

See REC BY: Thevan

REF: Ntuc NS/INC21009155/Vvc

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: **SML 8902C**

Policy No. _____

Claims No. **MT/1143582-002**

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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 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: **SHC84803**

Yr Regn: **4/8, 20**

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: **128922**

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JTDKB3FuX03041386**

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: **145/65 R15**

R: **145/65 R15**

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. **27/8/21**

D.O.A. **27/8/21**

Survey held at **Comart**

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

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

Date / Time

Action / Instruction

rebate: 33196

8/9/21 Thevan confirmed \$1158.67 (Red 1438.29, 55%)

Date/Time: File Pass to?

☐

: Prelim. Report

1)

☐

: Final Report

Date/Time: File Return to?

9/9/21-Typist

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: W&S end (\$

Survey Fee:

Transportation:

\$ + RS. \$

Finishes

Others

Total

Report Fee: TP

Nett Sum / RPT: \$1158.67

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

821R

Vehicle Details

Vehicle No.:

SHC8480J

Vehicle to be Exported:

No

Intended Deregistration Date:

30 Aug 2021

Vehicle Make:

TOYOTA

Vehicle Model:

PRIUS 5DR HATCHBACK (AUTO)

Primary Colour:

Blue

Manufacturing Year:

2020

Engine No.:

2ZR2G78983

Chassis No.:

JTDKB3FUX03091386

Maximum Power Output:

90.0 kW (120 bhp)

Open Market Value:

\$26,807.00

Original Registration Date:

04 Aug 2020

First Registration Date:

04 Aug 2020

Transfer Count:

0

Actual ARF Paid:

\$14,530.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

03 Aug 2028

PARF Rebate Amount:

\$10,897.00

Intended COE Rebate Details

COE Expiry Date:

03 Aug 2028

COE Category:

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

COE Period(Years):

8

PQP Paid:

\$25,752.00

COE Rebate Amount:

\$22,299.00

Total Rebate Amount:

\$33,196.00

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 30 Aug 2021

OK

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	27/08/2021 13:30 (SGT)
Date of Accident	27/08/2021 00:50 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	TOWARDS SERANGOON NORTH AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8480J

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	XXXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-90588589
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 PHANG HENG @ MUHAMMAD IDRIS WONG
NRIC No	SXXXX927B

Date Of Birth	07/05/1949
Occupation	Outdoor
Date Of Driving Pass	17/05/1976
Driving experience	45 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90588589
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 228 YISHUN STREET 21 #01-498
Address complement	-
Postcode	760228
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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 - U-Turn
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 27/08/2021 AT ABOUT 00:50HRS, I WAS DRIVING VEHICLE A (SHC8480J) ALONG ANG MO KIO AVE 3 TOWARDS ANG SERANGOON NORTH AVE 1. I WAS TRAVELLING ON FIRST LANE AND ABOUT MAKE A RIGHT TURN WHEN VEHICLE B (SML8902C) MAKE A U-TURN FROM SECOND LANE. MY VEHICLE HAD COLLIDED ONTO VEHICLE B. I SUSTAINED PAIN ON MY BACK AND KNEE.

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	SML8902C
Vehicle Manufacturer	Kia

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	THATTASERY SEBASTIAN GEORGE SHINAJ
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG PHANG HENG @ MUHAMMAD IDRIS WONG
Gender	Male
Phone No	(Phone) +65-90588589
Address	APT BLK 228 YISHUN STREET 21 #01-498
Address Complement	-
Post Code	760228
Approximate Age Years Old	72
Injuries Sustained	BACK AND KNEE PAIN
Injured person in which vehicle?	SHC8480J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

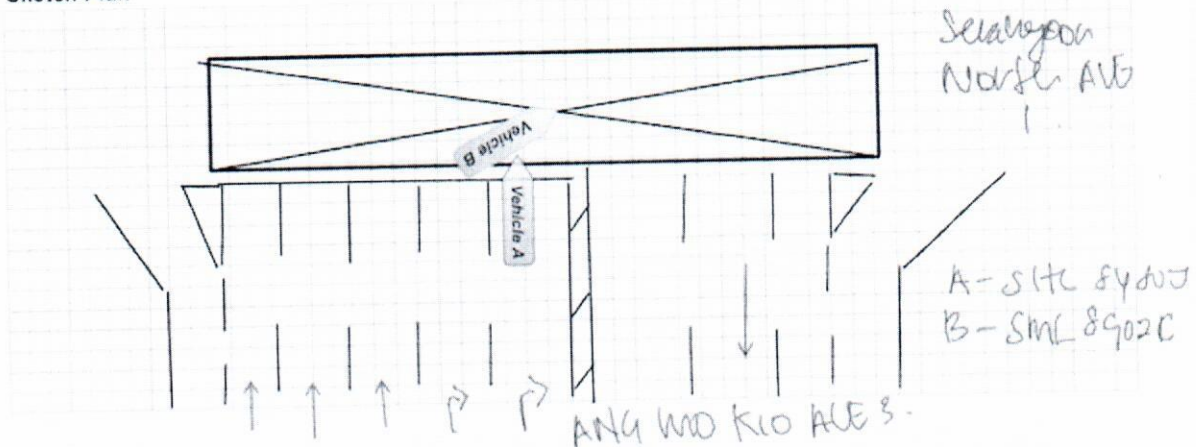
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
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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' law firms/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' law firms/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 firms/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



Describe Circumstances of the Accident

ON 27/08/2021 AT ABOUT 00:50HRS, I WAS DRIVING VEHICLE A (SHC8480J) ALONG ANG MO KIO AVE 3 TOWARDS ANG SERANGOON NORTH AVE 1. I WAS TRAVELLING ON FIRST LANE AND ABOUT MAKE A RIGHT TURN WHEN VEHICLE B (SML8902C) MAKE A U-TURN FROM SECOND LANE. MY VEHICLE HAD COLLIDED ONTO VEHICLE B. I SUSTAINED PAIN ON MY BACK AND KNEE.

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

27/8/21 - 0430H

Witnessed by Reporting Centre Personnel

Khamu Rai

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

DATE 27/08/2021

VEHICLE NO SHC8480J

MAKE 04/08/20

MODEL PRIUS G4 A

CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
				\$81.70 Xsvc
2	FRT BUMPER SIDE BRACKET LH/			\$499.90 ✓ Cut
1	FRT BUMPER COVER			\$166.90 Xsvc
1	FRTBUMPER CENTRE GRILLE			\$301.90 Xsvc
1	FRT BUMPER LOWER GRILLE			\$86.50
1	FRT BUMPER LH GARNISH			\$28.38 Xsvc
1	FRT BUMPER TOW COVER			\$88.00 Xsvc
1	FRT GRILLE EMBLEM			\$86.50 ✓
1	FRT BUMPER LH GARNISH			\$99.00 ✓ Cut
1	FRONT NUMBER PLATE MTG BRACKET			\$77.00 Xsvc
1	FRT BUMPER SIDE RETAINER /LH			
	SUB TOTAL			\$1,515.78
	LESS 25%			\$378.94
	DISCOUNTED TOTAL			\$1,136.83
1	FRONT NUMBER PLATE W/HOLDER			\$55.00 ✓ Cut
				\$55.00
	Labour Charge			
	Panel Beating			\$750.00 350
	Spray Painting Charge			\$600.00 250
	Check Wiring & Lighting			\$60.00 30
	tuff coat			\$60.00 30
	TOTAL LABOUR			\$1,470.00
	ESTIMATE TOTAL			\$2,661.83
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

82235769 thevan@Lkhauto.com

27/8/21 1600

2 days wp

P/P bfr paint photos