ASS. REC. BY: Gil. REF. NS/INC 21008905/Gvc

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s Comfort Layang

of

Insured: SLG 2027G

Policy No.

Claims No. MT/1141874-002

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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHA 7338E Yr Regn: 21 May 2019

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

Truck / Trailer or

Make: Toyota Prius c.c 1798

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 289554 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKB3FA 2030 808866

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: 195/65 R15

R: 11

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.	22/8/21	D.O.I.	23-08-21

Survey held at W/S 4pm

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

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

Date / Time	Action / Instruction
10/9/21	LS $1500 confirmed by email (Red 4519.20,75%)

Date/Time, File Pass to?

1) ☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2) 10/9/21-Typist

Report Format: TP

Labour Code / Labour: LS $1500

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation: S + RS SI

Photos

Other:

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHA7338E
Make : Toyota
Model : Prius

Date: 23.08.2021
Insurance: NTUC
MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount	
1	FRT FENDER HYBRID EMBLEM RH			$86.50	
1	FRONT FENDER SUB ASSY RH			$945.30	
1	FRT FENDER RETAINER RH			$86.30	
1	FRONT BUMPER FOG LAMP			$920.00	✓
1	HEADLAMP RH			$2,637.60	
1	FRONT BUMPER COVER			$499.90	✓
1	FRONT BUMPER SIDE BRACKET RH			$82.30	✓
10	FRONT BUMPER CLIPS			$22.00	✓
1	FRT WHEEL HUB CAP RH			$177.70	✓
	SUB TOTAL			$5,457.60	1701.9
	LESS 25%			$1,364.40	
	DISCOUNTED TOTAL			**$4,093.20**	1276.42
	FRT TYRE RH	Nett		$216.00	
	FRT FENDER ADVERTISEMENT LOGO RH	Nett		$100.00	
				$316.00	
	Labour Charge				350
	PANEL BEATING			$900.00	250
	SPRAY PAINTING CHARGE			$600.00	20
	WIRING CHARGE			$50.00	
	TUFF KOTE			$60.00	
	TOTAL LABOUR			**$1,610.00**	
	ESTIMATE TOTAL			**$6,019.20**	1896.42
					1500

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.

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:

2 Days
4/5
After upon photos
same day
6pm 23/8/21

SJ04218M0006 / JP Knights Pte Ltd
ENTRY DATE & TIME: 22/08/2021 18:42 (SGT)
SUBMITTED BY: Suria
VERSION: 1 (22/08/2021 18:42 (SGT))

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	22/08/2021 18:42 (SGT)
Date of Accident	22/08/2021 14:10 (SGT)
Exact Location of Accident	Hougang Street 52, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7338E

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) +65-87774539
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	WONG FONG KWAI
NRIC No	SXXXX900F

Date Of Birth	22/07/1952
Occupation	Outdoor
Date Of Driving Pass	07/10/1977
Driving experience	43 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87774539
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 246 SERANGOON AVENUE 3 #11-208
Address complement	-
Postcode	550246
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 - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

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 22/08/2021 AT ABOUT 14:10HRS.I WAS DRIVING VEHICLE (A) SHA7338E TRAVELLING ALONG HOUGANG STREET 52 AT THE LEFT LANE. AS I WAS GOING STRAIGHT, VEHICLE (B) SLG2027G FROM THE OPPOSITE DIRECTION SUDDENLY TURN RIGHT INTO THE CARPARK WITHOUT GIVING WAY TO ME AND HIS VEHICLE COLLIDED INTO MY RIGHT FRONT SIDE OF THE VEHICLE.

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	SLG2027G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

[redacted]

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 w ilful misrepresentation or w ithholding 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 w ill be forw arded 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 w ill 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, acknow ledge, agree and consent that :

(a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' law yers/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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

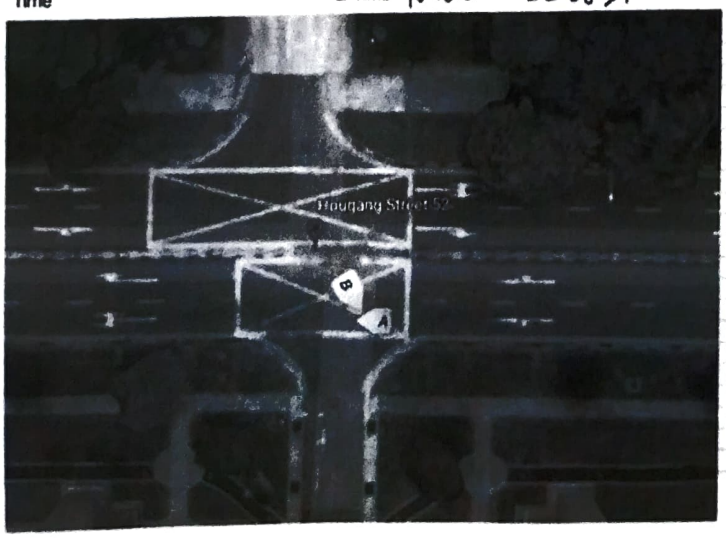
(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "**Purposes**")

(b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), w hich 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 10:00 22.08.21	Witnessed by Reporting Centre Personnel MD NAZRIN



A-SHA7338E

B-SLG2027G

SKETCH PLAN #2

Describe Circumstances of the Accident

ON 22/08/2021 AT ABOUT 14:10HRS.I WAS DRIVING VEHICLE A, SHA7338E TRAVELLING ALONG HOUGANG STREET 52 AT THE LEFT LANE. AS I WAS GOING STRAIGHT, VEHICLE B FROM THE OPPOSITE DIRECTION SUDDENLY TURN RIGHT INTO THE CARPARK WITHOUT GIVING WAY TO ME AND HIS VEHICLE COLLIDED INTO MY RIGHT FRONT SIDE OF THE VEHICLE.

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	Witnessed by Reporting Centre Personnel
	16:00 22.08.21	MD NAZRIN