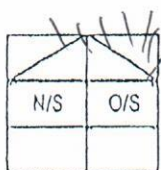


REC BY: Thavan | ntuc

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. _____
 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: SHD3610 ✓ Yr Regn: 14/9/16
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota prius hybrid c.c. 1798
 Colour: blue A/C: _____ Insured / Std / NI / NA
 Sp. Reading 73/801 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 5+PhB3Fu103530345
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / SIR / 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. 12/10/21 D.O.I. 12/10/21 1630
 Survey held at Comfort
 Des. of Damages Fr / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Rebate: 18977</u>

Date/Time. File Pass to? ☐ : Prel. Report
 1/ ☐ : Final Report
 Date/Time. File Return to? _____

Days Of Repair: _____
 Resurvey No. of Trlp: _____

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Inv (\$)
☐ : Wash and _____

Survey Fee: _____
 Transportation: _____
 Finishes _____
 Others _____
 TOTAL _____

Request Form: _____
 Date/Time/Signature: _____

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHD3610D ✓

DATE: 12/10/2021

MAKE TOYOTA ✓

MVA JUMANI

MODEL RPRIUS

DOA: 12. Oct. 2021

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRT BUMPER ASSY	1		\$499.90 ✓ Cat
1	FRT BUMPER BRACKET RH	1		\$82.30 ✓ Nec
1	FRT FENDER EBLEM RH	1		\$86.50 ✓ Nec
SUB TOTAL				\$668.70
LESS 20%				\$167.17
DISCOUNTED TOTAL				\$501.53
				NET
				NET
				\$-
Labour Charge				
PANEL BEATING				\$400.00 350
SPRAY PAINT				\$600.00 500
CHECK WIRING				\$50.00 20
				\$1,050.00
TOTAL LABOUR				\$1,050.00
ESTIMATE TOTAL				\$1,551.53
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@Lhauto.com

82235769

12/10/21 1630

US after repair photo

2 days up

ERK 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:

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

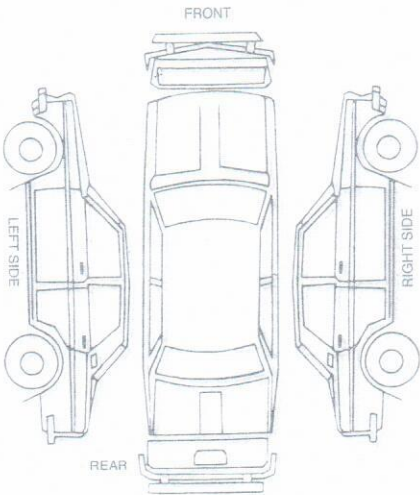
JC NO305490430

OMER	REGN NO.: SHD3610D	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE : TOYOTA	FUEL E.....1/2.....F
OMER NO. 7010045	MODEL PRIUS HYBRID(G4)12.	DATE/TIME IN 10.2021 12:35
ESS 383 SIN MING DRIVE	YR OF MANU. 14.09.2016	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE JTDKB3FU103530345	COMPLETION DATE/TIME:
(R) 65508755 (O)		
(P)		
DUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 12.10.2021
TURE: 3P.12.10.2021

NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: SHD3610D JU NTUC

Vehicle No.: SHD3610D

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

FBR8776Z

Date of Accident

12/10/2021



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance NTUC Income Insurance Co-op...

Period of Insurance 18/11/2020 - 17/11/2021

Requested By Huang Xiao Yan (COMFORTDEL...

Requested Date 12/10/2021 14:42

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHD3610D
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Oct 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	2ZRR923180
Chassis No.:	JTDKB3FU103530345
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$31,008.00
Original Registration Date:	14 Sep 2016
First Registration Date:	14 Sep 2016
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Sep 2024
PARF Rebate Amount:	\$3,500.00
Intended COE Rebate Details	
COE Expiry Date:	13 Sep 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$42,672.00
COE Rebate Amount:	\$15,477.00
Total Rebate Amount:	\$18,977.00
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 19 Oct 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	12/10/2021 16:44 (SGT)
Date of Accident	12/10/2021 08:50 (SGT)
Exact Location of Accident	Sheares Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3610D
-----------------------------	----------

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) +65-90486936
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	AIK KIAN HUAT
NRIC No	SXXXX387A

Date Of Birth	10/03/1953
Occupation	Outdoor
Date Of Driving Pass	31/10/1974
Driving experience	47 YEARS
Gender	Male
Mobile Number	(Phone) +65-90486936
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 249 KIM KEAT LINK #06-85
Address complement	-
Postcode	310249
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	Collided into Motorcyclist
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 12/10/2021 AT ABOUT 0850HRS I WAS DRIVING MY VEHICLE A (SHD3610D) ON THE SECOND LANE OF SHEARES AVENUE IN THE DIRECTION OF CENTRAL BOULEVARD. MY VEHICLE A WAS STATIONARY AT THE TRAFFIC LIGHTS JUNCTION WHEN VEHICLE B (FBR8776Z) ON MY RIGHT SQUEEZED PASSED. VEHICLE B SIDE SWIPE MY VEHICLE A FRONT RIGHT. I HONK VEHICLE B BUT SHE DID NOT STOP. MY PASSENGER IS NOT 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	FBR8776Z
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

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 :

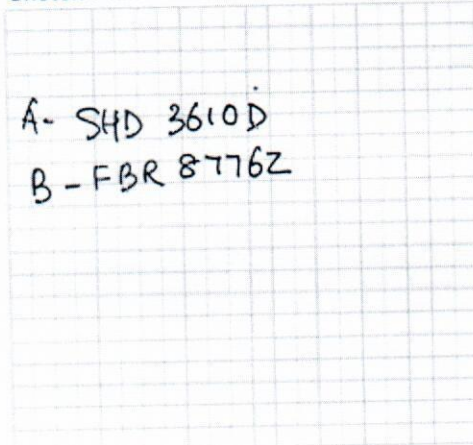
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

Sketch Plan

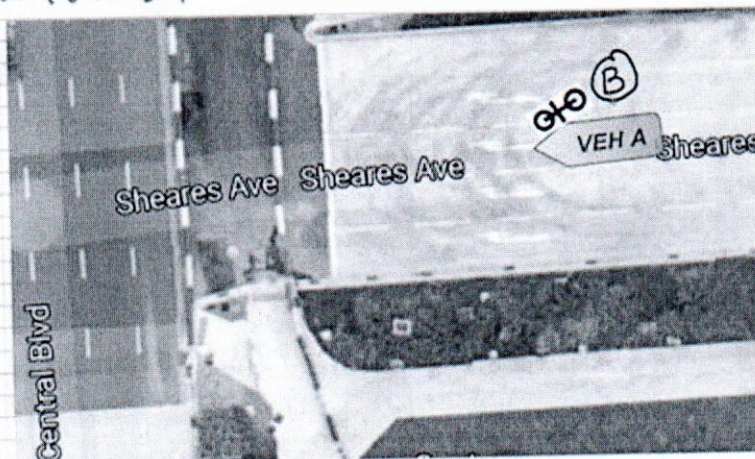


Driver's Signature (If driver is not the policyholder) / Date & Time

12.10.2021 13:54HS

Witnessed by Reporting Centre Personnel

Kyri Yo



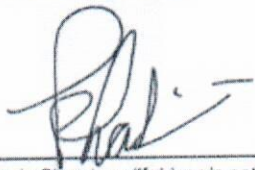
Describe Circumstances of the Accident

ON 12/10/2021 AT ABOUT 0850HRS I WAS DRIVING MY VEHICLE A SHD3610D ON THE SECOND LANE OF SHEARES AVENUE IN THE DIRECTION OF CENTRAL BOULEVARD. MY VEHICLE A WAS STATIONARY AT THE TRAFFIC LIGHTS JUNCTION WHEN VEHICLE B FBR8776Z ON MY RIGHT SQUEEZED PASSED. VEHICLE B SIDE SWIPE MY VEHICLE A FRONT RIGHT. I HONK VEHICLE B BUT SHE DID NOT STOP. MY PASSENGER IS NOT INJURED

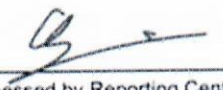
Declaration

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 12.10.2021 1330HRS



Witnessed by Reporting Centre
Personnel Kyrie Tong