

NS-REG BY: Therun

REF: Ntuc

NS/INC21008932/Vuc

ASSIGNMENT

From:

Date:

Estimated Cost:

OD ☒ WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: SH 8505R

at Workshop m/s COMFORT DELGRO

of

Insured: FBF 3591K

Policy No.

Claims No. MT/1142988 -001

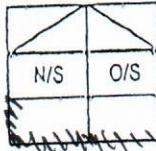
Sum Insured: Excess:

(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: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SH8505R

Yr Rogn: 29/6, 17

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

Truck / Trailer or

Make: Toyota prius hybrid c.c. 1798

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

Sp. Reading: 506521 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: STDH3Fu803560930

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt

Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modi: Nil / ☒ SIR / ☐ STD A/Rim or

Tyre Size: F: 195/65R15

R: 195/65R15

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

TOYO / YOKO or Westlake

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 23/8/21

D.O.I. 24/8/21/1500

Survey held at

Comfort

Des. of Damages: Frt / ☒ Rear / ☐ O/S / ☐ NIS / ☐ UIC / ☐ Rooftop or

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

Date / Time Action / Instruction

Rebate: 23/98

Confirmed final fig-L/S \$2800, 3 repair days.
(RED \$2243.85; 44%)

Date/Time: File Pass to?

☐ : Prel. Report

1/ 1/9 TYPIST

☐ : Final Report

Date/Time: File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

___ \$ + RS. ___ \$

Finibus

Chassis

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Wash and

Request Fee: TP

Final Fee: \$2800

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

821R

Vehicle Details

Vehicle No.:

SH8505R

Vehicle to be Exported:

No

Intended Deregistration Date:

25 Aug 2021

Vehicle Make:

TOYOTA

Vehicle Model:

PRIUS HYBRID 1.8 CVT

Primary Colour:

Blue

Manufacturing Year:

2017

Engine No.:

2ZRS055185

Chassis No.:

JTDKB3FU803560930

Maximum Power Output:

90.0 kW (120 bhp)

Open Market Value:

\$31,008.00

Original Registration Date:

29 Jun 2017

First Registration Date:

29 Jun 2017

Transfer Count:

0

Actual ARF Paid:

\$5,000.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

28 Jun 2025

PARF Rebate Amount:

\$3,750.00

Intended COE Rebate Details

COE Expiry Date:

28 Jun 2025

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

8

PQP Paid:

\$40,500.00

COE Rebate Amount:

\$19,448.00

Total Rebate Amount:

\$23,198.00

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 25 Aug 2021

OK

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SH 8505R
MAKE TOYOTA
MODEL PRIUS

DATE: 23. August 2021

MVA JUMANI

DOA: 23. Aug. 2021

NTUC

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|--|---------------------------|------|------------|--------------------|
| 1 | REAR BUMPER ASSY | | | \$458.60 / Cut |
| 10 | REAR BUMPER CLIPS | | | \$22.00 / nec |
| 1 | REAR FENDER LH | | | \$836.70 / Cut BUC |
| 1 | TAILLAMP ASSY UPPER LH | | | \$557.80 / Cut CRA |
| 1 | TAILLAMP ASSY LOWER LH | | | \$548.40 / Cut |
| 1 | REAR BUMPER LOWER COVER | | | \$552.60 ? |
| 1 | REAR BUMPER BRACKET LH | | | \$94.80 / nec |
| 1 | SEAL REAR BUMPER SIDE LH | | | \$148.40 / Cut |
| 1 | REAR BUMPER UNDER LH | | | \$232.00 / Cut |
| 1 | REAR BUMPER FLOOR COVER | | | \$220.50 Xr |
| SUB TOTAL | | | | \$3,671.80 |
| LESS 25% | | | | \$917.95 |
| DISCOUNTED TOTAL | | | | \$2,753.85 |
| ADVERTISEMENT LOGO – BUMPER | | | | \$50.00 NET ✓ NE |
| ADVERTISEMENT LOGO – FENDER | | | | \$200.00 NET ✓ NE |
| | | | | \$250.00 |
| Labour Charge | | | | \$1,200.00 700 |
| PANEL BEATING | | | | \$600.00 500 |
| SPRAY PAINT | | | | \$50.00 20 |
| CHECK WIRING | | | | \$50.00 20 |
| TUFF KOTE | | | | \$60.00 ✓ |
| TOWING FEE | | | | \$80.00 30 |
| REMOVE/REFIX REVERSE SENSOR | | | | |
| TOTAL LABOUR | | | | \$2,040.00 |
| ESTIMATE TOTAL | | | | \$5,043.85 |
| 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. | | | | |

INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

FBF3591K

Date of Accident

23/08/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance NTUC Income Insurance Co-op...

Period of Insurance 21/06/2021 - 20/06/2022

Requested By Por Moy Juan (COMFORTDELG...

Requested Date 23/08/2021 16:13

Payment details

Request Amount: S\$1.87


GST Amount: S\$0.13

Total Amount Due (GST Inclusive): S\$2

General Insurance Association

Records Management Centre

GST Registration No: M400017735

Thuan Lkh 
 24/8/21 ~~1500~~ 1500
 3clays wp

SN 820612

82235769 thuan@Lkh auto.lom

L/S after repair photo

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:

Date/Time: 23.08.2021 16:42 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305484006

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

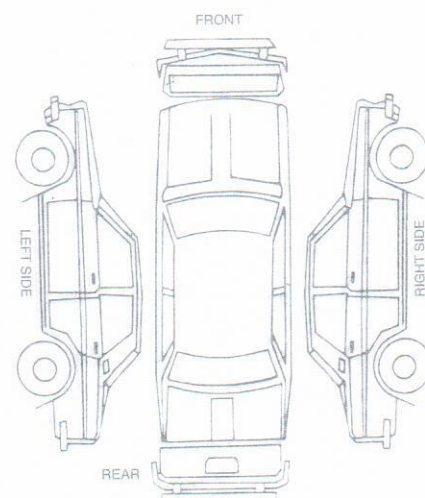
| | |
|--------------------------------|-------------------------------|
| REGN NO.: SH 8505R | MILEAGE |
| MAKE : TOYOTA | FUEL E.....1/2.....F |
| MODEL PRIUS HYBRID(G4) | DATE/TIME IN 23.08.2021 14:00 |
| YR OF MANU. 29.06.2017 | TARGET DATE |
| CHASSIS CODE JTDKB3FU803560930 | COMPLETION DATE/TIME: |

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 23.08.2021
NATURE: 3P 23.08.2021

S/NO LABOR CODE DESCRIPTION



ICKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Vo.: SH 8505R JU NTUC LKK

Vehicle No.: SH 8505R

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 | 23/08/2021 17:19 (SGT) |
| Date of Accident | 23/08/2021 12:25 (SGT) |
| Exact Location of Accident | Orchard Rd, Singapore |
| Additional Location Information | PASSED BY THE CONTROLLED JUNCTION |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SH8505R |
|-----------------------------|---------|

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) +65-83820997 |
| 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 | KOH GUAN LEE (XU YUANLI) |
| NRIC No | SXXXX224C |

| | |
|--|------------------------------|
| Date Of Birth | 03/05/1971 |
| Occupation | Outdoor |
| Date Of Driving Pass | 28/04/1998 |
| Driving experience | 23 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-83820997 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | APT BLK 5 JALAN BATU #08-151 |
| Address complement | - |
| Postcode | 431005 |
| 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 | Collided into Motorcyclist |
| 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 23/08/2021, AT ABOUT 12:25HRS. I WAS DRIVING VEHICLE A, SH8505R TRAVELLING ALONG ORCHARD ROAD AT THE 2ND LANE FROM THE RIGHT. AS I ALREADY PASSED BY THE CONTROLLED JUNCTION, THERE WAS AN UNKNOWN VEHICLE WHO WAS IN FRONT OF ME MAKE A SUDDEN STOP. I SLOWED DOWN AND STOPPED BEHIND THE UNKNOWN VEHICLE. SUDDENLY I HEARD A BANG COMING FROM MY LEFT REAR SIDE AND I REALISED VEHICLE B (MOTORIST) HAS REAR ENDED WITH MY 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 | FBF3591K |
| Vehicle Manufacturer | Yamaha |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |

| | |
|---|----------------------|
| Name of Driver | WAN SAMAD BIN ZENAL |
| Contact Number | (Phone) +65-87860420 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

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 :

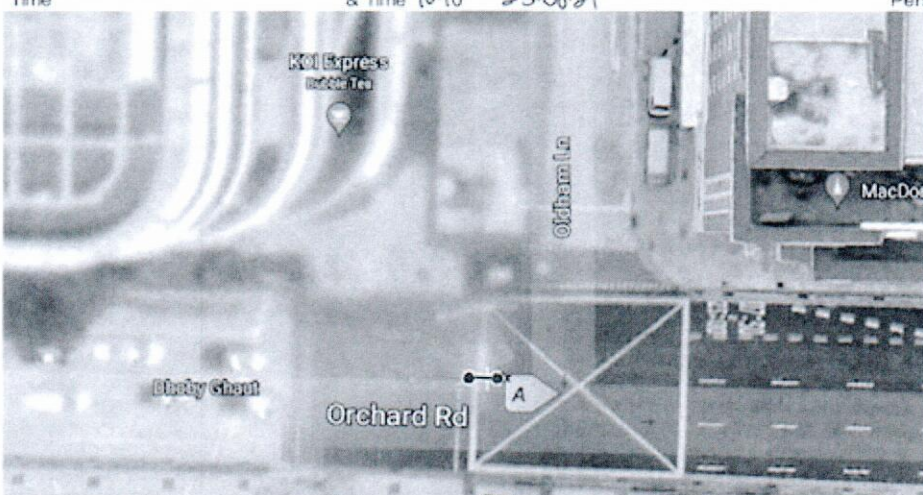
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 16:10 23-08-21 |  Witnessed by Reporting Centre Personnel MD NA 22 12 |
|---|---|---|



A-SH8505R
 B-FBF3591K
 X-IMPACT POINT

Describe Circumstances of the Accident

ON 23/08/2021, AT ABOUT 12:25HRS. I WAS DRIVING VEHICLE A, SH8505R TRAVELLING ALONG ORCHARD ROAD AT THE 2ND LANE FROM THE RIGHT. AS I ALREADY PASSED BY THE CONTROLLED JUNCTION, THERE WAS AN UNKNOWN VEHICLE WHO WAS IN FRONT OF ME MAKE A SUDDEN STOP. I SLOWED DOWN AND STOPPED BEHIND THE UNKNOWN VEHICLE. SUDDENLY I HEARD A BANG COMING FROM MY LEFT REAR SIDE AND I REALISED VEHICLE B (MOTORIST) HAS REAR ENDED WITH MY 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 16:10 23/08/21

Witnessed by Reporting Centre
Personnel MD NARRIN