

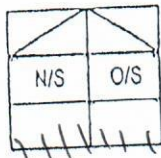
REG BY: Theran

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. MT/1146928-002
 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. 2 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: STC1024 Yr Regn: 19/7/17
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota prius cc 1798
 Colour: blue A/C: Insured / Std / NI / NA

Sp. Reading not avail - batt flat T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STDKB3Fu703561471Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 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 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 4/10/21 D.O.I. 6/10/21/1600Survey held at ComfortDes. of Damages: Frt / Rear / O/S / N/S / UIC / Roof/Top or

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

Date / Time Action / Instruction

rebat: 21902

lump sum \$1650, 2days
red: 1430.18;46%

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trlp: _____

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Wash and

Survey Fee:

Transportation:

S + RS. \$

Fines

Others

Total

Request Fines:

Lump Sum / L.B.I.

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHC1102Y ✓

MAKE 19/07/2017

MODEL TOYOTA PRIUS G4

DATE 04/10/21 06:20 PM

CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
				\$458.60 ✓ cut
1	REAR BUMPER			\$552.60 ✓ det
1	REAR BUMPER LOWER COVER			\$318.80 ?
1	REAR BUMPER REINFORCEMENT			\$82.70 ✓ mis
1	REAR BUMPER TOW COVER			\$232.00 X R
1	REAR BUMPER SIDE COVER RH			\$52.90 ✓ nec
1	REAR TRUNK LOGO PRIUS			\$52.40 ✓ nec
1	REAR TRUNK LOGO HYBRID		\$112.70	\$225.40 ?
2	REAR BUMPER SIDE RETAINER LH/RH		\$2.20	\$22.00 ✓ nec
10	REAR BUMPER CLIP			
	SUB TOTAL			\$1,997.40
	25.00%			\$499.35
	DISCOUNTED TOTAL			\$1,498.05
				\$60.00 ✓ nec
1	BOOTLID COMFORT & TEL NUMBER			\$40.00 ✓ nec
1	BOOTLID COMFORT APP			\$50.00 ✓ nec
1	BUMPER MAT			\$135.70 ✓ cut
1	BUMPER REVERSE SENSOR			
				\$262.13
	Labour Charge			
	Panel Beating			\$600.00 350
	Spray Painting Charge			\$600.00 500
	Check wiring and lighting			\$60.00 30
	Remove/Refix Reverse Sensor			\$60.00 30
	TOTAL LABOUR			\$1,320.00
	ESTIMATE TOTAL			\$3,080.18
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.				

Thuan@Chhauto.com

82235769

6/16/21 1600

L/S after repair photo
wp 2 daysLKK 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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

821R

Vehicle Details

Vehicle No.:

SHC1102Y

Vehicle to be Exported:

No

Intended Deregistration Date:

12 Oct 2021

Vehicle Make:

TOYOTA

Vehicle Model:

PRIUS HYBRID 1.8 CVT

Primary Colour:

Blue

Manufacturing Year:

2017

Engine No.:

2ZRS056485

Chassis No.:

JTDKB3FU703561471

Maximum Power Output:

90.0 kW (120 bhp)

Open Market Value:

\$29,007.00

Original Registration Date:

19 Jul 2017

First Registration Date:

19 Jul 2017

Transfer Count:

0

Actual ARF Paid:

\$5,000.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

18 Jul 2025

PARF Rebate Amount:

\$3,750.00

Intended COE Rebate Details

COE Expiry Date:

18 Jul 2025

COE Category:

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

COE Period(Years):

8

PQP Paid:

\$38,560.00

COE Rebate Amount:

\$18,152.00

Total Rebate Amount:

\$21,902.00

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 12 Oct 2021

OK

Date/Time: 06.10.2021 12:44

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO 305489640

STOMER

/MS

STOMER NO.

DRESS

(R)
(P)

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

REGN NO:

SHC1102Y

MAKE:

TOYOTA

MODEL

PRIUS HYBRID(G4)05.10.2021 17:30

YR OF MANU

19.07.2017

CHASSIS CODE

JTDKB3FU703561471

MILEAGE

FUEL

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

DATE/TIME IN

TARGET DATE

COMPLETION DATE/TIME:

SCOUNT CARD NO.

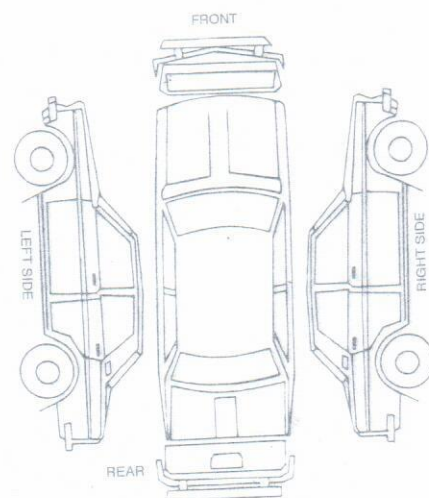
JOB DESCRIPTION

Accident Date: 04.10.2021
NATURE: 3P 04.10.2021

S/NO

LABOR CODE

DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

e:
io.:
le No.: SHC1102Y CHIANG

Exit Pass

Vehicle No.: SHC1102Y

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

returned to Service Reception upon collection

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	05/10/2021 19:38 (SGT)
Date of Accident	04/10/2021 18:20 (SGT)
Exact Location of Accident	Circuit Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1102Y
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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) +65-91000039
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	FOO HOE ENG
NRIC No	SXXXX735J

Date Of Birth	08/05/1965
Occupation	Outdoor
Date Of Driving Pass	08/05/1987
Driving experience	34 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91000039
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 93 WHAMPOA DRIVE #05-120
Address complement	-
Postcode	320093
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?	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	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kampong Java Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002959999
Alt. Police Station Phone No	(Fax) +65-63913442
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211005/2033

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	SJL9433T
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Private car
Vehicle Category	-
Name of Driver	-
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	FOO HOE ENG
Gender	Female
Phone No	(Phone) +65-91000039
Address	BLK 93 WHAMPOA DRIVE #05-120
Address Complement	-
Post Code	320093
Approximate Age Years Old	-
Injuries Sustained	INJURIES ON HAND AND PAIN ON BACK
Injured person in which vehicle?	SHC1102Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

DISCOUNT RATE: 8.00%

- [illegible]

Exercises:

Driver's Signature of driver is type certificate
Name *Chen* *Chen*

_____ Reporting Center
Personnel

A hand-drawn map of the study area. It shows a grid of roads. A vertical road is labeled 'CIRCUIT ROAD' with an arrow pointing up. A horizontal road is labeled 'SHIKHOZY' with an arrow pointing right. A vertical road is labeled 'SILAHBAT' with an arrow pointing down. The intersection of these roads is marked with a small circle.

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T/20211005/2033

Declaration

(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 06/10/2017 17:15

Witnessed By Reporting Centre
Personnel