Martin Thouan 1 "He Nfuc	
<u>26.</u>	SSIGNMENT
From Crate.	Veli No: SH 7/0/0 / Yr Rogn: 14/3/19
	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover / Truck / Trailer or
To Inspect Vehicle No:	Moko: 7040fa prius c.c 1798
ul Workshop m/s	Colour Slu C AC: Insured / Std / NI / NA
ol	Sp.Reading 403292 . T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CINO: 5TDHB3FU403079766
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excoss:	Steering: In Gor / Jammod / Leaked / Burnt or
(Client's Record)	Brake: Inter / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / (Rim / STD A/Rim or .
	Tyro Size: F: 195/65/R(5
(Policy Condition)	R: 195/65R1S
Remark: The veh had commenced Its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYOTYOKO OF Westlahe
Bal. or Market Value:	Fron! Roar
IDAC Accident Rport: Consistent? : Yes or No	R/Bal, mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal, 5 mm L/Bal, 5 mm
Est. Repairs. 3 days Res.: Yos or No	0.0.A. 15/12/21 0.0.1. 16/12/2/ 1700
Lum Sum: 3 Val.: Yos or No	Survey held at CDGE
CA ! REV ! REP. ! 24 HRS	Des. of Damagos : Frt / Root / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	A Secretary a Maried due la collision
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Pale / Time Action / Instruction 11.05 3	
,GotBI	
,	ays Of Ropalr:
: Final Roport R	esurvey No. of Trlp: Survey Fee:

Add Fee:

Ferent Follows:

Liery PHATTED: 1:

: Site Insp (\$ : Interview (\$

: Tech. Inve (\$

: Warl and 12

Transportation:

Flinks

Olive

701 A.

## > Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle Vehicle Owner Particulars

Owner ID Type: Company Owner ID: 821R Vehicle Details Vehicle No.: SH7101D Vehicle to be Exported: Intended Deregistration Date: 16 Dec 2021 Vehicle Make: TOYOTA Vehicle Model: PRIUS 5DR HATCHBACK (AUTO) Primary Colour: Blue Manufacturing Year: 2018 Engine No.: 2ZR2C04803 Chassis No.: JTDKB3FU403079766 Maximum Power Output: 90.0 kW (120 bhp) Open Market Value: \$26,605.00 Original Registration Date: 14 Mar 2019 First Registration Date: 14 Mar 2019 Transfer Count: 0 Actual ARF Paid: \$14,247.00

\$10,685.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 13 Mar 2027

Intended COE Rebate Details

PARF Rebate Amount:

 COE Expiry Date:
 13 Mar 2027

 COE Category:
 A - Car up to 1600cc & 97kW (130bhp)

 COE Period(Years):
 8

 PQP Paid:
 \$20,420.00

 COE Rebate Amount:
 \$13,369.00

COE Rebate Amount: \$13,368.00
Total Rebate Amount: \$24,053.00

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 16 Dec 2021

ОК

## COMFORTDELGRO ENGINEERING PTE LIND Repairer of the following: REPAIR ESTIMATE

Make

Vehicle No.: SH7101D : TOYOTA ?

Model DOA

: PRIUS G4

: 15.12.2021

. To resurvey before/after spray painting

To display damaged pan(s) during resurvey

· Parts prices are subject to confirmit ate

: REG 14.03..2019 Third party survey is on a "Without Insurance: NTUC No illegal modification(s) is allowed WA : CHIANG

Supplementary item(s) must be res**Admillend**:
 Supplementary item(s) must be res**Admillend**:
 Supplementary item(s) must be res**Admillend**:

No.	Parts Description	MV wabouty Repairer	Qty	Unit Price	Amount
1 G	ARNISH SUB-ASSY, BACK DO	OR, OUTSIDE			\$889.70
1 R	EAR TRUNK LID LOGO (PRIUS	S In the second			\$60.80
1 RI	EAR TRUNK LID LOGO (HYBR	ID)			\$52.40
	EAR TRUNK LID LOGO (TOYO				\$52.49 \$52.90
1 RE	EAR TRUNK COVER		1		\$1,126.60
1 RE	EAR WINDSCREEN GLASS W/ EAR TRUNK LID GLASS W/MO	MOULDING 7 to com	car		\$1,778.30
1 RE	AR TRUNK LID GLASS W/MO	ULDING S 1	·		\$1,569.70
1 RC	OF TOP CENTRE GARNISH				\$456.30
2 RO	OF TOP GARNISH LH /RH			\$136.80	\$273.60
1 SP	OILER ASSY				\$953.70
1 RE	AR BUMPER				\$458.60
1 RE	AR BUMPER UNDER COVER				\$552.60
1 REA	AR BUMPER REINFORCEMEN	IT			\$318.80
2 REA	AR BUMPER SIDE RETAINER	LH/RH		\$112.70	
2 REA	AR BUMPER UNDER SIDE LH/	RH		\$232.00	\$225.40 \$464.00
- 1	R BUMPER UNDER COVER (			Ψ202.00	\$464.00 \$353.00
1 REA	R BUMPER TOWING COVER				\$252.00 \$82.70
- 1	R END PANEL				\$602.10
1 REA	R END PANEL GARNISH				\$165.80
	LAMP UPPER (HVIETE XSVC	2-1		L+(\$557.90 Fra	\$105.80 1 \$1,115.80
	LAMP LOWER LH/RH X	· \		\$548.40	\$1,115.80 \$1,096.80
	R BUMPER CLIPS			φ346.40	/
		SUB TOTAL	r i lia - marin		\$22.00/ <b>\$12,570.60</b>
		LESS 25%			\$3,142.65
		DISCOUNTED TOTAL			\$9,427.95
10540	TOUNK LID ADDS STICKED				
- 1	TRUNK LID APPS STICKER	NO OTIONED			\$40.00
- 1	TRUNK LID COMFORT & TEL	NO. STICKER		\$30.00	\$60.00
- 1	FENDER PETROL STICKER				\$20.00
1	BUMPER MAT				\$50.00
1 REAR	BUMPER REVERSE SENSOF	<b>}</b>			\$135.70
		5) 0/1(-1)	LN-/1710		\$280.13
Labour	Chara	I haven Claray.	10.1004		
Labour	r Charge	Thousandhkan. 8223570	9		
Dec - LO		16/12/21	1700		
Panel B	<del>-</del>	16/(2/21 L/S /Adays lass 3 Clays w	1 100		\$840.00
1	ainting Charge	US harm	u affer	(19 1/2 1) Har	\$800.00
Wiring (	-		7	1/2012 1/0/10/10	\$60.00
Remove	e/Refix windscreen and lower g	lass Sugglu	/V./		\$200.00
Tuff Kot	Δ.	9	' V		\$90.00
I uli Kot	•			I	φ90.00 [

Part No. Parts Description / Labour	Qty	Unit Price	Amount
TOTAL LABOU	R	Professional Control	\$2,050.00
ESTIMATE TOTAL	Ц		\$11,758.08

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.



## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops 205 Braddell Road Singapore 579701 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717

Date/Time: 16.12.2021 14:15

MAKE : TOYOTA

Page: 1

l'eam: ARC Repair TP(CLSO)1 JOB CARD Sales Order: 4152689

JC NO305498221

STOMER

REGN NO.: SH 7101D

E.....1/2..

MILEAGE

FUEL

(R)

(P)

VMS

COMFORT TRANSPORTATION PTE LTD

7010045

STOMER NO. /ULDUTS
DDECC 383 SIN MING DRIVE Singapore SINGAPORE 575717

65508755

(O)

PRIUS HYBRID(G4)16. DATE/TIME IN 12.2021 09:15 TARGET DATE YR OF MANU. 14.03.2019

CHASSIS CODE JTDKB3FU403079766

COMPLETION DATE/TIME:

SCOUNT CARD NO.

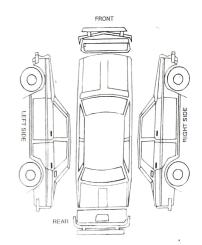
JOB DESCRIPTION

Accident Date: 15.12.2021 NATURE: 3P 15.12.2021 '

3/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:	

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

SH 7101D

CHIANG

Vehicle No.:

Exit Pass

SH 7101D

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

SJ0421CG0009 / JP Knights Pte Ltd ENTRY DATE & TIME: 16/12/2021 13:39 (SGT) SUBMITTED BY: KAVI VERSION: 1 (16/12/2021 13 39 (SGT))

# **©** SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- 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 willul misrepresentation or witholding of material facts may allow insurance companies to reputitate policy liability
- 4. The issue and acceptance of this Form by Insurance companies is not an admission of policy kability on the part of the insurance companies

5. Any false reporting may be referred to the Police for investigation.

- 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, he 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 Date of Accident **Exact Location of Accident** 

Additional Location Information

Country/State of Loss

16/12/2021 13:39 (SGT) 15/12/2021 17:00 (SGT) Serangoon Rd. Singapore

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SH7101D

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

**Email Address** Mobile Phone No Alternative Phone No Yes

COMFORT TRANSPORTATION PTE LTD

1XXXXX821R

fleetsafety@cdgtaxi.com.sg (Phone) +65-90250608 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to vour vehicle?

Vehicle Category Transmission

CC

Toyota Prius

Private hire

No - Claiming third party

Taxi Auto 1798

#### **INSURANCE COMPANY**

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

**AXA Insurance Pte Ltd** Comprehensive

Yes

VFX/P2419138

#### DRIVER

Name of Driver NRIC No

**CHEW SWEE MIN** SXXXX317J



Date Of Birth Occupation

**Date Of Driving Pass** 

Driving experience

Gender

Mobile Number

Alt. Phone Number

**Email Address** 

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

02/10/1961

Outdoor 25/05/1979

42 YEARS AND 7 MONTHS

(Phone) +65-90250608

fleetsafety@cdgtaxi.com.sg BLK 2 SIMS DRIVE #18-05

387386

RELIEF DRIVER

No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

Collision - Head to Rear

Raining

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

Wet

No

Yes

No

Yes

2

1 No

## **DETAILS OF POLICE ACTION**

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

No

No

#### CIRCUMSTANCES OF ACCIDENT

ON 15/12/2021 AT ABOUT 1700HRS I WAS DRIVING MY VEHICLE A (SH7101D) ON THE 1ST LANE OF SERANGOON ROAD. I STOP MY VEHICLE A AT THE MOONSTONE LANE TRAFFIC JUNCTION. VEHICLE B (GBE63T) THEN REAR ENDED MY STATIONARY VEHICLE A. AFTER IMAPCT I FELT STRAIN ON MY NECK AND BACK. PARTICULARS EXCHANGED BUT NO **HANDPHONE** 

#### ATTACHMENT(S)

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

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

GBE63T

Commercial vehicle

Contact Number	320
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 Gender	CHEW SWEE MIN Male
Phone No	(Phone) +65-90250608
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	STRAIN ON NECK AND BACK
Injured person in which vehicle?	SH7101D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 forw arded 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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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' 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 law yers/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 09 50 HPS

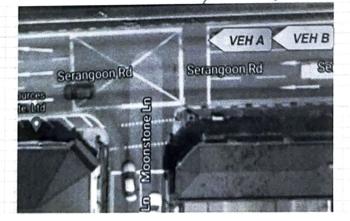
16.12.2027

Reporting Centre Personnel

Sketch Plan

4- SH 7101 D

B-GBE 63T



## Describe Circumstances of the Accident

ON 15/12/2021 AT ABOUT 1700HRS I WAS DRIVING MY VEHICLE A SH7101D ON THE 1ST LANE OF SERANGOON ROAD. I STOP MY VEHICLE A AT THE MOONSTONE LANE TRAFFIC JUNCTION. VEHICLE B GBE63T THEN REAR ENDED MY STATIONARY VEHICLE A. AFTER IMAPCT I FELT STRAIN ON MY NECK AND BACK, PARTICULARS **EXCHANGED BUT NO HANDPHONE** 

## 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 16-12-20x

OPFFHRS

Witnessed by Reporting Centre