

1:0 (A): Thevan

ST18566P CTI

ASSIGNMENT

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

Veh No: ST18566P Yr Rogn: 3/10/17
 Type: M. Car / M. Cycle / Bus / Van / Lorry / (Tax) / Prime Mover /

Truck / Trailer or _____
 Make: Toyota prius c.c. 1798
 Colour: blue A/C: Insured / Std / NI / NA
 Sp. Reading: 489918 T/Radio: Insured / Std / NI / NA
 Eng/No: _____

C/No: S5DH3F4003565037
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / SIRIM / STD AJRIm or _____
 Tyro Size: F: 195/65R15
 R: 195/65R15

(Policy Condition)

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

<input type="checkbox"/>	<input checked="" type="checkbox"/>
NIS	OIS

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Turn Sum: _____ % 3 Vol.: Yes or No
 CA / REV / REP. / 24 HRS

BS / DUH / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or westlake

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm
D.O.A. <u>19/3/22</u>	D.O.I. <u>21/3/22</u> 1700

*Survey held at CDGR
 Des. of Damages: FR Rear / OIS / NIS / UIC / Roof/tp or _____

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

Date / Time	Action / Instruction

Case/Time File Pass by? : Provl. Report
 1) : Final Report
 Case/Time File Return by?

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

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Inve (\$ _____)
 : MVA/1 (\$ _____)

Survey Fee:

Transportation:	_____ S + RS _____ SI
Prints	_____
Others	_____
Total	_____

Request Form No: _____

Request Form No: _____

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SH8566P

Make : Toyota

Model : Prius

Date: 21/03/2022

Insurance: CHINA TAIPING

MVA: MS LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	FRT FENDER HYBRID EMBLEM RH			\$86.50
1	FRONT FENDER SUB ASSY RH			\$945.30
1	FRT PILLAR UPPER COVER RH, DELTA			\$96.00
1	FRT WHEEL HUB CAP RH			\$346.40
1	FRT FENDER SHIELD RH			\$198.50
1	FRONT BUMPER SIDE RETAINER RH			\$77.00
	SUB TOTAL			\$1,749.70
	LESS 25% DISCOUNTED TOTAL			\$437.43 \$1,312.28
	FRT FENDER ADVERTISEMENT LOGO RH			\$100.00
				\$100.00
	Labour Charge			
	PANEL BEATING			\$750.00
	SPRAY PAINTING CHARGE			\$300.00
	TUFF KOTE			\$60.00
	TOTAL LABOUR			\$1,110.00
	ESTIMATE TOTAL			\$2,522.28

N/C
DT
Scr
Cut
Drif
N/C

N/C

350
250
20

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.

Theran
82235769
21/3/22 1700
L/S 2days 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:

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4185886

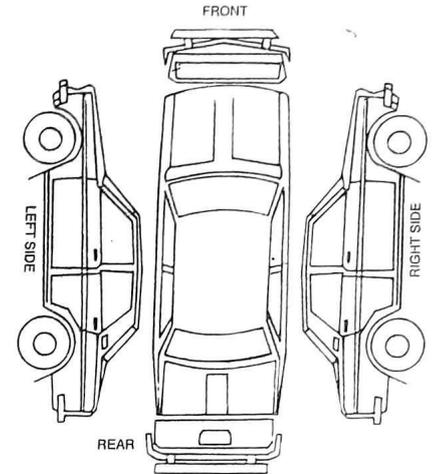
JC NO305509554

CUSTOMER NAME: COMFORT TRANSPORTATION PTE LTD CUSTOMER NO: 7010045 ADDRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 L. (R) 65508755 (O) (P) SCOUNT CARD NO.	REGN NO: SH 8566P	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL: PRIUS HYBRID(G4) 21.03.2022 10:40	DATE/TIME IN
	YR OF MANU: 03.10.2017	TARGET DATE
	CHASSIS CODE: JTDB3FU003565037	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 19.03.2022
NATURE: 3P 19.03.2022

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 8566P YY

Vehicle No.: SH 8566P

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned 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	21/03/2022 12:47 (SGT)
Date of Accident	19/03/2022 04:10 (SGT)
Exact Location of Accident	596D Ang Mo Kio Street 52, Singapore 564596
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8566P
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) +65-91690097
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	ELIZABETH HO MENG HUA
NRIC No	SXXXX737B

Date Of Birth	22/04/1964
Occupation	Outdoor
Date Of Driving Pass	21/12/1981
Driving experience	40 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91690097
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	409 YISHUN RING ROAD #12-1789
Address complement	-
Postcode	760409
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	Collided into Parked Vehicle
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

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 21/03/2022 AT ABOUT 0410HRS, I WAS DRIVING VEHICLE A(SH8566P) ALONG BLK 596D ANG MO KIO STREET 52. I STOPPED MY VEHICLE AT THE RUBBISH CHUTE OF BLK 596D. WHILE WAITING FOR MY PASSENGERS TO PAY THE FARE, VEHICLE B(SMU7032Y) REVERSED ONTO MY RIGHT FRONT SIDE OF THE VEHICLE. I SUSTAINED NECK AND RIGHT ARM INJURY. NOBODY ELSE WAS INJURED.

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	SMU7032Y
Vehicle Manufacturer	Toyota

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	OOI HIM CHENG
Contact Number	(Phone) +65-90663956
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	ELIZABETH HO MENG HUA
Gender	Female
Phone No	(Phone) +65-91690097
Address	409 YISHUN RING ROAD #12-1789
Address Complement	-
Post Code	760409
Approximate Age Years Old	-
Injuries Sustained	NECK AND RIGHT ARM INJURY.
Injured person in which vehicle?	SH8566P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

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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.

[Handwritten Signature]

[Handwritten Signature]

Policyholder's Signature / Date & Time

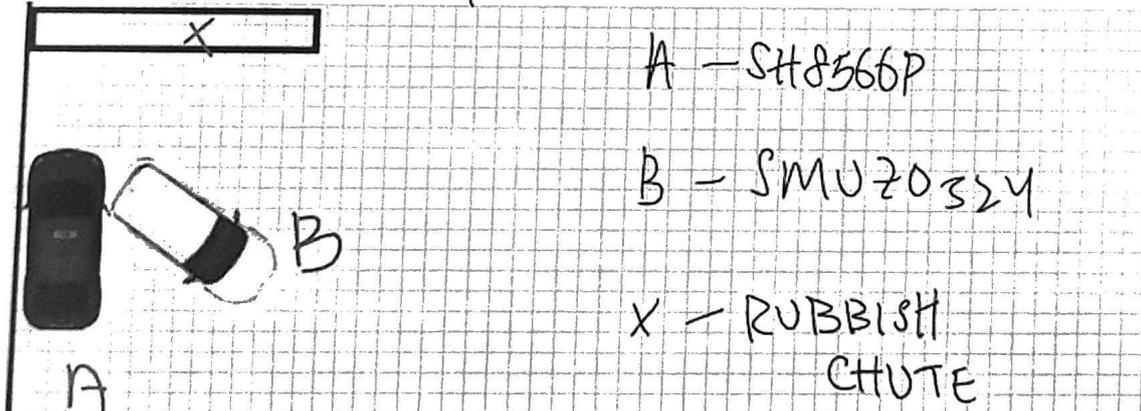
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

21/08/2022 1135

CAITIFF



BLK 596D ANG MO KIO STREET 52

Describe Circumstances of the Accident

ON 21/03/2022 AT ABOUT 0410HRS, I WAS DRIVING VEHICLE A(SH8566P) ALONG BLK 596D ANG MO KIO STREET 52. I STOPPED MY VEHICLE AT THE RUBBISH CHUTE OF BLK 596D. WHILE WAITING FOR MY PASSENGERS TO PAY THE FARE, VEHICLE B(SMU7032Y) REVERSED ONTO MY RIGHT FRONT SIDE OF THE VEHICLE. I SUSTAINED NECK AND RIGHT ARM INJURY. NOBODY ELSE WAS INJURED.

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

21/03/2022 1135



Witnessed by Reporting Centre Personnel

LP77EF