

SEA REC BY:

thuan

REF:

+mI

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:

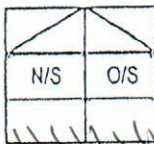
Excess:

(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:

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:

SHA1852B ✓

Yr Regn:

20/12/19

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

141108

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

STDH33T-0003090344

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:

195/65R15

R:

195/65R15

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

TOYO / YOKO or

Wastahc

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

18/10/21

D.O.I.

19/10/21 1630

Survey held at

Comfort

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

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

Date / Time

Action / Instruction

Vehate: 30530

Date/Time: File Pass to?

☐

: Prelim. Report

1)

Date/Time: File Return to?

☐

: Final Report

2)

Report Form:

Lump Sum / B.E.D.

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Wash and

Survey Fee:

Transportation:

S + RS. \$

Fines:

Others:

TOTAL

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

LKK-

TS

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

CP/P

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	18/10/2021
Vehicle Reg. No.:	SHA1852B	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS HYBRID, 1.8 CVT TAXI (A)	Vehicle Reg. Date:	20/12/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZR2G06294	Chassis No:	JTDKB3FU003090344
Odometer:	0 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	1,626.17
Miscellaneous Items	11.00
Labour	820.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	2,457.17
+ GST 7.00% (\$\$)	172.00
Nett Amount (\$\$)	2,629.17

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

TS

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 19 Oct 2021)**Parts:** 144 TOYOTA PRIUS HYBRID 1.8 CVT TAXI (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHA1852B/19/10/2021 08:44 ✓**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk *.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount	
1	1		*REAR BUMPER	25.00	0.00	*458.60 FL	✓ cut
2	1		*REAR BUMPER UNDER COVER	25.00	0.00	*552.60 FL	✓ cut
3	1		*REAR BUMPER REINFORCEMENT	25.00	0.00	*318.80 FL	7. ✓
4	10		*REAR BUMPER CLIPS	25.00	0.00	*22.00 FL	✓ nice
5	1		*REAR BUMPER TOW COVER	25.00	0.00	*82.70 FL	✓ cut
6	1		*REVERSE SENSORS	0.00	0.00	*135.70 F	✓ cut
7	1		*REAR BUMPER UNDER FLOOR COVER	25.00	0.00	*552.60 FL	7. ✓
						Sub Total (\$\$)	2,123.00 ✓
						- List Item Discount on L Items (\$\$)	496.83
						Total Parts (\$\$)	1,626.17

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHA1852B/19/10/2021 08:44. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	400.00 350
2	SPRAY PAINTING	New	300.00 250
3	R/I REVERSE SENSORS	New	120.00 30
Gross Labour Cost (S\$)			820.00

ComfortDelGro Engineering Pte Ltd/SHA1852B/19/10/2021 08:44. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Thru C/L to 10m
82235769
19/10/21 1630
1/P for paint photo
2 days up

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:

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHA1852B
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Oct 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	2ZR2G06294
Chassis No.:	JTDKB3FU003090344
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	20 Dec 2019
First Registration Date:	20 Dec 2019
Transfer Count:	0
Actual ARF Paid:	\$14,530.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Dec 2027
PARF Rebate Amount:	\$10,897.00
Intended COE Rebate Details	
COE Expiry Date:	19 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$25,581.00
COE Rebate Amount:	\$19,633.00
Total Rebate Amount:	\$30,530.00
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 28 Oct 2021

OK

Date/Time: 19.10.2021 08:24

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4131416

JC NO305491257

OMER

S COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

JUNT CARD NO.

REGN NO.:
SHA1852B

MILEAGE

MAKE:
TOYOTA

FUEL

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

MODEL
PRIUS HYBRID(G4A18.10.2021 14:20

DATE/TIME IN

YR OF MANU.
20.12.2019

TARGET DATE

CHASSIS CODE
JTDKB3FU003090344

COMPLETION DATE/TIME:

JOB DESCRIPTION

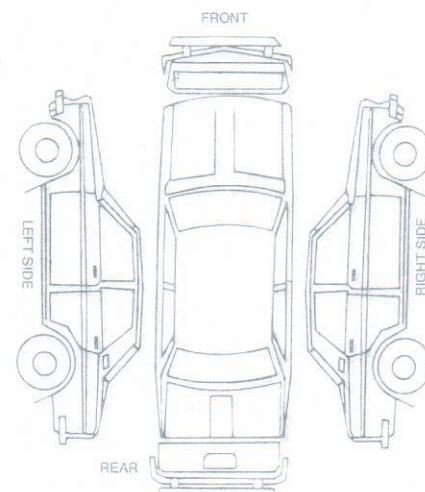
Accident Date: 18.10.2021

ATURE: 3P 18.10.2021

NO
0010

LABOR CODE
PB

DESCRIPTION
PANEL BEATING-SHA1852B



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: **SHA1852B**

LIMITS

Vehicle No.:
SHA1852B

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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	18/10/2021 19:15 (SGT)
Date of Accident	18/10/2021 13:00 (SGT)
Exact Location of Accident	Outram Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1852B
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-97311111
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	No
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	LOY TECK MEIN AUGUSTINE
NRIC No	SXXXX390I

Date Of Birth	06/08/1958
Occupation	Outdoor
Date Of Driving Pass	10/09/1979
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97311111
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 101 ANG MO KIO AVENUE 3 #10-1409
Address complement	-
Postcode	560101
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 18/19/21 AT ABOUT 1300HRS I WAS DRIVING VEHICLE A (SHA1852B) ALONG OUTRAM ROAD TOWARDS TIONG BAHRU ROAD.I WAS EXTREME RIGHT LANE AND WANTED TO MAKE U TURN.AS I WAS SLOWING DOWN MY VEHICLE,SUDDENLY VEHICLE B (GBH994R) REAR ENDED MY VEHICLE.UNABLE TO EXCHANGE PARTICULAR AND NO INJURIES AT POINT OF TIME.

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	GBH994R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -

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

Witnessed by Reporting Centre Personnel

Sketch Plan

18/10/11 / 1450hrs

A SHW1552B

B GBH944R

VEHICLE A

VEHICLE B

Direction of Travel

Describe Circumstances of the Accident

ON 18/19/21 AT ABOUT 1300HRS I WAS DRIVING VEHICLE A SHA1852B ALONG OUTRAM ROAD TOWARDS TIONG BAHRU ROAD. I WAS EXTREME RIGHT LANE AND WANTED TO MAKE U TURN. AS I WAS SLOWING DOWN MY VEHICLE, SUDDENLY VEHICLE B GBH994R REAR ENDED MY VEHICLE. UNABLE TO EXCHANGE PARTICULAR AND NO INJURIES AT POINT OF TIME.

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

18/10/21 / 1450 Hrs



Witnessed by Reporting Centre Personnel