

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop n/s

of

Insured:

Policy No.

Claims No.

MT/1142254-002

Sum Insured:

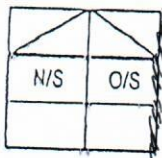
Excess:

(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

Date / Time

Action / Instruction

rebat: 21702

07/09/21 Thevan finalised with Mr Chiang LS \$3550, 3 days. (Red \$4900.32, 58%)

Date/Time File Pass to?

☐

: Prelim. Report

13/30/11 Typist

☐

: Final Report

Date/Time File Return to?

7

Report Fee:

TP

13/30/11 3550

Days Of Repair:

3

Resurvey No. of Trip:

1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: V/S&I (\$

Survey Fee:

Transportation:

\$ S + RS \$

Finings

Delivery

TOTAL

Veh No:

SH91965

Yr Regn:

10/8, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / (ax) / Prime Mover /

Truck / Trailer or

Make:

toyota prius

c.c 1798

Colour:

blue

A/C: Insured / Std / NI / NA

Sp. Reading

391398

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

STDK133FU90356311

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:

195/65R15

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.

24/8/21

D.O.A.

25/8/21

16/5

Survey held at

Comfort

Des. of Damages: (F) / (Rear) / (S) / N/S / U/C / Rooftop or

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	821R

Vehicle Details

Vehicle No.:	SH9196S
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Aug 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	2ZRS060763
Chassis No.:	JTDKB3FU903563111
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	10 Aug 2017
First Registration Date:	10 Aug 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Aug 2025
PARF Rebate Amount:	\$3,750.00

Intended COE Rebate Details

COE Expiry Date:	09 Aug 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$36,320.00
COE Rebate Amount:	\$17,952.00
Total Rebate Amount:	\$21,702.00

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 26 Aug 2021

OK

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO S9196S

24/08/21

MAKE 10/08/17

MODEL PRIUS G4

CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT FENDER RH			\$945.30 Xr
1	FRONT DOOR EMBLEM			\$86.50 / nec
1	FRONT DOOR WING MIRROR			\$1,728.70 Xr
1	OUTER MIRROR RH			\$212.80 / mis
1	RH ROCKER GARNISH			\$576.00 / cut
1	REAR FENDER RH			\$836.70 / cut
1	FRONT ALUM WHEEL RH			\$1,570.55 Xr
1	REAR ALUM WHEEL R H			\$1,570.55 Xr
	SUB TOTAL			\$7,527.10
	25.00%			\$1,881.77
	DISCOUNTED TOTAL			\$5,645.32
1	FRONT FENDER ADVERTISEMENT			\$100.00 / nec
1	FRONT DOOR ADVERTSIEMENT			\$100.00 / nec
1	REAR DOOR ADVERTSIEMENT			\$100.00 / nec
1	REAR FENDER ADVERTISEMENT			\$100.00 / nec
1	FRONT DOOR COMFORT STICKER			\$75.00 / nec
1	REAR DOOR COMFORT APP			\$80.00 / nec
				\$539.50
	Labour Charge			
	Panel Beating			\$950.00 700
	Spray Painting Charge			\$1,100.00 750
	Remove/refix rear upholstery			\$100.00 30
	tuff coating			\$100.00 30
	TOTAL LABOUR			\$2,250.00
	ESTIMATE TOTAL			\$8,434.82
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 Lkh
 82235769 thevan@lkh auto.lum
 25/8/21 16/5
 3 days w/p
 L/S after repair photos

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Part's 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: 4111368

JC NO.: 305484184

STOMER

I/MS

STOMER NO.

DRESS

... (R)

(P)

SCOUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

REGN NO.:

SH 9196S

MILEAGE

MAKE :

TOYOTA

FUEL

E.....1/2.....F

MODEL

PRIUS HYBRID(G4)24.08.2021 15:25

DATE/TIME IN

YR OF MANU.

10.08.2017

TARGET DATE

CHASSIS CODE

JTDMKB3FU903563111

COMPLETION DATE/TIME:

JOB DESCRIPTION

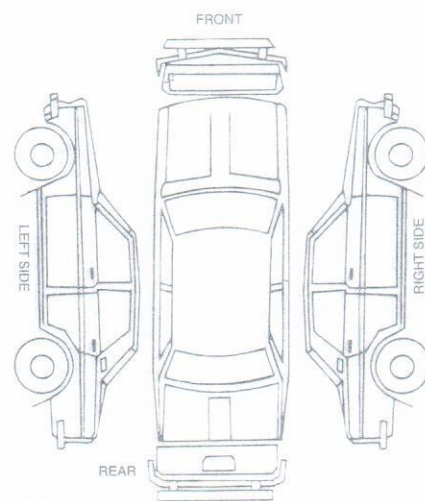
Accident Date: 24.08.2021

NATURE: 3P 24.08.2021

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

...

...

Vehicle No.:

SH 9196S

CHIANG

Exit Pass

Vehicle No.:

SH 9196S

Signature of Service Advisor

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	25/08/2021 10:26 (SGT)
Date of Accident	24/08/2021 14:15 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	EXIT TOWARDS TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9196S
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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) +65-91991850
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	TEH KOK TAI
NRIC No	SXXXX470A

Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private hire
Name of Driver	NORUL ANUAR BIN ABDUL RAZAK
NRIC No	SXXXX289G
Contact Number	(Phone) +65-90047294
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.**
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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

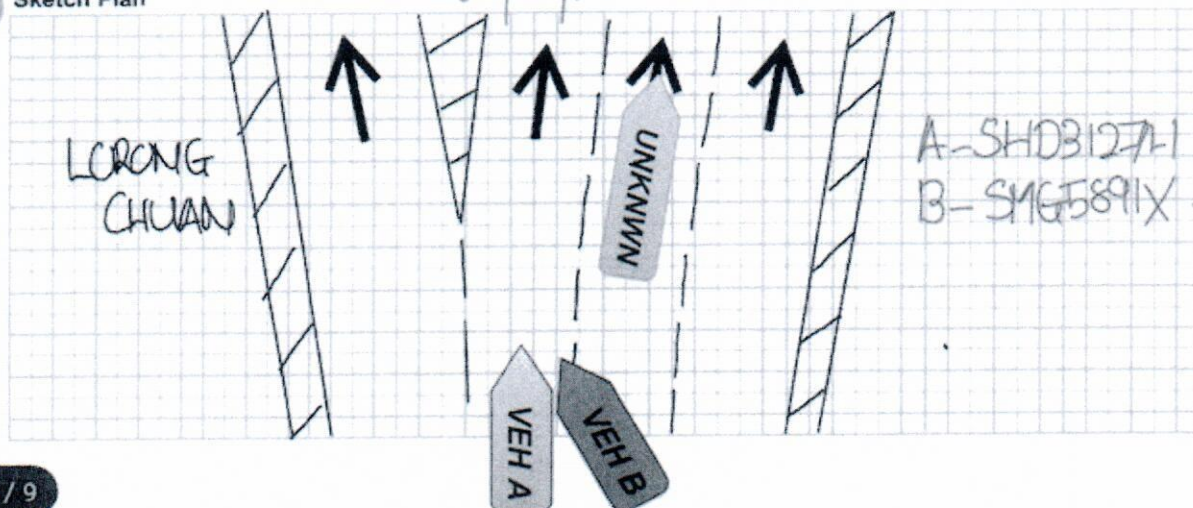
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Date Of Birth	19/08/1969
Occupation	Outdoor
Date Of Driving Pass	31/07/1997
Driving experience	24 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91991850
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 292 BISHAN STREET 22 #19-75
Address complement	-
Postcode	570292
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

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 THE 24082021 AT ABOUT 1415 HOURS, VEHICLE A (SH9196S) WAS TRAVELLING CTE EXIT TOWARDS TOA PAYOH ON LANE 3 WHEN VEHICLE B (SMG5891X) LANE CHANGE FROM 2 TO 3 SUDDENLY AND GLAZED VEHICLE A RIGHT SIDE. NOBODY IS 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	SMG5891X
Vehicle Manufacturer	Honda
Vehicle Model	Shuttle

Describe Circumstances of the Accident

ON THE 24082021 AT ABOUT 1415 HOURS, VEHICLE A (SH9196S) WAS TRAVELLING CTE EXIT TOWARDS TOA PAYOH ON LANE 3 WHEN VEHICLE B (SMG5891X) LANE CHANGE FROM 2 TO 3 SUDDENLY AND GLAZED VEHICLE A RIGHT SIDE. NOBODY IS INJURED.

Declaration

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

Policyholder's Signature / Date &

7 / 9

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

24/08/21 1545

Witnessed by Reporting Centre Personnel