

REG BY: Thuan

DATE: 17/11/21

NS/INC22000272/Vqc

### ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No

Clinics No

**MT/1159898-001**

Sum Insured:

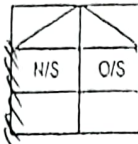
Excess:

(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:

5

days

Res.: Yes or No

Lum Sum:

☒

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

S116761E

Yr Regn:

25/5/17

Type: M. Car / M. Cycle / Bus / Van / Lorry /

☒ Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota prius hybrid

cc 1798

Colour:

blue

NC: Insured / Std / III / HA

Sp. Reading

654732

T/Radio: Insured / Std / III / HA

Eng/No:

C/No:

STDH B3Fu 703556755

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rlm / STD A/Rlm 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.

22/12/21

D.O.A.

23/12/21 1645

Survey held at

CDGE

Des. of Damages: Frt / Rear / O/S / ☒ UIC / Roof/tp or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Rebate: 20897

Thevan finalised LS \$3850; 5 days. (Red \$2455.12, 39%)

Case/Time File Pass to?

☐

: Proli. Report

27/01 Typist

☐

: Final Report

Date/Time File Return to?

2

Days Of Repair: 5

Resurvey No. of Trlp: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: VVSAI enq (\$

Survey Fee:

Transportation:

\$ + RS. \$

Finishes

Others

TOTAL

Request Form No:

**TP**

Letter No/11/BJ/12

**3850**

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 23.12.2021  
Time: 14:45:10  
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305498865  
REGN NO : SH 6761E ✓  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 25.05.2017  
DATE/TIME IN : 23.12.2021 09:25  
ACCIDENT DATE : 22.12.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-0574-A	FENDER SUB-ASSY FRONT LH+	1	945.30	25.00	708.97	/DT
0002	04-01-0302-2934-A	LINER FRONT FENDER RH	1	198.50	25.00	148.87	XSV
0003	04-01-0302-2297-G	EMBLEM SIDE PANEL (HYBRID	1	86.50	25.00	64.87	/N/C
0004	28-01-0103-0003-A	FRT DOOR LOGO CTPL	1 N	75.00	10.00	67.50	/N/C
0005	28-01-9999-2023-A	APP LOGO REAR DOOR L/R CT	1 N	80.00	10.00	72.00	/N/C
0006	28-01-0302-2017-A	FUEL TANK LID (PETROL ONL	1 N	30.00	10.00	27.00	/N/C
0007	04-01-0302-3809-G	PANEL SUB-ASSY QUARTER LH	1	836.70	25.00	627.52	/DT
0008	04-01-0302-0920-G	MLDG ASSY BODY ROCKER PAN	1	559.20	25.00	419.40	/DT
0009	04-01-0302-0600-G	MIRROR ASSY OUTER REAR VI	1	1,390.10	25.00	1,042.57	XSV
0010	04-01-0302-0897-G	COVER OUTER MIRROR LH	1	141.90	25.00	106.42	X ✓

SUB-TOTAL : 3,285.12

JOB NATURE

0000 PB PANEL BEATING

1500.00 1400 ✓

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 23.12.2021  
Time: 12:01:51  
Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305498865  
REGN NO : SH 6761E  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID  
DATE OF REGN : 25.05.2017  
DATE/TIME IN : 23.12.2021 09:2  
ACCIDENT DATE : 22.12.2021

JOB / PARTS DESCRIPTION		QTY	IND UNIT	PRICE	DISC%	AMOUNT
0001 SP	SPRAYPAINT CHARGE	1300.00		1250		
0002 17-01	CHECK ALL LIGHTING	50.00		20		
0003 20-00	TUFF COAT ON AFFECTED PARTS.	50.00		30		
0004 20-204	REMOVE/REFIX UPHOLSTERY ASST REPAIR	120.00				
SUB-TOTAL						: 3,020.00
TOTAL						: 3,225.00

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Thavan @Lkhauto.com  
92235769  
23/12/21 1645  
LIS ✓ after repair photo  
5 days 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.:	SH6761E
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Jan 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	2ZRVEDA01921
Chassis No.:	JTDKB3FU703556755
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$31,008.00
Original Registration Date:	25 May 2017
First Registration Date:	25 May 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 May 2025
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	24 May 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$40,532.00
COE Rebate Amount:	\$17,147.00
Total Rebate Amount:	\$20,897.00

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 05 Jan 2022

OK

ComfortDelGro Engineering Pte Ltd  
200 Bras Basah Road Singapore 679791  
Mainline + 65 6291 6291 Faxline + 65 6290 9755  
Workshops  
205 Bras Basah Road Singapore 679701  
50 Orchard Road Singapore 238860  
101 Telok Ayer St Singapore 575717

am: ARC Repair TP(CLSO)1

Date/Time: 23.12.2021 11:52 Page : 1

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

JOB CARD Sales Order: 4155148 JC NO305498865

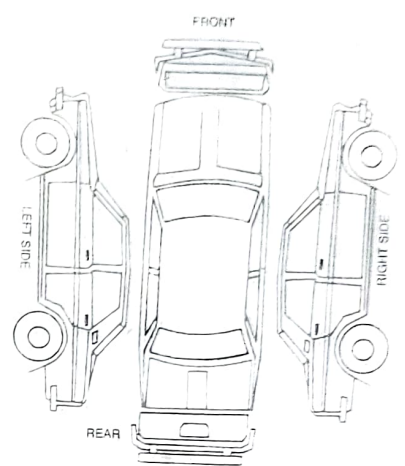
REG NO SH 6761E	MILEAGE
MAKE TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 23.12.2021 09:25
YR OF MANU 25.05.2017	TARGET DATE
CHASSIS CODE JTDKB3FU703556755	COMPLETION DATE/TIME

DUINT CARD NO.

Accident Date: 22.12.2021  
ATURE: 3P.22.12.2021

JOB DESCRIPTION

NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
SERVICE ADVISOR CUSTOMER'S SIGNATURE

edgement Slip		Exit Pass	
to: SH 6761E	JU NTUC	Vehicle No.: SH 6761E	
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	23/12/2021 15:45 (SGT)
Date of Accident	22/12/2021 18:45 (SGT)
Exact Location of Accident	Scotts Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6761E
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) +65-90403726
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	CHONG YONG CHEN
NRIC No	SXXXX155F

Date Of Birth	06/10/1955
Occupation	Driver
Date Of Driving Pass	14/04/1976
Driving experience	45 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65 90403726
Alt. Phone Number	
Email Address	freemasterly@rediffmail.com.sg
Address	81A LORONG 4 TOA PAYOH #14.410
Address complement	
Postcode	311081
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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 22/12/2021 AT ABOUT 1845HRS I WAS DRIVING MY VEHICLE A SH6761E OUT FROM ROYAL PLAZA TURNING LEFT ONTO SCOTTS ROAD. VEHICLE B FBS7685D THEN SQUEEZED FROM MY LEFT AND SIDE SWIPE HIS VEHICLE B RIGHT SIDE ONTO MY VEHICLE A LEFT SIDE. RIDER FELL OVER TO HIS LEFT. I THEN CALLED FOR AMBULANCE. MEDICAL STAFF ATTENDED TO HIM AND BANDAGED HIS RIGHT LEG BUT HE REFUSED TO BE CONVEYED. PARTICULARS EXCHANGED BUT NO HANDPHONE.

#### 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	FBS7685D
Vehicle Manufacturer	Yamaha
Vehicle Model	Xmax
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	CHONG SIEW CHUEN
NRIC No	SXXXX698H
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.
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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 making 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

A - SH 6761E

B - FB3 7685D



Describe Circumstances of the Accident

ON 22/12/2021 AT ABOUT 1845HRS I WAS DRIVING MY VEHICLE A SH5761E OUT FROM ROYAL PLAZA TURNING LEFT ONTO SCOTTS ROAD. VEHICLE B FBS7685D THEN SQUEEZED FROM MY LEFT AND SIDE SWIPE HIS VEHICLE B RIGHT SIDE ONTO MY VEHICLE A LEFT SIDE. RIDER FELL OVER TO HIS LEFT. I THEN CALLED FOR AMBULANCE. MEDICAL STAFF ATTENDED TO HIM AND BANDAGED HIS RIGHT LEG BUT HE REFUSED TO BE CONVEYED. 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 & Time

Witnessed by Reporting Centre Personnel

23/12/2021

183245RS

Kyan Yung