NO LABOR CODE

DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: **SHB6275D** **CHIANG**

Vehicle No.: **SHB6275D**

Signature/Date

Signature/Date

Name of Service Advisor

Date

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	07/07/2021 13:09 (SGT)
Date of Accident	05/07/2021 21:40 (SGT)
Exact Location of Accident	Jln Sultan, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6275D
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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) +65-98193362
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	LEE FOOK CHOU
NRIC No	SXXXX648H

Date Of Birth	18/04/1951
Occupation	Outdoor
Date Of Driving Pass	30/04/1979
Driving experience	42 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98193362
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 154 KIM KEAT AVENUE
Address complement	#11-408
Postcode	1231
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 05/7/2021 AT ABOUT 2140 HOURS, I WAS DRIVING MY CAR ALONG JIN SULTAN TOWARDS VICTORIA ST. AS I WAS APPROACHING THE JUNCTION JIN SULTAN AND NORTH BRIDGE ROAD, THE TRAFFIC LIGHT WAS RED AMDWHEN I WAS ABOUT TO STOP, ONE CAR (SBA3848Y)COLLIED ONTO THE REAR OF MY CAR SHB6275D.

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	SBA3848Y
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMN5332G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHB1629U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMQ8216Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE FOOK CHOU
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK PAIN - 5 DAYS MC
Injured person in which vehicle?	SHB6275D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

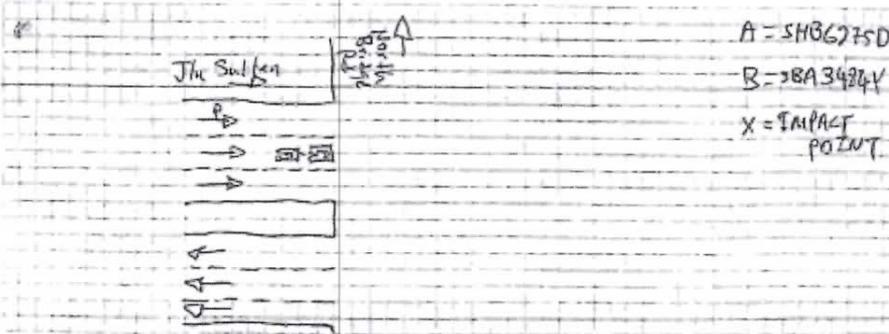
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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 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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 05/07/2021 at about 2140 hrs, I was driving my car along Jln Sultan towards Victoria St. As I was approaching the ^{Tanjong} Jln Sultan and North Bridge Rd, The traffic light was red and when I was about to stop, One Car (SBW3848Y) collided onto the rear of my car (SHR-6275D). JK

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

JK 05/07/2021 2210 hrs

Driver's Signature (if driver is not the policyholder) / Date & Time

JK

Witnessed by Reporting Centre Personnel

Scanned with CamScanner



**SINGAPORE
POLICE FORCE**



T/20210706/2048

2 of 3

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 No. T/20210706/2048

CONTINUATION OF REPORT

Brief Details.

On 05/07/2021 at about 2200hrs, I was driving my taxi along Jalan Sultan towards Lavender St. At the traffic junction, I was slowing down to a stop as the traffic light turn amber. I then heard a loud bang from the rear and discovered a chain collision occurred. A red Honda bearing registration no: SBA 3848Y had collided into the rear of my taxi. The accident was due to a chain collision involving the following vehicle

- 1) SHB 6275D
- 2) SHB 1629U
- 3) SBA 3848Y
- 4) SMQ 8216Z
- 5) SMN5332G

Due to the chain collision, I felt pain at my back and neck area. I went to see a private GP and was given 5days of MC. The accident causes the rear of my taxi to be dented. The traffic police came vide A/20210705/0152 and advised me to lodge a report. There is a camera installed in my taxi.



**SINGAPORE
POLICE FORCE**



T/20210706/2048

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Report No. T/20210706/2048

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 /
Sgt 3 CHI WEI SIANG, DESMOND

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/07/2021 13:01

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt JOFILIANO BIN MOHAMED ALI
Contact No.: 65476960

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE
SN 168
SIGNATURE

