

ASS. REC. BY: Tan JH

REF:

CTI

## 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.

N/S	O/S
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: Lim TS

Vehicle: IN / OUT

Veh No: SHC 3105B Yr Regn: 2019 May

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Prius C.C. 1798Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: \_\_\_\_\_ T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: STDKB3F4503081283

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15R: N/A

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

TOYO / YOKO or Westlake

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 15/6/21Survey held at Confia Agency

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

N/S Rear

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

Date / Time Action / Instruction Body work

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

Lump Sum / L.B.H. ( )

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

~~SAS KIV~~

LKK-

DATE: 15-Nov-21

MODEL: Toyota Prius

VEHICLE NO.: SHC3105B

INSURANCE: CHINA TAIPING CP/P

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper	1		\$458.60
	Rear Bumper Side Retainer LH	1		\$112.70
	Rear Bumper Clips	10	\$2.20	\$22.00
	Rear Wheel Rim LH	1		\$1,570.55
	<b>SUB TOTAL</b>			\$2,163.85
	<b>LESS 25%</b>			\$540.96
	<b>DISCOUNTED TOTAL</b>			<b>\$1,622.89</b>
	Rear Bumper Mat	1		\$135.70
	Rear Fender (Petrol Only) LH	1		\$40.00
	<b>NETT TOTAL</b>			<b>\$175.70</b>
	<b>TOTAL SPARE PARTS</b>			<b>\$1,798.59</b>
	<b>Labour Charge</b>			
	Panel Beating			\$400.00
	Spray Painting Charge			\$600.00
	Check Lightings			\$40.00
	Remove/Refix Reverse Sensor			\$120.00
	<b>TOTAL LABOUR</b>			<b>\$1,160.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$2,958.59</b>

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.

### 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:

Dauphin 97495749

WP

plp Resurvey after repair new parts

2 days

Farhan e Khanfar

Date/Time: 15.11.2021 11:33 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4140858

JC NO 305494448

OMER  
IS COMFORT TRANSPORTATION PTE LTD  
OMER NO. 7010045  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)  
(P)

REGN NO:	SHC3105B	MILEAGE
MAKE:	TOYOTA	FUEL E.....1/2.....F
MODEL	PRIUS HYBRID(G4)14.11.2021 09:50	DATE/TIME IN
YR OF MANU.	31.05.2019	TARGET DATE
CHASSIS CODE	JTDKB3FU503081283	COMPLETION DATE/TIME

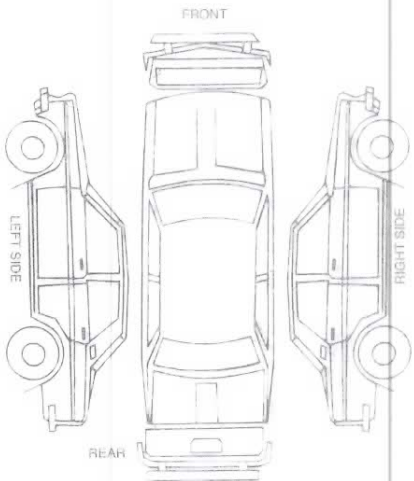
DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 14.11.2021  
NATURE: 3P 14.11.2021

NO LABOR CODE  
00010 PB

DESCRIPTION  
PANEL BEATING-SHC3105B



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: SHC3105B LIMITS

Vehicle No.: SHC3105B

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned 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	15/11/2021 13:08 (SGT)
Date of Accident	14/11/2021 07:30 (SGT)
Exact Location of Accident	Banyan Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3105B
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) +65-96347933
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	SIM SOONG KEE
NRIC No	SXXXX176J

Date Of Birth	19/06/1952
Occupation	Outdoor
Date Of Driving Pass	20/08/1975
Driving experience	46 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96347933
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 428 PASIR RIS DRIVE 6 #11-25
Address complement	-
Postcode	510428
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	Side Swipe
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 14/11/21 AT ABOUT 0730HRS I WAS DRIVING VEHICLE A SHC3105B ALONG BANYAN DRIVE.I WAS AT EXTREME RIGHT LANE AND TRAVELLING STRAIGHT SUDDENLY VEHICLE B GBH771S FROM LEFT LANE TURN INTO MY LANE AND SIDE SWIPE MY VEHICLE REAR LEFT.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	GBH771S
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)	1

# SKETCH PLAN

## IMPORTANT NOTICE

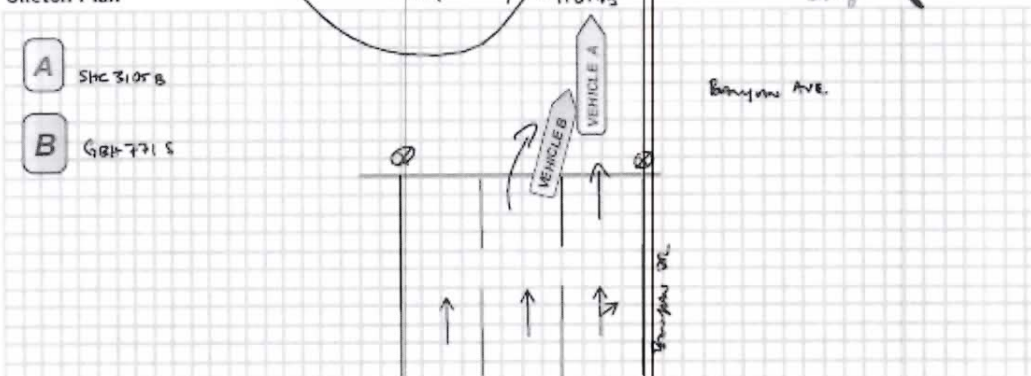
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 14/11/21 AT ABOUT 0730HRS I WAS DRIVING VEHICLE A SHC3105B ALONG BANYAN DRIVE.I WAS AT EXTREME RIGHT LANE AND TRAVELLING STRAIGHT SUDDENLY VEHICLE B GBH771S FROM LEFT LANE TURN INTO MY LANE AND SIDE SWIPE MY VEHICLE REAR LEFT.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

Witnessed by Reporting Centre Personnel

15/11/21 / 07:30pm

Signature