

ASS. REC. BY: thuan

REF: ntuc NS/INC22003159/Vqc

**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. MT/1167192-002

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 |
| X   |     |

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 2 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: SH71876 Yr Regn: 15/6/17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or \_\_\_\_\_

Make: toyota prius hybrid c.c 1798

Colour: blue A/C: Insured / Std / NI / NA

Sp. Reading: 26050 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: STDKB3Fu 803558322

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: Inorder / 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 5 mm Rear 5 mm

R/Bal. 5 mm L/Bal. 5 mm

D.O.A. 2/4/22 D.O.I. 4/4/22 1700

Survey held at CDOE

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or \_\_\_\_\_

The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction                                     |
|-------------|--|
|             | Thevan finalised LS \$2000, 2 days. (Red \$1555.31, 44%) |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |

Date/Time, File Pass to?  : Prel. Report

1) 30/05 Typist  : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

|                       |  |
|-----------------------|--|
| Survey Fee:           |  |
| Transportation:       |  |
| _____ S + RS _____ SI |  |
| Photos                |  |
| Others                |  |
| TOTAL                 |  |

Report Format : TP  
Lump Sum / L.B. : (\$ 2000 )

am: ARC Repair TP(CLS0)1

**JOB CARD** Sales Order: 4192357

JC No305511181

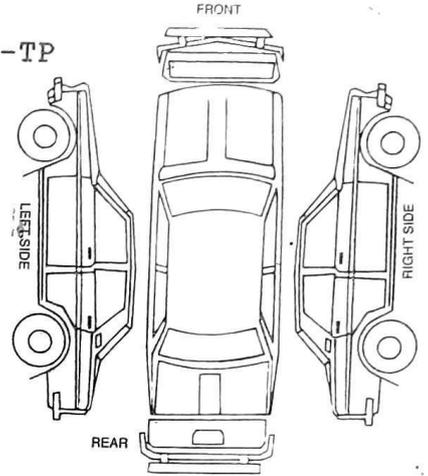
|  |                                   |                               |
|--|-----------------------------------|-------------------------------|
| OMER<br>S COMFORT TRANSPORTATION PTE LTD<br>OMER NO. 7010045<br>ESS 383 SIN MING DRIVE<br>Singapore SINGAPORE 575717<br>(R) 65508755 (O)<br>(P)<br>JUNT CARD NO. | REGN NO:<br>SH 7187G              | MILEAGE                       |
|  | MAKE:<br>TOYOTA                   | FUEL<br>E.....1/2.....F       |
|  | MODEL:<br>PRIUS HYBRID(G4)02.     | DATE/TIME IN<br>04.2022 08:50 |
|  | YR OF MANU.<br>15.06.2017         | TARGET DATE                   |
|  | CHASSIS CODE<br>JTDKB3FU803558322 | COMPLETION DATE/TIME:         |

cident Date: 02.04.2022  
TURE: 3P 02.04.2022/C

JOB DESCRIPTION

NO 0010      LABOR CODE PB

DESCRIPTION  
PANEL BEATING-SH 7187G-TP



KED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: SH 7187G      LIMTS

Vehicle No.: SH 7187G

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

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COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE LKK-

Date: 04.04.2022  
Time: 09:09:23  
Page: 1/2

NTUC - L/S

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305511181  
REGN NO : SH 7187G  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 15.06.2017  
DATE/TIME IN : 02.04.2022 08:50  
ACCIDENT DATE : 02.04.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

|      |                   |                          |    |        |       |        |             |
|------|-------------------|--------------------------|----|--------|-------|--------|-------------|
| 0001 | 04-01-0302-2282-G | REAR BUMPER              | 1  | 503.04 | 25.00 | 377.28 | <i>cut</i>  |
| 0002 | 04-01-0302-2287-G | REAR BUMPER CTR MOULDING | 1  | 654.96 | 25.00 | 491.22 | <i>cut</i>  |
| 0003 | 04-01-0302-2965-G | REAR BUMPER EXTENSION RH | 1  | 232.00 | 25.00 | 174.00 | <i>cut</i>  |
| 0004 | 04-01-0302-2267-G | REAR BUMPER CLIPS        | 10 | 22.00  | 25.00 | 16.50  | <i>n/c</i>  |
| 0005 | 04-01-0302-3937-G | REAR BUMPER SIDE BRKT RH | 1  | 112.70 | 25.00 | 84.52  | <i>nec</i>  |
| 0006 | 04-01-0302-0585-A | TAILLAMP UPR RH          | 1  | 557.90 | 25.00 | 418.42 | <i>XSuc</i> |
| 0007 | 04-01-0302-0796-A | TAILLAMP LWR RH          | 1  | 570.00 | 25.00 | 427.50 | <i>cut</i>  |
| 0008 | 04-01-0302-2288-G | REAR BUMPER BEAM         | 1  | 378.32 | 25.00 | 283.74 | <i>XSuc</i> |
| 0009 | 04-01-0302-1150-A | REAR BUMPER MAT          | 1  | 50.00  |       | 50.00  | <i>nec</i>  |
| 0010 | 09-01-0302-2005-A | REVERSE SENSOR           | 1  | 135.70 | 10.00 | 122.13 | <i>XSuc</i> |

SUB-TOTAL : 2,445.31

JOB NATURE

0000 PB PANEL BEATING-SH 7187G-TP 400.00 *350*

TS

COMFORTDELGRO ENGINEERING PTE LTD

Date: 04.04.2022

REPAIR ESTIMATE

LKK-\_\_\_\_\_

Time: 09:09:23

Page: 2/2

NTUC-LIS

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305511181  
REGN NO : SH 7187G  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID  
DATE OF REGN : 15.06.2017  
DATE/TIME IN : 02.04.2022 08:50  
ACCIDENT DATE : 02.04.2022

| JOB / PARTS DESCRIPTION                  | QTY    | IND | UNIT-PRICE | DISC% | AMOUNT |
|--|--------|-----|------------|-------|--------|
| 0001 SP SPRAYPAINT CHARGE                | 300.00 |     | 250        |       |        |
| 0002 L R/I REVERSE SENSORS               | 120.00 |     | 30         |       |        |
| 0003 20-05 Rear Fender Adv.Sticker RH/LH | 200.00 |     | nee        |       |        |
| 0004 20-05 Rear Bumper Adv.Sticker       | 50.00  |     | nee        |       |        |
| 0005 17-01 CHECK ALL LIGHTING            | 40.00  |     | 20         |       |        |

SUB-TOTAL : 1,110.00

TOTAL : 3,555.31

Lim J  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE :

Thuan  
82235769  
4/4/22 1700  
LIS repair  
relays w/p

# 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              | 02/04/2022 18:03 (SGT)               |
| Date of Accident                | 02/04/2022 00:50 (SGT)               |
| Exact Location of Accident      | Pasir Ris Dr 1, Pasir Ris, Singapore |
| Additional Location Information | -                                    |
| Country/State of Loss           | Singapore                            |

## DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SH7187G                        |
| 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) +65-81392392           |
| 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 | LIM THYE CHEW |
| NRIC No        | SXXXX007E     |

Date Of Birth 05/11/1952  
 Occupation Outdoor  
 Date Of Driving Pass 24/11/1070  
 Driving experience 51 YEARS AND 6 MONTHS  
 Gender Male  
 Mobile Number (Phone) +65 81302302  
 Alt. Phone Number -  
 Email Address fleetsafety@cdgtaxi.com.sg  
 Address BLK 140 TAMPIE STREET #04-452  
 Address complement -  
 Postcode 520140  
 Is the driver the policyholder? No  
 If No, Relationship of the Driver with the Insured 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 - Change/cross lane  
 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) 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 02/04/2022 AT ABOUT 0050HRS I WAS DRIVING MY VEHICLE A SH7187G ON THE LEFT LANE OF PASIR RIS DRIVE 1 TOWARDS LOYANG AVENUE. VEHICLE B SLG966J ON MY RIGHT SIDE, SWERVED INTO MY LANE AND SIDE SWIPE HIS VEHICLE LEFT FRONT ONTO MY VEHICLE A RIGHT REAR. 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 NOT SUITABLE  
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLG966J  
 Vehicle Manufacturer Toyota  
 Vehicle Model Prius  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Private car  
 Name of Driver CHUA CHUN SENG

|   |           |
|---|-----------|
| NRIC No .....                                 | SXXXX007I |
| Contact Number .....                          | -         |
| 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

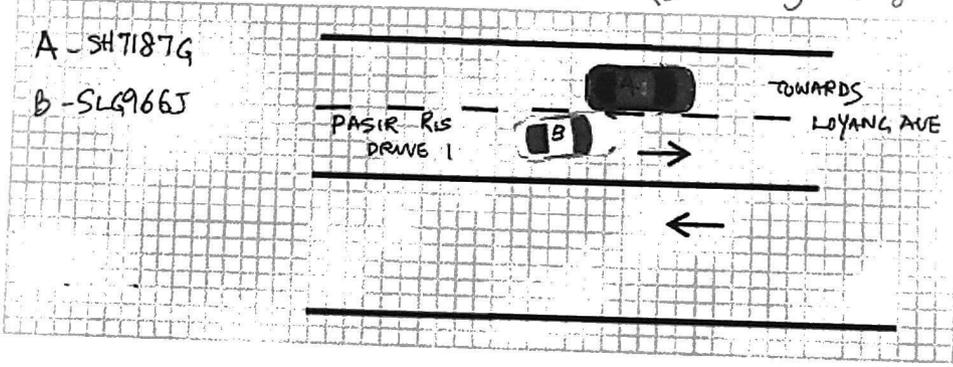
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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  
*02-04-2002 0940 HRS*

Witnessed by Reporting Centre Personnel  
*Ky in Yang*

Sketch Plan



Describe Circumstances of the Accident

ON 02/04/2022 AT ABOUT 0050HRS I WAS DRIVING MY VEHICLE A SH7187G ON THE LEFT LANE OF PASIR RIS DRIVE 1 TOWARDS LOYANG AVENUE. VEHICLE B SLG966J ON MY RIGHT SIDE, SWERVED INTO MY LANE AND SIDE SWIPE HIS VEHICLE LEFT FRONT ONTO MY VEHICLE A RIGHT REAR. NO ONE WAS INJURED. PARTICULARS EXCHANGED BUT NO HANDPHONE

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                | Witnessed by Reporting Centre Personnel   |
|  | 02-04-2022 0945HRS  | Kipri Yong  |