

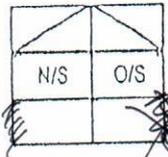
REG BY: Thevan

NTAC

NS/INC21010867/Vqc

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/1147977-002
 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. 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: SH6730D ✓ Yr Rog: 19/7, 17
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /
 Truck / Traller or _____
 Make: Toyota prius c.c. 1798
 Colour: blue A/C: _____ Insured / Std / NI / NA
 Sp. Reading: 47600.7 T/Radlo: Insured / Std / NI / NA
 Eng/No: _____
 C/No: STD/1B3FUX03561383
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammud / Leaked / Burnt or _____
 Brake: In order / Jammod / 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. 14/10/21 D.O.I. 15/10/21 1600
 Survey held at Comfort
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooltop or
rear n/s
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>rebate: 21777</u>
<u>22/10/21</u>	<u>Thevan finalised with Mr Lim LS \$2300, 3 days. (Red \$1517.78; 40%)</u>

Date/Time. File Pass to? : Prelim. Report
 : Final Report
 Date/Time. File Return to? _____

Days Of Repair: 3
 Resurvey No. of Trip: 1

- Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : W/rel end (\$ _____)

Survey Fee:	_____
Transportation:	_____
_____ S + RS _____ SI	_____
Prints	_____
Colours	_____
TOTAL	_____

Request Fee: TP
 Total Sum 2300

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

LKK-

DATE: 15.10.21

INSURANCE: NTUC (45)

MODEL: Toyota Prius

MVA: LIM T S

VEHICLE NO.: SH 6736D

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Wheel Rim LH	1		\$1,555.00
	Rear Fender LH	1		\$836.70
	SUB TOTAL			\$2,391.70
	LESS 25% DISCOUNTED TOTAL			\$597.93
				\$1,793.78
	Rear Door APPS LH	1		\$80.00
	Rear Fender (Petrol Only) LH	1		\$40.00
	S/NETT SUB			\$120.00
	LESS 10%			\$12.00
	S/NETT TOTAL			\$108.00
	Rear Door APPS LH	1		\$80.00
	Rear Door Adv. Sticker LH	1		\$100.00
	Rear Westlake Tyre LH	1		\$216.00
	NETT TOTAL			\$396.00
	SPARE PARTS TOTAL			\$2,297.78
	Labour Charge			\$800.00
	Panel Beating – Rear Fender LH			\$600.00
	Spray Painting Charge			\$120.00
	Wheel Alignment			
	TOTAL LABOUR			\$1,520.00
	ESTIMATE TOTAL			\$3,817.78

See Cost Ref (Buc)

✓ nec
X nec

X repair
✓ nec
X SVC

350
500
X W W

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@Lhhayto - low
82235769
13/10/21 1600
C/S after paint + photo
3 day wp

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.:	SH6736D
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Oct 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	2ZRS048871
Chassis No.:	JTDKB3FUX03561383
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:	\$18,027.00
Total Rebate Amount:	\$21,777.00
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 21 Oct 2021

OK

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4129910

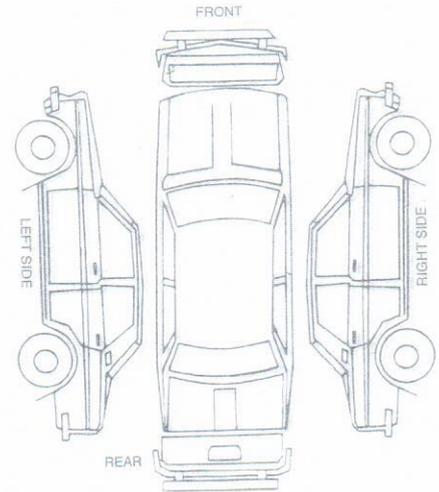
JC NO305490589

OMER IS COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) IDENTIFICATION CARD NO.	REGN NO.: SH 6736D	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL PRIUS HYBRID(G4)14.	DATE/TIME IN 10.2021 13:25
	YR OF MANU. 19.07.2017	TARGET DATE
	CHASSIS CODE JTDKB3FUX03561383	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 14.10.2021
 NATURE: 3P 14.10.2021

NO	LABOR CODE	DESCRIPTION
0010	PB	PANEL BEATING-SH 6736D



RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

Vehicle No.: **SH 6736D** **LIMITS**

Vehicle No.: **SH 6736D**

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 14/10/2021 17:14 (SGT)
Date of Accident 14/10/2021 10:00 (SGT)
Exact Location of Accident Bukit Panjang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH6736D

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) +65-92668468
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 SEAN LEE JUN ZHONG
NRIC No SXXXX120D

Date Of Birth	08/01/1970
Occupation	Outdoor
Date Of Driving Pass	14/04/1988
Driving experience	33 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92668468
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 215 SERANGOON AVENUE 4 #03-116
Address complement	-
Postcode	550215
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 - Major/Minor Rd
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)	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 14/10/2021 AT ABOUT 1000HRS I WAS DRIVING MY VEHICLE A (SH6736D) ON THE MOST LEFT LANE OF BUKIT PANJANG ROAD. VEHICLE B (SJU1539C) FROM THE SLIP ROAD OF BUKIT PANJANG RING ROAD DID NOT STOP AT GIVE WAY LINES, COLLIDED HIS VEHICLE B FRONT RIGHT ONTO MY VEHICLE A LEFT REAR. I HIT MY FOREHEAD ON THE CAR CEILING HANDLE. WILL CONSULT DOCTOR. PARTICULARS EXCHANGED

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	SJU1539C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	(Phone) +65-91010143
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	SEAN LEE JUN ZHONG
Gender	Male
Phone No	(Phone) +65-92668468
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON FOREHEAD
Injured person in which vehicle?	SH6736D
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.
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.

[Handwritten Signature]

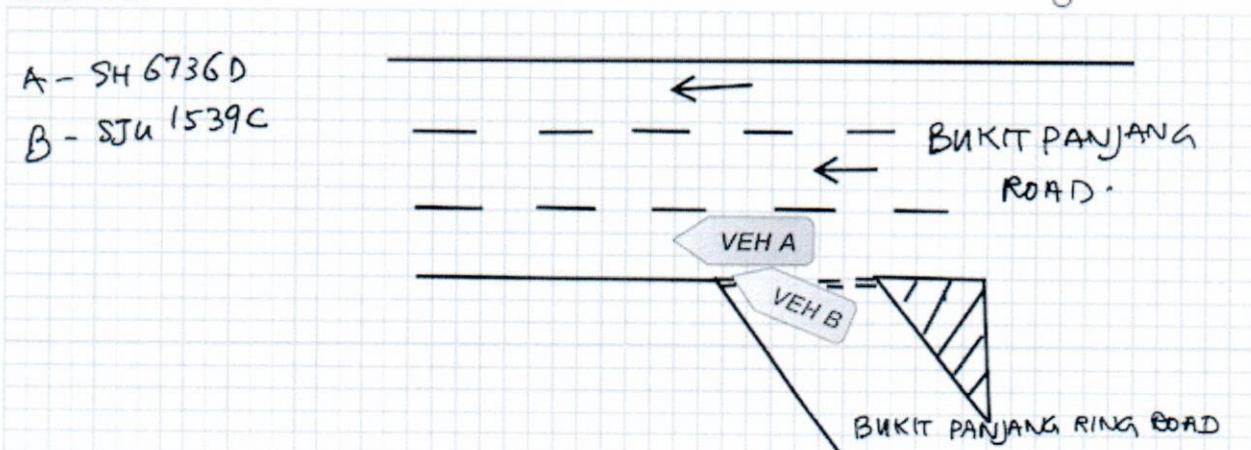
[Handwritten Signature]

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
 14.10.2021 1355HRS

Witnessed by Reporting Centre Personnel
 Kym Yoy

Sketch Plan



Describe Circumstances of the Accident

ON 14/10/2021 AT ABOUT 1000HRS I WAS DRIVING MY VEHICLE A SH6736D ON THE MOST LEFT LANE OF BUKIT PANJANG ROAD. VEHICLE B SJU1539C FROM THE SLIP ROAD OF BUKIT PANJANG RING ROAD DID NOT STOP AT GIVE WAY LINES, COLLIDED HIS VEHICLE B FRONT RIGHT ONTO MY VEHICLE A LEFT REAR. I HIT MY FOREHEAD ON THE CAR CEILING HANDLE. WILL CONSULT DOCTOR. PARTICULARS EXCHANGED

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 14.05HRS	 _____ Witnessed by Reporting Centre Personnel Kyeon Yong
--	--	---