

NEW TECH BY: Thuan

REF: NH4C

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC82330 Yr Regn: 19/2/20
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Prius hybrid c.c. 1798
 Colour: blue NC: Insured / Std / NI / NA
 Sp. Reading: 258478 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: STD NB3Fu 6030911/2
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Good / Jammed / Leaked / Burnt or
 Brake: Good / Jammed / Leaked / Burnt or
 Modl: 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. S mm R/Bal. S mm
 L/Bal. S mm L/Bal. S mm
 D.O.A. 4/2/22 D.O.I. 7/2/22 1700
 Survey held at CDCE
 Des. of Damages 3 Rear / O/S / NIS / UIC / Roof/Top or

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

Date / Time	Action / Instruction

Date/Time File Pass to? ☐ : Prel. Report
☐ : Final Report
 1) _____
 Date/Time File Return to? _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Visual Insp (\$ _____)

Survey Fee: _____
 Transportation: _____
 \$ + R.S. \$
 Fines
 Others
 Total

Request Formals:

Letter Sign / BE: _____

Date/Time: 05.02.2022 10:20

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4170375

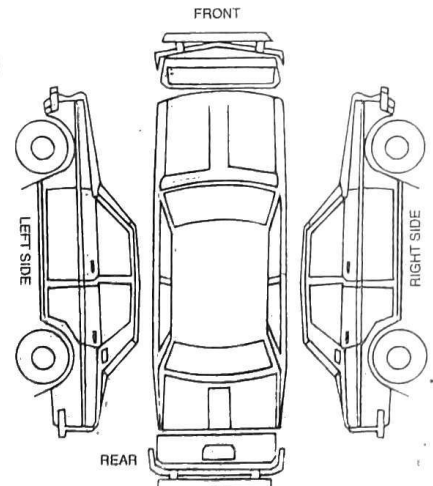
JC NO: 305503881

OMER S COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) JUNT CARD NO.	REGN NO.: SHC8233G	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL PRIUS HYBRID(G4A04)	DATE/TIME IN 02.2022 13:40
	YR OF MANU. 19.02.2020	TARGET DATE
	CHASSIS CODE JTDKB3FU603091112	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 04.02.2022
 TIME: 3P 04.02.2022

NO	LABOR CODE	DESCRIPTION
0010	PB	PANEL BEATING-SHC8233G



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SHC8233G LIMITS

Vehicle No.: SHC8233G

Signature/Date

Name of Service Advisor

Date

turned to Service

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	04/02/2022 18:42 (SGT)
Date of Accident	04/02/2022 12:20 (SGT)
Exact Location of Accident	361 Bukit Batok Street 31, Singapore 650361
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8233G
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) +65-96871547
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 - Reporting only
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	LAI TZE CHIANG
NRIC No	SXXXX828A

Date Of Birth	30/11/1971
Occupation	Outdoor
Date Of Driving Pass	12/01/1996
Driving experience	26 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96871547
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	384 BUKIT BATOK WEST 6 #10-320
Address complement	-
Postcode	650384
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

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 04/02/2022 AT ABOUT 12:20HRS. I WAS DRIVING VEHICLE A, SHC8233G. I WAS DRIVING INSIDE OF BLK 361 BUKIT BATOK STREET 31 TO PICK UP MY PASSENGERS. THEN I MOVED FORWARD. SUDDENLY VEHICLE B FROM THE PARKING LOT JUST DASHED OUT AND HIT ONTO MY FRONT LEFT SIDE OF THE VEHICLE.

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	SMP7163D
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH AH LAI
Contact Number	(Phone) +65-97341979
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 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 QIA Reporting 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 indorsement 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 broker 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 insurers; who have insured vehicle(s) involved in this accident, all insurers who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers". The Insurers' law firms/law firms, the Monetary Authority of Singapore and any relevant government agency authority (such as the police) for the purposes 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 insurers who have insured vehicle(s) involved in this accident and the Insurers' law firms/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 firms/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 15:10 04.02.22

Witnessed by Reporting Centre Personnel MD NA 22



A - SHC8233G
B - SMP7163D

Describe Circumstances of the Accident

ON 04/02/2022 AT ABOUT 12:20HRS. I WAS DRIVING VEHICLE A, SHC8233G. I WAS DRIVING INSIDE OF BLK 361 BUKIT BATOK STREET 31 TO PICK UP MY PASSENGERS. THEN I MOVED FORWARD. SUDDENLY VEHICLE B FROM THE PARKING LOT JUST DASHED OUT AND HIT ONTO MY FRONT LEFT SIDE OF THE VEHICLE.

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 15:10 04-02-22

Witnessed by Reporting Centre Personnel MD MDP-11

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

LKK -

DATE: 05.02.22 (Sat)

MODEL: Toyota Prius

INSURANCE: NTUC CP/P

VEHICLE NO.: SHC8233G

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Front Bumper Cover	1		\$499.90
	Front Bumper Clips	10	\$2.20	\$22.00
	Front Bumper Grille LH	1		\$28.30
	Front Bumper Side Retainer LH	1		\$77.00
	Front Bumper Side Bracket LH	1		\$82.30
	Front Fender LH	1		\$945.30
	Front Fender Hybrid LH	1		\$86.50
	SUB TOTAL			\$1,741.30
	LESS 25%			\$435.33
	DISCOUNTED TOTAL			\$1,305.98
	Labour Charge			
	Panel Beating			\$800.00
	Spray Painting Charge			\$600.00
	TOTAL LABOUR			\$1,400.00
	ESTIMATE TOTAL			\$2,705.98

cut
nec
cut
nec
nec
xr
nec

700
500

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.

Thuan @ 82235469
7/2/22 1700
P/P bfr 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: