ASSIGNMENT

From:	Crate	Veh No: St/1948F Yr Rogn: 3/15/17
Estimated Cost:	Cale.	
QD/TP/WS/TP RES/OD	RES / EVA / INV / ADV	Type: M.Car / M.Cycle / Bus / Van / Lorry / (axl) Prime Mover /
To Inspect Vehicle No:	THE THE THE	Truck / Trailer or
at Workshop m/s	manage of the state of the stat	Make: Togota prius hybrid cc 1748
0	#860 proc 5000 1 12 S	COIOUT YCHOW AVC: Insured/SId/HITHA
Insured:	the strange against a day for oversome a live series one date. Anno 47. V.	Sp. Reading / S + 6 + 4 T/Radio: Insured / Std / NI / NA
Policy No	A THE REST OF BUILDING AND ADDRESS OF A SPECIAL PROPERTY A	CNO: 3T DHB3FU603557590
Claims No	and in motion is the last on the last population to the management of the	Gen. Cond: 8004 / Fall / Poor / Burns
Sum Insured:	Excess	Steering: In Ord gr / Jarnmad / Leaked / Burnt or
(Client's Record)	Came 3 to communication of the	Brake: Infilter / Jammed / Leaked / Burnt or
Make of Veh		Modi: NII / SRIM / STO AJRIM or .
State 4 10 B / Blanche man 4 parentess	Annual transfer of the second	Tyro Sizo: F: 195/65R/5
(Policy Condition)		R: 195/65R15
Remark: The veh had comm	enced its N/S O/S	7
repair at the time o	of Inspection.	TOYOTYOKO OF WESTLAME
Bal or Market Value:		Front Rear
IDAC Accident Rport	Consistent? : Yes or No	R/Bal. 5 mm - R/Bal. 5 mm
GIA / PR Seen;	Consistent?: Yes or No	U/Bal. 5 mm U/Bal. 5 mm
Est. Repairs. 2	days Res.: Yos or No	D.O.A. 4/2/22 D.O.I. 7/2/22 173
Lum Sum	% 3 Val.: Yos or No	Survey held at CDGE
CA / REV / REP. / 24	HRS	Des. of Damages: Frt. 1 (Page 1) O/S / N/S / U/C / Rooflop or
	Vehicle: IN / OU	
	n Contacted	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Inst	UUCUON	
Oace/Time. File Pass to?	: Prell. Report	Days Of Ropalr:
Date Wine She Patricip 192	: Final Roport	Resurvey No. of Trip: Survey Fee:
Delottere File Ratum 107	Add Fe	
3	j	: Interview (\$) Fruits
ि चित्रकार Formus :		Tech, tove (\$) Oliver
Legrap Pina I LBJ: 12	e e	: Weet end 15
Company of the second	manner of a sec CLA of tools for	70181



ConfortDelGro Engineering Pte Ltd 205 (Naddall Road Singapore 52970) Middline + 65 6383 6280 Facsimile + 65 6280 9755 Workshops 205 Baaldell Road Singapore 520701 59 Loyang Drive Singapore 509969 383 Sin Ming Orive Singapore 525717

Date/Time: 05.02.2022 10:24

Page : 1

eam: ARC Repair TP(CFSO)1	JOB CARD Sales Order: 4170377	JC NO:305503599
TOMER	REGN NO.: SHC 948E	MILEAGE
MS CITYCAB PTE LTD TOMER NO. 7010070	MAKE: TOYOTA	FUEL EF
RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL PRIUS HYBRID(G4)05	DATE/TIME IN .02.2022 08:10
(R) 65551188 (O)	YR OF MANU. 31.05.2017	TARGET DATE
OUNT CARD NO.	CHASSIS CODE JTDKB3FU603557590	COMPLETION DATE/TIME:

JOB DESCRIPTION ,

ccident Date: 04.02.2022

\TURE: 3P 04.02.2022

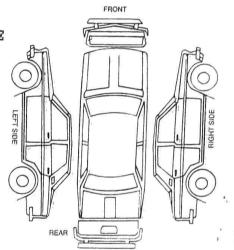
NO

LABOR CODE

10010

PB

DESCRIPTION PANEL BEATING-SHC 948E



d to Service Reception upon collection	Name of Service Advisor To be kept by Security Guard	Date	ĵ
SHC 948E LIMTS	Vehicle No.: SHC 948E		ST CALL
ement Slip	Exit Pass		
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
D & PASSED OUT BY:			
		·	
			,

COMFORTDELGRO ENGINEERING PTE LTD



REPAIR ESTIMATE

DATE:

05.02.22 (Sat)

MODEL:

Toyota Prius

VEHICLE NO: SHC 948E

INSURANCE: ERGO INS

MVA: LIM T S

PART NO.		DESCRIPTION	QTY	UNIT PRICE	AMOUNT	Z
	Taillamp Upper	RH	1		\$557.90	019
	Taillamp Lower	RH	1		\$548.40	cha
	Rear Bumper		1		\$458.60 /	
	Rear Bumper L	ower Cover	1		\$552.60 🗙	sk
	Rear Bumper E	xtension RH	1		\$232.00/	DIS
	Rear Bumper S	ide Retainer RH	1		\$112.70 /	nec
	Rear Bumper C	Clips	10	\$2.20	\$22.00 /	1100
		SUB TOTA	_		\$2,484.20	
		LESS 259	6		\$621.05	
		DISCOUNTED TOTA	4		\$1,863.15	
	Rear Bumper M	1at	1		\$50.00	n
		NETT TOTA	4		\$50.00	
		TOTAL SPARE PART	s		\$1,913.15	_
		TOTAL OF ALL TAX	1		41,010.10	1
	Labour Charge				£400.00	35
	Panel Beating	0 5 5 1 511			\$400.00	7
		Charge-Rear Fender RH	1		\$600.00	2
	R/I Reverse Se	nsors			\$120.00	
		TOTAL LABOU	₹		\$1,120.00	
		ESTIMATE TOTA	L		\$3,022.15	

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.

Thuran 87235769 7/2/27 /730 L/B Bafter repair photo rdays 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 witholding 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

05/02/2022 11:50 (SGT) 04/02/2022 17:20 (SGT) Selegie Rd, Singapore TOWARDS BUKIT TIMAH ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number		SHC948E
INSURED/POLICYHOLDER		
· · · · · · · · · · · · · · · · ·		Yes
3	VE AND IN ADMINISTRATION	CITYCAB PTE LTD
		1XXXXX839G
		fleetsafety@cdgtaxi.com.sg
Mobile Phone No		(Phone) +65-93367546
Alternative Phone No		(Office) +65-65508768
VEHICLE PARTICULARS		
Manufacturer	- AARTONOM START	Toyota
Model		Prius
Variant	CONTROL ON THE MODISO	-
Exact purpose for which vehicle was being used at ti	ime of	
accident		Private hire
Are you claiming under your own insurance policy for	r repair to	No. Claiming third party
your vehicle?		No - Claiming third party
-		Taxi
00		Auto 1798
CC ** * * * *	1200 1 8 68	1/96
INSURANCE COMPANY		
reality of modern and a surprise	· · · · · · · · · · · · · · · · · · ·	AXA Insurance Pte Ltd
.,,,	and the state of the state of	ThirdPartyFireTheft
Fleet Policy		Yes
,, , , , , , , , , , , , , , , , ,	21 - 23 18460 2 5853	VFX/P2419140
Cover Note Number		•
DRIVER		
Name of Driver		LEE KHEE SEN
NRIC No	K /	SXXXX2397

Date Of Birth 24/01/1959 Occupation Outdoor Date Of Driving Pass 29/10/1990 Driving experience 31 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-93367546 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg 127 ANG MO KIO AVENUE 3 #05-1869 Address Address complement 560127 Postcode No Is the driver the policyholder? 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 Collision - Head to Rear Type of Accident Weather Conditions Clear Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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 04/01/2022 AT ABOUT 1720HRS I WAS DRIVING MY VEHICLE A SHC948E FROM SELEGIE ROAD TURNING LEFT ONTO BUKIT TIMAH ROAD. I STOP MY VEHICLE A TO LET PEDESTRIANS CROSS AT THE TRAFFIC JUNCTION. VEHICLE B GBB4507U THEN REAR ENDED MY STATIONARY VEHICLE A. NO ONE WAS INJURED. 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	SERVICE IN SEC. SACROSCO	GBB4507U
Vehicle Manufacturer		Opel
Vehicle Model	0 0 00000 0	Vivaro
Vehicle Variant	W 190 2 0 0 00	=
Vehicle Colour		
Vehicle Category	EMICONAMICO E TENE EXTEN	Commercial vehicle
Name of Driver		ERDOGAN AKTEKIN

Contact Number	
Contact Number Address Address complement	
Address complement	-
Address complement Postcode	-
	•
vature Of Damage	_
Details of property damaged :	_
No. Of Passenger (Including Driver)	_
9 (moldding Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

- 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 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)

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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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;
- (ii) 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.

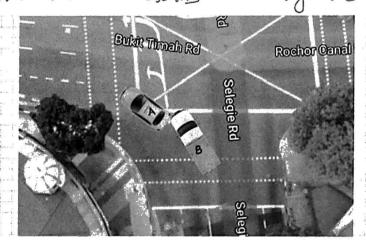
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 0855HRS 05-02-2022

Witnessed by Reporting Centre Personnel

Sketch Plan

A-SHC 948E B-GBB 45074



Describe Circumstances of the Accident

SHC948E FROM ROAD. I STOP M TRAFFIC JUNC ^T STATIONARY VI	2 AT ABOUT 1720HRS M SELEGIE ROAD TUR MY VEHICLE A TO LET TION. VEHICLE B GBE EHICLE A. NO ONE W. UT NO HANDPHONE	NING LEFT ONTO E PEDESTRIANS CR 34507U THEN REAF	BUKIT TIMAH OSS AT THE R ENDED MY

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 05.02.2020 0905 KRS