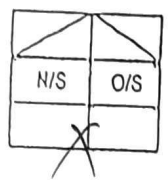


REC BY: Thevan / nfac

ASSIGNMENT

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

(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: SHD7249m Yr Rogn: 27/11/18
Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /
Truck / Traller or
Make: Toyota Prius c.c. 1798
Colour: blue A/C: _____ Insured / Std / NI / NA
Sp. Reading: 504733 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: STD1B3Fu003077433
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 Westlake
Front: _____ Rear: _____
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.A. 23/2/22 D.O.I. 24/2/22 1700
Survey held at CDGE
Des. of Damages: (Art) / (Rear) / O/S / N/S / UIC / Roolltop or
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Prelim. Report
1) ☐ : Final Report
Date/Time, File Return to?

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

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : V/A & I (\$ _____)

Survey Fee:	<div></div>
Transportation:	
S + RS: \$	
Fuel	
Others	
Total	

Request Form No: _____
Date: _____

Date/Time: 24.02.2022 08:51

Page : 1

Item: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4177831

JC NO305506381

Customer

Company: COMFORT TRANSPORTATION PTE LTD

Customer NO. 7010045

Address: 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

Count Card NO.

REGN NO.:

SHD7249M

MILEAGE

MAKE:

TOYOTA

FUEL

E.....1/2.....F

MODEL

PRIUS HYBRID(G4)23.02.2022 15:55

DATE/TIME IN

YR OF MANU.

27.11.2018

TARGET DATE

CHASSIS CODE

JTDKB3FU003077433

COMPLETION DATE/TIME:

JOB DESCRIPTION

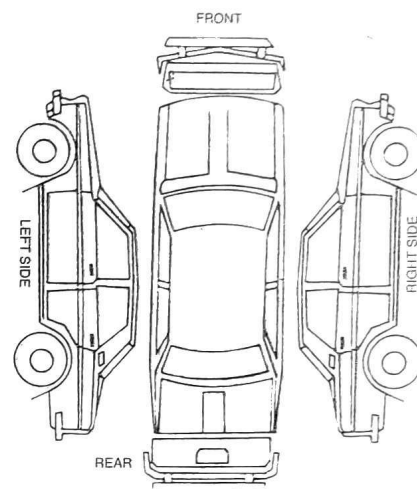
Accident Date: 23.02.2022

ATURE: 3P 23.02.2022

NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Signature Slip

Exit Pass

No.: SHD7249M

YY

Vehicle No.:

SHD7249M

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHD7249M

Date: 24.02.2022

Make : Toyota

Insurance: NTUC

Model : Prius (G4A)

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER			\$499.90
10	REAR BUMPER CLIPS			\$22.00
1	REAR BUMPER LOWER COVER			\$552.60
1	REAR BUMPER TOWING COVER			\$82.70
1	REAR BUMPER SIDE RETAINER RH			\$94.80
1	REAR BUMPER REINFORCEMENT			\$318.80
1	REAR BUMPER SIDE EXTENSION RH			\$148.40
1	REAR BUMPER ARM ASSY RH			\$139.60
1	BACK DOOR GARNISH SUB ASSY			\$889.70
1	REAR TRUNK LID LOGO (PRIUS)			\$60.80
1	REAR TRUNK LID LOGO (HYBRID)			\$52.40
1	REAR TRUNK LID LOGO (TOYOTA STAR)			\$52.90
	SUB TOTAL			\$2,914.60
	LESS 25%			\$728.65
	DISCOUNTED TOTAL			\$2,185.95
1	REAR TRUNK LID COMFORT & TEL NO. STICKER	-10%	\$60.00	\$60.00
1	REAR TRUNK LID APPS STICKER	-10%	\$40.00	\$40.00
1	REAR BUMPER RUBBER MAT		\$50.00	\$50.00
1	REAR REVERSE SENSOR	-10%	\$135.70	\$135.70
				\$285.70
	Labour Charge			
	PANEL BEATING			\$900.00
	SPRAY PAINTING CHARGE			\$750.00
	CHECK ALL LIGHTING			\$60.00
	TUFF KOTE			\$80.00
	REMOVE/REFIX REVERSE SENSOR			\$60.00
	TOTAL LABOUR			\$1,850.00
	ESTIMATE TOTAL			\$4,321.65

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.

- Vehicle 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:

Thuan 82235769
24/2/22 1700
L/S 3days wp
or after repair photo

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	23/02/2022 21:18 (SGT)
Date of Accident	23/02/2022 09:15 (SGT)
Exact Location of Accident	Tanglin Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7249M
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) +65-96749154
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	TEO CHEW BOON
NRIC No	SXXXX891G

Date Of Birth	14/05/1960
Occupation	Outdoor
Date Of Driving Pass	23/01/1978
Driving experience	44 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96749154
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	708 PASIR RIS DRIVE 10 #14-189
Address complement	-
Postcode	510708
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Male

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 23/02/2022 AT ABOUT 0915HRSHRS I WAS DRIVING MY VEHICLE A SHD7249M ALONG TANGLIN SLIP ROAD TOWARDS ORCHARD ROAD. I STOP MY VEHICLE A AT THE GIVE WAY LINES WHEN VEHICLE B SMF4174L REAR ENDED MY STATIONARY VEHICLE A. AFTER IMPACT, MY FEMALE PASSENGER HURT HER NECK. PARTICULARS EXCHANGED.

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	SMF4174L
Vehicle Manufacturer	Toyota
Vehicle Model	Camry
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MR WOO
Contact Number	(Phone) +65-98632385
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	70
Injuries Sustained	-
Injured person in which vehicle?	SHD7249M
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 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 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.

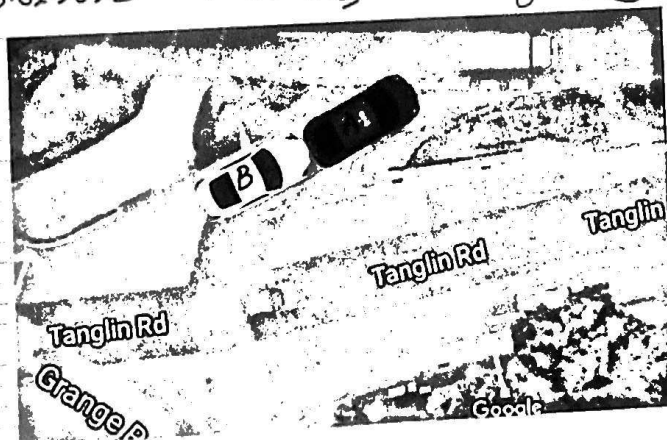
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A-SHD7249M
B-SMF4174L



Describe Circumstances of the Accident

ON 23/02/2022 AT ABOUT 0915HRSHRS I WAS DRIVING MY VEHICLE A SHD7249M ALONG TANGLIN SLIP ROAD TOWARDS ORCHARD ROAD. I STOP MY VEHICLE A AT THE GIVE WAY LINES WHEN VEHICLE B SMF4174L REAR ENDED MY STATIONARY VEHICLE A. AFTER IMPACT, MY FEMALE PASSENGER HURT HER NECK. PARTICULARS EXCHANGED.

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

23-02-2022



Witnessed by Reporting Centre Personnel

Kyngi Yong