

REC-10: Thuan

416

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: SHB402AL ✓ Yr Regn: 9/1/19
Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or

Make: Toyota prius c.c. 1998

Colour: blue NC: Insured / Std / HI / HA

Sp. Reading: 360430 T/Radio: Insured / Std / HI / HA

Eng/No: _____

C/No: 3TDH3Fu503077993

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / 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. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 18/9/21 D.O.I. 20/9/21 1630

*Survey held at Comfort

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof/tp or

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

Date / Time Action / Instruction

Rebate: 24478

Date/Time File Pass to?

☐ : Proll. Report

☐ : Final Report

Date/Time File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : W&S and (\$ _____)

Survey Fee:

Transportation:

\$ + R.S. \$

Fuel

Other

Total

Grand Total

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHB4029L

Make : Toyota

Model : Prius

Date: 20.09.2021

Insurance: AIG

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER			
10	REAR BUMPER CLIPS			\$499.90 Def
1	REAR BUMPER SIDE BRACKET RH			\$22.00 nec
1	REAR BUMPER UNDER SIDE COVER RH			\$55.80 nec
1	REAR BUMPER SIDE RETAINER RH			\$232.00 cut
1	REAR BUMPER REINFORCEMENT			\$112.70 nec
	REAR BUMPER ARM SUB- ASSY RH			\$318.80 ?
1	REAR BUMPER LOWER COVER			\$139.60 Def
1	TAIL LAMP RH UPPER			\$552.60 cut
1	TAIL LAMP RH LOWER			\$557.90 cut
1	GARNISH SUB-ASSY BACK DOOR GARNISH			\$548.40 cut
1	REAR BUMPER TOWING COVER			\$889.70 ?
1	REAR TRUNK LIG LOGO (Prius)			\$82.70 cut
1	REAR TRUNK LIG LOGO (Hybrid)			\$60.80 nec
				\$52.40 nec
	SUB TOTAL			\$4,125.30
	LESS 25%			\$1,031.33
	DISCOUNTED TOTAL			\$3,093.98
	REAR TRUNK LID APPS STICKER			\$40.00 nec
	REAR TRUNK LID COMFORT & TEL NO STICKER			\$60.00 nec
	REAR BUMPER ADVERTISEMENT LOGO			\$50.00 nec
	REAR FENDER ADVERTISEMENT LOGO LH			\$100.00 nec
	REAR FENDER ADVERTISEMENT LOGO RH			\$100.00 nec
	REAR BUMPER RUBBER MAT			\$50.00 nec
				\$150.00
	Labour Charge			
	PANEL BEATING			\$750.00 700
	SPRAY PAINTING CHARGE			\$600.00 500
	WIRING CHARGE			\$80.00 30
	TOWING FEE			\$60.00
	TUFF KOTE			\$50.00 20
	TOTAL LABOUR			\$1,540.00
	ESTIMATE TOTAL			\$4,783.98

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:

Thuan@lkhua b.lem
82235769
20/9/21 1630 P/P btr paint photo
3 days wp btr painting a the car photos

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.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	A21R
Vehicle Details	
Vehicle No.:	S14B4029L
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Sep 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS SDR HATCHBACK (AUTO)
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	2ZR2B86432
Chassis No.:	JTDKB3FU503077993
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	09 Jan 2019
First Registration Date:	09 Jan 2019
Transfer Count:	0
Actual ARF Paid:	\$14,247.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Jan 2027
PARF Rebate Amount:	\$10,685.00
Intended COE Rebate Details	
COE Expiry Date:	08 Jan 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$20,838.00
COE Rebate Amount:	\$13,793.00
Total Rebate Amount:	\$24,478.00

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 22 Sep 2021

OK

Date/Time: 20.09.2021 11:05

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4119952

JC NO 305487615

CUSTOMER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

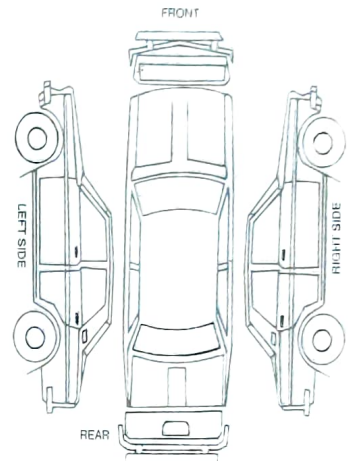
SCOUNT CARD NO.

REGN NO: SHB4029L	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL: PRIUS HYBRID(G4)18.	DATE/TIME IN: 09.09.2021 23:50
YR OF MANU: 09.01.2019	TARGET DATE
CHASSIS CODE: JTDKB3FU503077993	COMPLETION DATE/TIME

Accident Date: 18.09.2021
NATURE: 3P 18.09.2021

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

:
:..
e No.: SHB4029L YY

Vehicle No.:
SHB4029L

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	20/09/2021 13:53 (SGT)
Date of Accident	18/09/2021 23:50 (SGT)
Exact Location of Accident	Upper Changi Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4029L
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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) +65-96604119
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	NG FOOK WAH
NRIC No	SXXXX800D

Date Of Birth	01/11/1954
Occupation	Outdoor
Date Of Driving Pass	30/11/1981
Driving experience	39 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96604119
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 32 CASSIA CRESCENT #04-66
Address complement	-
Postcode	390032
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 - Head to Rear
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 18/09/2021 AT ABOUT 2350HRS, I WAS DRIVING MY CAR (SHB4029L) ALONG UPPER CHANGI RD TOWARDS BEDOK PARK CONNECTOR. AFTER I PASS THE JUNCTION OF UPPER CHANGI RD AND CHANGI SOUTH LN (RIGHT AFTER THE JUNCTION), THERE WAS AN CONSTRUCTION WORKER WITH A STOP SIGN, AS SUCH I STOPPED IN FRONT OF THE SAID CONSTRUCTION WORKER. SUBSEQUENTLY, ONE VAN (GBJ9790S) REAR ENDED ONTO 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	GBJ9790S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SAN YU

NFC No

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

GXXXX538N

(Phone) +65-95569577



SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claim process.
 2. This form must be completed by the Policyholder and/or the Authorized Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind the policy liability.
 4. The issue and existence of this Formby 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 be made available upon application by interested parties.
 7. By the judgement 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. Consented 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 be 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 generated by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' law firm/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police, for the purposes) 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/small 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 firm/law firms, may be 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or Agents (including their law firm/law firms), which may be stated outside of Singapore, for one or more of the above Purposes.

NG

19/09/2021@0010hrs

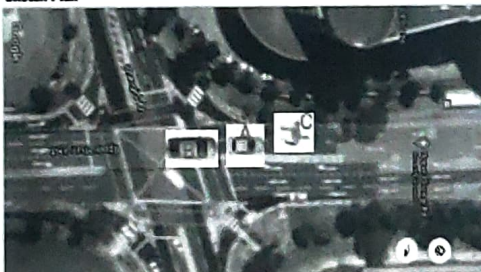
KL

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A= SHB4029L
B= GBJ9790S
C= Construction worker with stop sign

Describe Circumstances of the Accident

On 18/09/2021 at about 2350hrs, I was driving my car (SHB4029L) along Upper Changi Rd towards Bedok Park Connector. After I pass the junction of Upper Changi Rd and Changi South Ln (Right after the junction), There was an construction worker with a stop sign, as such I stopped infront of the said construction worker. Subsequently, One van (GBJ9790S) rear ended onto my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

NS

19/09/2021@0010hrs



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel