

REG BY: Thuan

DATE:

NTUC

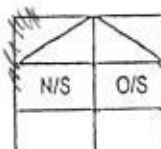
Est

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: _____
 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.



Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHB32695 Yr Regn: 2/5/2019
 Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /
 Truck / Trailer or

Make: Toyota prius c.c. 1800
 Colour: yellow A/C: Insured / Std / NI / NA
 Sp. Reading: 33561 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: STDHB3Fu403080237

Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15
 R: 195/65 R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. <u>31/7/21</u>	D.O.A. <u>31/8/21 1600</u>

Survey held at Com fort

Des. of Damages: Fr / Rear / O/S / NIS / UIC / Roof/tp or

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

Date / Time	Action / Instruction
	<u>Rehak: 26 696</u>

Date/Time. File Pass to? ☐ : Prelim. Report
☐ : Final Report
 Date/Time. File Return to? 3

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation: _____

\$ + RS. \$

Finis

Other

TOTAL

Request Formed:

Living Sign / M.B.J: _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	839G
Vehicle Details	
Vehicle No.:	SHB3269S
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Aug 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Yellow
Manufacturing Year:	2018
Engine No.:	2ZR2C12252
Chassis No.:	JTDKB3FU403080237
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	02 May 2019
First Registration Date:	02 May 2019
Transfer Count:	0
Actual ARF Paid:	\$14,247.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 May 2027
PARF Rebate Amount:	\$10,685.00
Intended COE Rebate Details	
COE Expiry Date:	01 May 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$22,309.00
COE Rebate Amount:	\$16,011.00
Total Rebate Amount:	\$26,696.00
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 04 Aug 2021

OK

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATEDATE: 3-Aug-21MODEL: Toyota PriusVEHICLE NO.: SHB3269S - CityCabINSURANCE: NTUC *(LKS) (4S)*MVA: LIMITS

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Frt Bumper	1		\$499.90
	Frt Bumper Clips	10	\$2.20	\$22.00
	Frt Fender LH	1		\$945.30
	Frt Fender (Hybrid) LH	1		\$86.50
	Frt Fender Shield LH	1		\$198.50
	Wing Mirror Outer Cover LH	1		\$141.90
	Frt Wheel Cap LH	1		\$177.70
	SUB TOTAL			\$2,071.80
	LESS 25%			\$517.96
	SPARE PARTS TOTAL			\$1,553.85
	Labour Charge			
	Panel Beating			\$800.00
	Spray Painting Charge			\$700.00
	Tuff Kote			\$60.00
	TOTAL LABOUR			\$1,560.00
	ESTIMATE TOTAL			\$3,113.85

✓dt
✓nec
✓dt
✓nec
xfr
xfr
xfr/cut

525
500 (250x2)
30

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.

Thevan Lhk

wp

3 days

82235769

thevan@Lhk auto. com

Date/Time: 03.08.2021 10:03 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305481162

OWNER
CITYCAB PTE LTD
7010070
OWNER NO.
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188
(R) (O)
(P)

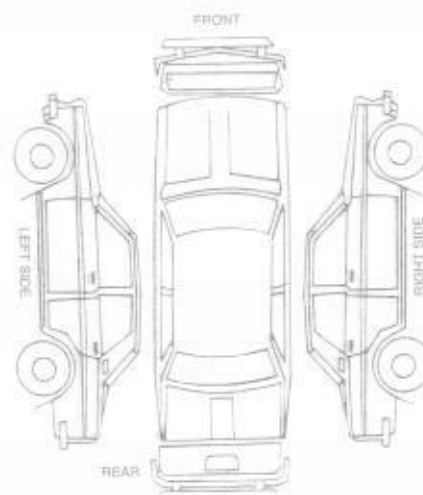
REGN NO.: SHB3269S	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....F
MODEL: PRIUS HYBRID(G4)	DATE/TIME IN: 01.08.2021 09:20
YR OF MANU: 02.05.2019	TARGET DATE
CHASSIS CODE: JTDKB3FU403080237	COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 31.07.2021
NATURE: 3P 31.07.2021

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHB3269S LIMITS

Vehicle No.: SHB3269S

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	02/08/2021 13:53 (SGT)
Date of Accident	31/07/2021 12:35 (SGT)
Exact Location of Accident	Bedok Rd, Singapore
Additional Location Information	NEAR THE TRAFFIC JUNCTION OF UPPER CHANGI EAST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3269S
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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) +65-96494190
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	KOH TIAK HUA
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NRIC No	SXXXX181G
Date Of Birth	26/03/1959
Occupation	Outdoor
Date Of Driving Pass	30/10/1979
Driving experience	41 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96494190
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 103 PASIR RIS STREET 12 #10-135
Address complement	-
Postcode	510103
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	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 31/07/2021 AT ABOUT 1235HRS I WAS DRIVING MY VEHICLE A SHD3269S ON THE MOST RIGHT LANE OF BEDOK ROAD. NEAR THE TRAFFIC JUNCTION OF UPPER CHANGI EAST ROAD I SLOW DOWN WHEN VEHICLE B SKP3753B FROM MY LEFT ENCROACHED MY LANE AND SIDE SWIPE MY VEHICLE A FRONT LEFT WITH HIS VEHICLE B FRONT RIGHT. NOTE: THERE WERE ROAD WORKS ON THE LEFT LANE NO ONE 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	SKP3753B
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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.

[Handwritten Signature]

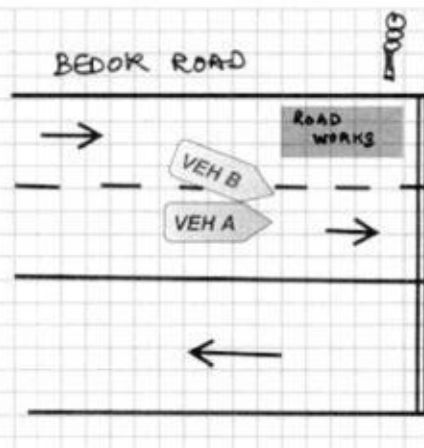
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
62.08.2021 0915HRS

Witnessed by Reporting Centre Personnel
[Handwritten Signature] Kyein Yang

Sketch Plan

A - SHB 3269S
B - SKP 3753B



Describe Circumstances of the Accident

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NOTE: THERE WERE ROAD WORKS ON THE LEFT LANE
NO ONE WAS 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 02.08.2021 0925 HRS

Witnessed by Reporting Centre Personnel Kyau Yung