

08/11/13) wef

ASS. REC. BY:

REF:

CS/TM1 21011679/Ruf3

8396

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SHA 8271G

at Workshop m/s

of

Insured: GBJ 7799G

Policy No. MQ004578

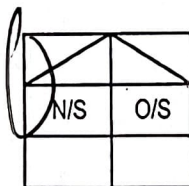
Claims No. M2105313

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 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:

Vehicle: IN / OUT

Date / Time Action / Instruction

Veh No: SHA 8271G

Yr Regn: 2017 / July

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

Truck / Trailer or

Make: Toyota Prius Hybrid 1.8 c.c 1798

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 594327 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKB3FU403559323

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

WESTLAKE

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 13/11/21

D.O.I. 16/11/21

Survey held at

COMFORT

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

N/S Frt

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

Confirmed L/S \$2400, 5 repair days.

(RED \$4039.20; 63%)

Date/Time, File Pass to?



: Prel. Report

1) 22/11 TYPIST



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Report Format: TP

Lump Sum / L.B.I.: (\$ 2400

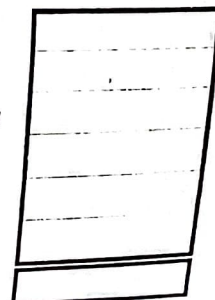
Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

) \$ + RS \$ SI

) Photos

) Others

TOTAL



REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 16 Nov 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/SHA8271G/16/11/2021 09:26**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		*FRT BUMPER ASSY <i>70RN</i> ✓	25.00	0.00	*499.90 FL
2	10		*FRT BUMPER CLIPS <i>new</i> ✓	25.00	0.00	*22.00 FL
3	1		*HEADLAMP ASSY LH ✓	25.00	0.00	*2,637.60 FL
4	1		*FRT FENDER LH <i>new</i> ✓	25.00	0.00	*945.30 FL
5	1		*FRT BUMPER SIDE BRACKET LH <i>CR</i> ✓	25.00	0.00	*82.30 FL
6	1		*FRT DOOR ASSY <i>repair</i> ✓	25.00	0.00	*1,264.00 FL
7	1		*FRT FENDER EMBLEM LH <i>new</i> ✓	25.00	0.00	*86.50 FL
8	1		*FRT DOOR COMFORTDELGRO LOGO <i>new</i> ✓	0.00	0.00	*75.00 F
9	1		*ADVERTISEMENT LOGO - FRT FENDER <i>new</i> ✓	0.00	0.00	*100.00 F
10	1		*ADVERTISEMENT LOGO - FRT DOOR <i>new</i> ✓	0.00	0.00	*100.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	5,812.60
- List Item Discount on L Items (S\$)	1,384.40
Total Parts (S\$)	4,428.20

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Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

Qty Particulars

Amount

Miscellaneous Items

1 1 OD/TP Case (Insurer)

11.00

Sub Total (S\$)

11.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1 PANEL BEATING

New

700 1,100.00

2 SPRAYPAINT

New

750 800.00

3 CHECK WIRING

New

30 50.00

4 TUFF KOTE

New

30 50.00

Gross Labour Cost (S\$)

2,000.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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:

(RED \$4039.20;

Resul
H/ 90010068

5 days

L/S

16/11/21 @ 1500

Resy after repair

Date/Time: 16.11.2021 09:07

Page : 1

: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 4141020

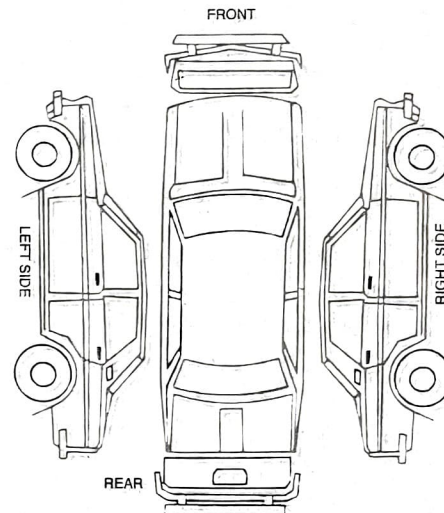
JC NO 305494602

MER CITYCAB PTE LTD ORDER NO. 7010070 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (O) (P) DUNT CARD NO.	REGN NO.: SHA8271G	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL PRIUS HYBRID(G4)15.	DATE/TIME IN 11.2021 15:50
	YR OF MANU. 12.07.2017	TARGET DATE
	CHASSIS CODE JTDKB3FU403559323	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 15.11.2021
 Accurrence: 3P.15.11.2021

NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Damage Slip

Exit Pass

No.: SHA8271G

JU TOKIO

Vehicle No.:

SHA8271G

Service Advisor

Signature/Date

Name of Service Advisor

Date

Turned to Service Reception upon collection

To be kept by Security Guard

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CCPL

Tokio Marine Insurance Singapore Ltd (HQ)

Jumani

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	15/11/2021
Vehicle Reg. No.:	SHA8271G	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS HYBRID, 1.8 CVT TAXI (A)	Vehicle Reg. Date:	12/07/2017
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	2ZRS050373	Chassis No:	JTDKB3FU403559323
Odometer:	0 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	4,428.20
Miscellaneous Items	11.00
Labour	2,000.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	6,439.20
+ GST 7.00% (S\$)	450.74
Nett Amount (S\$)	6,889.94

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

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 16/11/2021 15:48 (SGT)
Date of Accident 15/11/2021 15:00 (SGT)
Exact Location of Accident Clemenceau Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA8271G
INSURED/POLICYHOLDER
Is company? Yes
Name Of Registered Owner CITYCAB PTE LTD
Company Reg No 1XXXXX839G
Email Address fleetsafety@cdgtaxi.com.sg
Mobile Phone No (Phone) +65-90488668
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/P2419140
Cover Note Number -

DRIVER

Name of Driver LEE BOK SENG
NRIC No SXXXX621I

Date Of Birth 18/04/1951
 Occupation Outdoor
 Date Of Driving Pass 28/11/1974
 Driving experience 47 YEARS
 Gender Male
 Mobile Number (Phone) +65-90488668
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 155 BISHAN STREET 13 #19-82
 Address complement -
 Postcode 570155
 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 - Change/cross lane
 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) 5
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name UNKNOWN
 Gender Male

PASSENGER 2

Name UNKNOWN
 Gender Male

PASSENGER 3

Name UNKNOWN
 Gender Male

PASSENGER 4

Name UNKNOWN
 Gender Male

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 15/11/2021 AT ABOUT 1500HRS I WAS DRIVING MY VEHICLE A SHA8271G ON THE 1ST LANE OF CLEMENCEAU AVENUE. BEFORE THE ADJACENT PENANG ROAD VEHICLE B GBJ7799G SWERVED INTO MY LANE. I HONK HIM ALL THE WAY BUT HE CONTINUED TO SWERVED INTO MY LANE AND SIDE SWIPE HIS VEHICLE B RIGHT FRONT ONTO MY VEHICLE A LEFT FRONT SIDE. MY PASSENGERS ARE NOT INJURED. AS FOR MYSELF MY NECK AND BACK FEELS STRAIN. PARTICULARS EXCHANGED

Are accident photos available for attachment?
 Was there any video captured by Car Camera?
 Reasons for not uploading a video of the accident
 Was there any audio recorded?

Yes
 Yes
 FILE IS NOT SUITABLE
 No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBJ7799G
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -
 Contact Number (Phone) +65-87751257
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 4

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LEE BOK SENG
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK, BACK AND FEELS STRAIN
 Injured person in which vehicle? SHA8271G
 Were seat belts worn? -
 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 willful 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

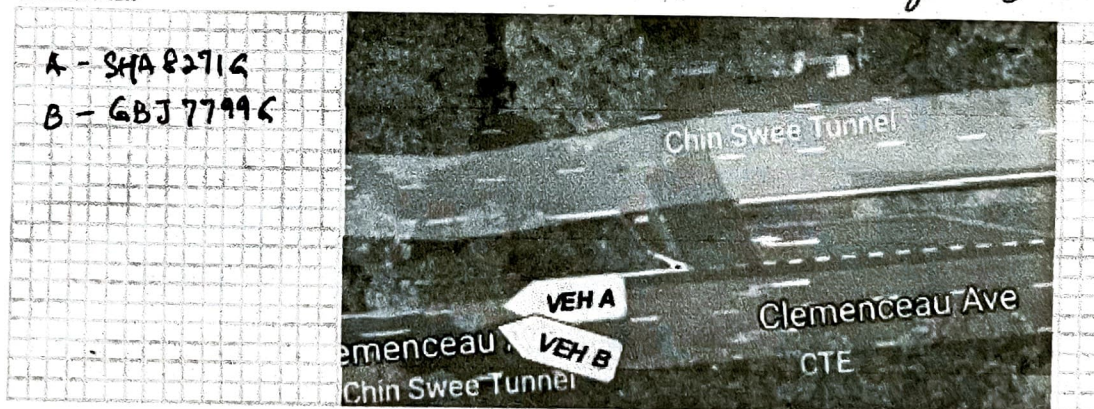
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

A - SHA 82716
B - GBJ 77996



Describe Circumstances of the Accident

ON 15/11/2021 AT ABOUT 1500HRS I WAS DRIVING MY VEHICLE A SHA8271G ON THE 1ST LANE OF CLEMENCEAU AVENUE. BEFORE THE ADJACENT PENANG ROAD VEHICLE B GBJ7799G SWERVED INTO MY LANE. I HONK HIM ALL THE WAY BUT HE CONTINUED TO SWERVED INTO MY LANE AND SIDE SWIPE HIS VEHICLE B RIGHT FRONT ONTO MY VEHICLE A LEFT FRONT SIDE. MY PASSENGERS ARE NOT INJURED. AS FOR MYSELF MY NECK AND BACK FEELS STRAIN. 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

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	839G
Vehicle No.:	SHA8271G
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Nov 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Yellow
Manufacturing Year:	2017
Engine No.:	2ZRS050373
Chassis No.:	JTDKB3FU403559323
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	12 Jul 2017
First Registration Date:	12 Jul 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Jul 2025
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	11 Jul 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$38,560.00
COE Rebate Amount:	\$17,574.00
Total Rebate Amount:	\$21,324.00

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 18 Nov 2021

OK