

File No: Thevan

Ref: CS/TMI 22001042/V943

# ASSIGNMENT

From

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No

Claims No: M2200562

Sum Insured:

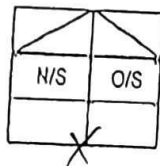
Excess:

(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:

SHCT 3107X Yr Regn: 2012/19

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

Truck / Trailer or

Make:

Toyota Prius

c.c 1798

Colour

blue

A/C: Insured / Std / NI / NA

Sp. Reading

180493

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

STDHB3Fu103090420

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

Washhac

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

30/1/22

D.O.I.

3/2/22 1645

Survey held at

CDGE

Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or

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

Date / Time Action / Instruction

11/02/22 @ 5.27pm revised to Ong Chin Kiat via Merimen.

Thevan finalised final fig \$3623.60, 3 days. (Red \$6064.97, 64%)

Date/Time File Pass to?

☐

: Prel. Report

01/03 Typist

☐

: Final Report

Date/Time File Return to?

3

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

\$ + RS. \$

Paints

Glaze

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Wash and

Request Form:

MER-TP

Final Fig / L.E.I:

3623.60

Item: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4170099 JC NO 305503404

Customer: COMFORT TRANSPORTATION PTE LTD  
Customer NO: 7010045  
Address: 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)  
(P)

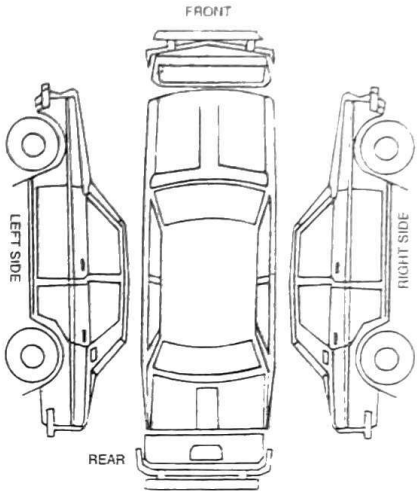
REGN NO SHC3107X	MILEAGE
MAKE TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4A31)	DATE/TIME IN 01.2022 11:40
YR OF MANU. 20.12.2019	TARGET DATE
CHASSIS CODE JTDBK3FU103090420	COMPLETION DATE/TIME:

Print CARD NO

JOB DESCRIPTION

Incident Date: 30.01.2022  
Nature: 3P 30.01.2022

NO LABOR CODE DESCRIPTION



Thevan finalised final fig \$3623.60, 3 days. (Red \$6460.97,

KED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

to: SHC3107X CHIANG

Vehicle No.: SHC3107X

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: Tokio Marine Insurance Singapore Ltd (HQ)  
CTPL  
Singapore

<b>PARTICULARS OF CLAIM</b>			
Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	30/01/2022
Vehicle Reg. No.:	SHC3107X	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS HYBRID, 1.8 CVT TAXI (A)	Vehicle Reg. Date:	20/12/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZR2G11034	Chassis No:	JTDKB3FU103090420
Odometer:	180473 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	5		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	7,573.57
Miscellaneous Items	11.00
Labour	2,450.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	10,034.57
+ GST 7.00% (\$\$)	702.42
Nett Amount (\$\$)	10,736.99

This claim is handled by: CHIANG LIAT CHOON

## REPAIR DETAILS

## Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 03 Feb 2022)

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/SHC3107X/03/02/2022 11:28

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		*GARNISH SUB -ASSY BACK DOOR	DT 25.00	0.00	*889.70 FL
2	1		*REAR TRUNK	SUC X 25.00	0.00	*1,126.60 FL
3	1		*REAR TRUNK COVER TRIM	SUC X 25.00	0.00	*254.40 FL
4	1		*REAR TRUNK LID LOCK	SUC X 25.00	0.00	*457.90 FL
5	1		*REAR TRUNK LID LOGO (PRIUS)	Rec 25.00	0.00	*52.90 FL
6	1		*REAR TRUNK LID LOGO (HYBRID)	Rec 25.00	0.00	*52.40 FL
7	1		*REAR TRUNK LID LOGO (TOYOTA)	Rec 25.00	0.00	*60.80 FL
8	1		*REAR TRUNK LID GLASS W/MOULDING UPPER	NW X 25.00	0.00	*1,778.30 FL
9	1		*REAR TRUNK LID GLASS W/MOULDING LOWER	NW X 25.00	0.00	*1,569.70 FL
10	1		*REAR BUMPER	DT 25.00	0.00	*458.60 FL
11	1		*REAR BUMPER UNDER COVER	DT 25.00	0.00	*552.60 FL
12	10		*REAR BUMPER CLIPS	Rec 25.00	0.00	*22.00 FL
13	2		*REAR BUMPER SIDE RETAINER LH/ RH	Rec 25.00	0.00	*225.40 FL
14	1		*REAR BUMPER UNDER COVER CENTRE	? 25.00	0.00	*252.00 FL
15	1		*TAIL LAMP UPPER RH	? 25.00	0.00	*548.40 FL
16	1		*TAIL LAMP LOWER RH	? 25.00	0.00	*602.10 FL
17	1		*REAR SMART KEY ANTENNA	? 25.00	0.00	*447.10 FL
18	1		*REAR BUMPER TOWING COVER	mis 25.00	0.00	*82.70 FL
19	1		*REAR BUMPER REINFORCEMENT	? 25.00	0.00	*318.80 FL
20	1		*REAR BUMPER REVERSE SENSOR	Cut 25.00	0.00	*135.70 FL
21	1		*REAR TRUNK LID COMFORT APP	Rec 25.00	0.00	*40.00 FL
22	2		*REAR TRUNK LID COMFORT /TEL NO STICKER	Rec 25.00	0.00	*120.00 FL
23	1		*REAR NUMBER PLATE W/HOLDER	SUC X 25.00	0.00	*50.00 FL

F=Franchise part, L=ListItemDisc.

Sub Total (S\$)	10,098.10
- List Item Discount on L Items (S\$)	2,524.53
<b>Total Parts (S\$)</b>	<b>7,573.57</b>

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Generated using Merimen e-Claims IEAS

## Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			11.00
1	1	OD/TP Case (Insurer)	
Sub Total (S\$)			11.00

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	700 1,090.00
2	SPRAY PAINTING	New	500 1,000.00
3	CHECK WIRING & LIGHTING	New	30 90.00
4	REMOVE/REFIX REVERSE SENSOR	New	30 60.00
5	TUFF COATING	New	30 90.00
6	REMOV/REPLACE REAR WINDSCREEN	New	NNX 120.00
Gross Labour Cost (S\$)			2,450.00

ComfortDelGro Engineering Pte Ltd/SHC3107X/03/02/2022 11:28. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tham @Lkhauto-lom

87235769

3/2/21 1645

1/p ~~4/5~~ ~~after repair photo~~ before paint photo  
3 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:

# 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	01/02/2022 17:00 (SGT)
Date of Accident	30/01/2022 17:45 (SGT)
Exact Location of Accident	Yishun Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC3107X

### 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) +65-88968464
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	HSU CHEN TAN,WINSON (XU ZHENDAN)
NRIC No	SXXXX149G

Date Of Birth	24/01/1978
Occupation	Outdoor
Date Of Driving Pass	21/08/1995
Driving experience	26 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88968464
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 880 YISHUN STREET 81 #03-263
Address complement	-
Postcode	760880
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

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 THE 30/01/2022 AT AROUND 1745HRS. I VEHICLE A (SHC3107X) WAS TRAVELLING ALONG YISHUN AVENUE 2 ON THE RIGHT LANE WITH A PASSENGER ON BOARD. RAIN WERE HEAVY SO I PROCEEDED WITH CAUTION AND STOP FURTHER FROM THE CAR AHEAD. AS I WAS ABOUT TO COME TO A COMPLETE STOPCDUE TO TRAFFIC LIGHT, I FELT A HARSH IMPACT IN MY REAR AND UPON CHECKING I REALSIED THAT VEHICLE B (SGG5580P) HAD REAR ENDED ME. I SUFFERED INJURIES AND WAS AWARDED 5 DAYS OF MEDICAL LEAVE FROM A PRIVATE CLINIC.

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	SGG5580P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	HSU CHEN TAN,WINSON (XU ZHENDAN)
Gender	Male
Phone No	(Phone) +65-88968464
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	INJURIES ON SHOULDER,ARM,NECK,CHEST AND 5 DAYS MC
Injured person in which vehicle?	SHC3107X
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")

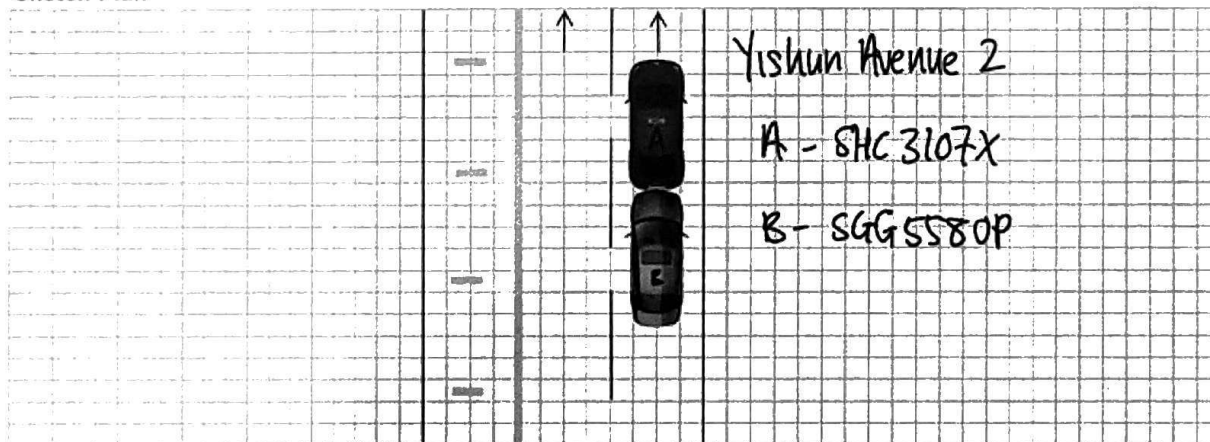
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Dahnial

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 21/01/2022 1245

Witnessed by Reporting Centre Personnel

**Sketch Plan**

## Describe Circumstances of the Accident

ON THE 30/01/2022 AT AROUND 1745HRS. I VEHICLE A(SHC3107X) WAS TRAVELLING ALONG YISHUN AVENUE 2 ON THE RIGHT LANE WITH A PASSENGER ON BOARD. RAIN WERE HEAVY SO I PROCEEDED WITH CAUTION AND STOP FURTHER FROM THE CAR AHEAD. AS I WAS ABOUT TO COME TO A COMPLETE STOP DUE TO TRAFFIC LIGHT, I FELT A HARSH IMPACT IN MY REAR AND UPON CHECKING I REALISED THAT VEHICLE B(SGG5580P) HAD REAR ENDED ME. I SUFFERED INJURIES AND WAS AWARDED 5 DAYS OF MEDICAL LEAVE FROM A PRIVATE CLINIC.

## 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 31/01/2022 1245



Dahnia

Witnessed by Reporting Centre Personnel