

ASS. REC. BY: ThuvanREF: china

## 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 Rport: \_\_\_\_\_ 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SH143413y Yr Regn: 1917 117Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or

Make: toyota prius hybrid c.c. 1798Colour: blue A/C: Insured / Std / NI / NASp. Reading: 652778 T/Radio: Insured / Std / NI / NA

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

C/No: JTDKB3Fu20356524Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 195/65R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Westlake

Front

Rear

R/Bal. 5 mmR/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 9/4/22D.O.I. 11/4/22 1630Survey held at CDGEDes. 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

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report1) \_\_\_\_\_  
Date/Time, File Return to?

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

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS, SI

Photos

Others

TOTAL

Report Format : \_\_\_\_\_

Lump Sum / I.B.I. (\$) \_\_\_\_\_

Date/Time: 11.04.2022 07:21 Page : 1

um: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4194749 JC NO.305511870

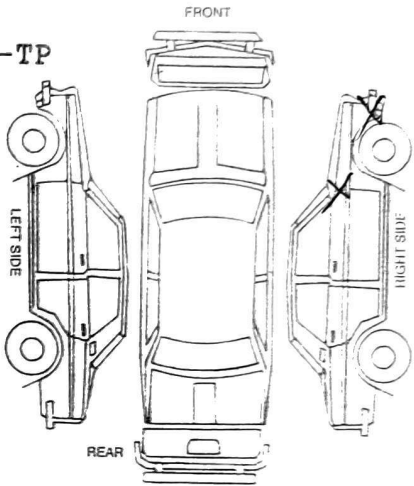
VER	COMFORT TRANSPORTATION PTE LTD	REGN NO. SHA3413Y	MILEAGE
VER NO. 7010045		MAKE: TOYOTA	FUEL
SS 383 SIN MING DRIVE		MODEL PRIUS HYBRID(G4)09	E.....1/2.....F
Singapore SINGAPORE 575717		YR OF MANU 19.07.2017	DATE/TIME IN 04.2022 08:20
65508755 (O)		CHASSIS CODE JTDKB3FU203561524	TARGET DATE
NT CARD NO.			COMPLETION DATE/TIME:

cident Date: 09.04.2022  
TURE: 3P 09.04.2022

JOB DESCRIPTION

VO LABOR CODE  
0010 PB

DESCRIPTION  
PANEL BEATING-SHA3413Y-TP



D & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR CUSTOMER'S SIGNATURE

ement Slip	Exit Pass
SHA3413Y LIMITS	Vehicle No.: SHA3413Y
Service Advisor	Name of Service Advisor
Signature/Date	Date
ed 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	09/04/2022 09:29 (SGT)
Date of Accident	09/04/2022 04:35 (SGT)
Exact Location of Accident	Bukit Batok Rd, Singapore
Additional Location Information	JURONG TOWN HALL
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3413Y
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) +65-96628614
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	TAN SIONG MOH
NRIC No	SXXXX868B

Date Of Birth	18/01/1952
Occupation	Outdoor
Date Of Driving Pass	04/01/1972
Driving experience	50 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96628614
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	46 CIRCUIT ROAD #09-647
Address complement	-
Postcode	370046
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	Hit by fallen tree / Other objects
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

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 09/04/2022 AT ABOUT 0435HRS I WAS SLOWING DOWN MY VEHICLE A SHA3413Y ON THE MOST RIGHT LANE OF BUKIT BATOK ROAD IN THE DIRECTION OF JURONG TOWN HALL. VEHICLE B GBK1245Y TURNING RIGHT FROM PIE COLLIDED ONTO THE TRAFFIC LIGHTS CAUSING DEBRIS TO FLY IN MY DIRECTION. DEBRIS HIT MY RIGHT FRONT SIDE. NO ONE WAS INJURED. NO 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	GBK1245Y
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	TRAFFICLIGHT
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	NOT SURE
Details of property damaged in accident	TRAFFIC LIGHT
No. Of Passenger (Including Driver)	-

# 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 filed under by the insurers of the GIA Claims 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 if needed

## B. 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 processed 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' law firm/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' law firm/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 firm/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

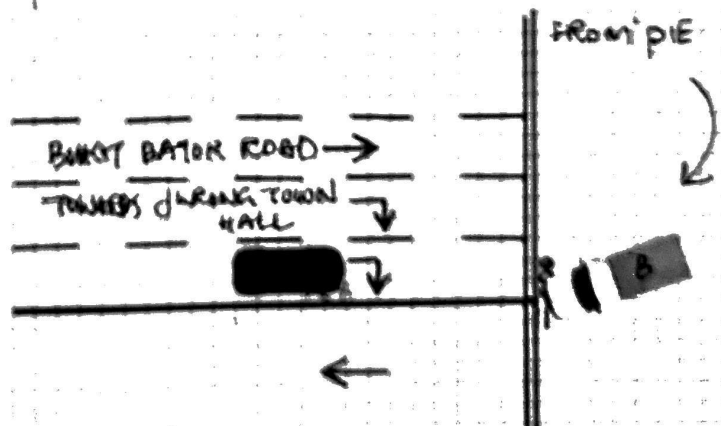
Policyholder's Signature Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

A - SH/A 3413 Y  
B - G6K 1245 Y



Describe Circumstances of the Accident

ON 09/04/2022 AT ABOUT 0435HRS I WAS SLOWING DOWN MY VEHICLE A SHA3413Y ON THE MOST RIGHT LANE OF BUKIT BATOK ROAD IN THE DIRECTION OF JURONG TOWN HALL. VEHICLE B GBK1245Y TURNING RIGHT FROM PIE COLLIDED ONTO THE TRAFFIC LIGHTS CAUSING DEBRIS TO FLY IN MY DIRECTION. DEBRIS HIT MY RIGHT FRONT SIDE. NO ONE WAS INJURED. NO 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

Witnessed by Reporting Centre Personnel

  
09.04.2022 0900

  
Kiyon Yong

LKK-  
China Taiping-LS

TS

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

JOB NO : 305511870  
 REGN NO : SHA3413Y  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 19.07.2017  
 DATE/TIME IN : 09.04.2022 08:20  
 ACCIDENT DATE : 09.04.2022

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0302-2292-A	FRT BUMPER	1	586.18	25.00	439.63	Xr
0002 04-01-0302-2267-G	FRT BUMPER CLIPS	10	22.00	25.00	16.50	/nec
0003 04-01-0302-0594-G	WING MIRROR RH	1	1,390.10	25.00	1,042.57	/ENOS
0004 04-01-0302-0898-G	WING MIRROR OTR CVR RH	1	141.90	25.00	106.42	/scr

SUB-TOTAL : 1,605.12

## JOB NATURE

0000 PB	PANEL BEATING-SHA3413Y-TP	400.00	350
0001 SP	SPRAYPAINT CHARGE	600.00	400.00 325
0002 17-01	CHECK WIRINGS	40.00	20

SUB-TOTAL : 1,040.00

TOTAL : 2,645.12

MVA NAME & SIGNATURE  
 DATE :

SURVEYOR NAME &amp; SIGNATURE

DATE :

Thuan  
 82235769  
 11/4/22 1630  
 LS repair  
 delays wp

AUTHORISED : YES / NO

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: