

(08/11/13) wef

ASS. REC. BY:

REF: CC3/TMI21008171/R1vc

8356

## 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: SKW 1503H ~~NTAC~~

Policy No. MW009206

Claims No. M2103508

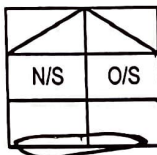
Sum Insured:

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:

SKC 308C

Yr Regn:

2020 / JAN

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

Truck / Trailer or

Make:

TOYOTA PRIMS JOR H-B ANN c.c 1798

Colour

YELLOW

A/C: Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU103090434

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:

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

TOYO / YOKO or

WESTLAK

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

29/07/21

D.O.I.

02/08/21

Survey held at

CONFIDENTIAL

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

5/8/21 Final fig \$1025.45 confirmed by email (Red 731.67,41%)

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 5/8/21-Typist

Days Of Repair: 2

Resurvey No. of Trlp: 1

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

) S + RS, SI

) Photos

) Others

Report Format : Merimen

Lump Sum / I.B.I: (\$ 1025.45

TOTAL

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

59 Loyang Drive  
Singapore 508969  
Tel: 6214 8300

**TP INSURER:**  
**CCPL**

**Tokio Marine Insurance Singapore Ltd (HQ)**

Singapore

LKK -

**PARTICULARS OF CLAIM**

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	29/07/2021
Vehicle Reg. No.:	SHC308C	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS, 1.8 HYBRID CVT (A)	Vehicle Reg. Date:	08/01/2020
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	2ZR2G12237	Chassis No:	JTDKB3FU103090434
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	2		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	926.12
Miscellaneous Items	11.00
Labour	820.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (\$\$)</b>	<b>1,757.12</b>
<b>+ GST 7.00% (\$\$)</b>	<b>123.00</b>
<b>Nett Amount (\$\$)</b>	<b>1,880.12</b>

This claim is handled by: **LIM TIEN SIONG**

Generated using Merimen e-Claims Internet Estimation & Adjusting System

**REPAIR DETAILS****Reference****Part Source:** MRM-SG **Version:** 1.0 (Last Synchronised: 30 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/SHC308C/30/07/2021 16:12**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		*REAR BUMPER <i>repair</i>	20.00	0.00	*459.40 FL
2	1		*REAR BUMPER CENTER MOULDING <i>sea</i>	20.00	0.00	*451.25 FL
3	10		*REAR BUMPER CLIPS <i>X</i>	20.00	0.00	*22.00 FL
4	1		*REVERSE SENSORS	0.00	0.00	*180.00 F

F=Franchise part. L=ListItemDisc.

**Sub Total (\$\$)** **1,112.65****- List Item Discount on L Items (\$\$)** **186.53****Total Parts (\$\$)** **926.12**

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Generated using Merimen e-Claims IEAS



## Estimates on Miscellaneous Items

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

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	PANEL BEATING	New	<del>350</del> 400.00
2	SPRAY PAINTING	New	<del>250</del> 300.00
3	R/I REVERSE SENSORS	New	X 120.00
Gross Labour Cost (S\$)			820.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

- 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:

Passu  
Hy 90010068  
3 days  
P/P  
02/08/21 P1540  
Resy before paid

Date/Time: 30.07.2021 15:53

Page : 1

Team: ARC Repair TP(CFSO)1

**JOB CARD**

Sales Order: 4103866

JC NO.: 305480615

OWNER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (P)	REGN NO.: SHC 308C MAKE : TOYOTA MODEL PRIUS HYBRID(G4A) YR OF MANU 08.01.2020 CHASSIS CODE JTDKB3FU103090434	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 29.07.2021 12:40 TARGET DATE COMPLETION DATE/TIME:
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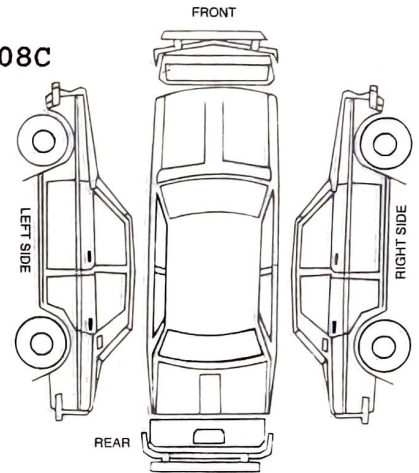
JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 29.07.2021  
NATURE: 3P 29.07.2021

S/NO 000010 LABOR CODE PB

DESCRIPTION  
PANEL BEATING-SHC 308C



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Io.: SHC 308C LIMTS

Vehicle No.: SHC 308C

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	30/07/2021 13:51 (SGT)
Date of Accident	29/07/2021 08:10 (SGT)
Exact Location of Accident	Tampines Street 73, Singapore
Additional Location Information	TOWARDS TAMPINES STREET 71
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC308C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-96641447
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/P2419140
Cover Note Number	-

## DRIVER

Name of Driver	SALIH BIN MAT
NRIC No	SXXXX276D

Date of Birth	12/05/1961
Location	Outdoor
Date of Driving Pass	11/07/1981
Driving experience	40 YEARS
Gender	Male
Mobile Number	(Phone) +65-96641447
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 175A PUNGGOL FIELD #12-569
Address complement	-
Postcode	821175
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 29/07/2021 AT ABOUT 0810HRS, I WAS DRIVING VEHICLE A (SHC308C) ALONG TAMPINES ST 73 TOWARDS TAMPINES ST 71. WHILE STATIONARY AT TRAFFIC JUNCTION, VEHICLE B (SKW1503H) COLLIDED ONTO VEHICLE A REAR BUMPER. SLIGHT DENT ON REAR BUMPER AND REVERSE SENSOR NOT WORKING. NOBODY WAS 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	SKW1503H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-



Accident Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Insured  
Client's Re  
Make of Veh

(Policy Cor  
Remark: The  
rep

Bal. or Marke

IDAC Accider

GIA / PR Se

Est. Repairs:

um Sum:

CA / REV

ate:

Date / Time

/Time, File Pass

/Time, File Retur

port Format

mp Sum / I.E



## 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

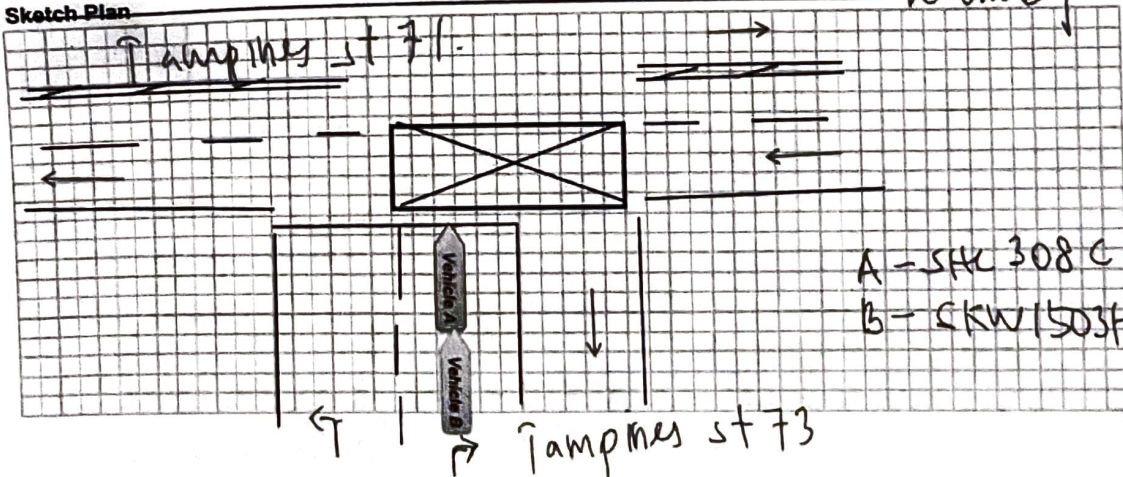
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
29/7/21 - 1330H

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 29/07/2021 AT ABOUT 0810HRS, I WAS DRIVING VEHICLE A (SHC308C) ALONG TAMPINES ST 73 TOWARDS TAMPINES ST 71. WHILE STATIONARY AT TRAFFIC JUNCTION, VEHICLE B (SKW1503H) COLLIDED ONTO VEHICLE A REAR BUMPER. SLIGHT DENT ON REAR BUMPER AND REVERSE SENSOR NOT WORKING. NOBODY WAS INJURED.

Declaration

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

Policyholder's Signature / Date & Time

7 / 9

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

29/7/21 - 1330H

Witnessed by Reporting Centre Personnel

Wawazij



> Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle**

Owner ID Type:	Company
Owner ID:	839G
Vehicle No.:	SHC308C
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Aug 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Yellow
Manufacturing Year:	2019
Engine No.:	2ZR2G12237
Chassis No.:	JTDKB3FU103090434
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	08 Jan 2020
First Registration Date:	08 Jan 2020
Transfer Count:	0
Actual ARF Paid:	\$14,530.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Jan 2028
PARF Rebate Amount:	\$10,897.00
COE Expiry Date:	07 Jan 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$25,895.00
COE Rebate Amount:	\$20,813.00
Total Rebate Amount:	\$31,710.00

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 02 Aug 2021

OK