

ASS. REC. BY: ThevanREF: CS/TMI22003748/vay3**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. _____

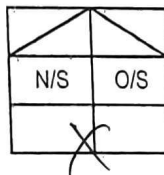
Claims No. M2201895

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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: SHC2446Z Yr Regn: 5/3 119Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toyota prius c.c. 1798Colour: blue A/C: Insured / Std / NI / NASp. Reading: 482353 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STDHB3Fu403078665Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / 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 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 21/4/22 D.O.I. 22/4/22 1600Survey 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

11/05/22@10.09am revised to Jas Tan via Merimen.

Thevan finalised LS \$2300, 2 days. (Red \$1420.79, 38%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 11/05 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Report Format : MER-TPLump Sum H.B.H. (\$) 2300Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ S + RS, ____ SI

Photos

Others

TOTAL

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)
 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

TP INSURER:
 CTPPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

MVA: KY

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	21/04/2022
Vehicle Reg. No.:	SHC2446Z	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS, 1.5 HYBRID (A)	Vehicle Reg. Date:	05/03/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZR2B93441	Chassis No:	JTDKB3FU403078665
Odometer:	482353 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Remarks:	TEL: 62148355		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	2,239.79
Miscellaneous Items	11.00
Labour	1,470.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$)	3,720.79
+ GST 7.00% (\$)	260.46
Nett Amount (\$)	3,981.25

This claim is handled by: LOKE YY

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 21 Apr 2022)**Parts:** 144 TOYOTA PRIUS 1.5 HYBRID (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHC2446Z/21/04/2022 14:10**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk *.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER	25.00	0.00	*503.04 FL <i>lt</i>
2	1		*REAR BUMPER CLIPS	25.00	0.00	*22.00 FL <i>ne</i>
3	1		*REAR BUMPER LOWER COVER	25.00	0.00	*654.96 FL <i>scr</i>
4	1		*REAR BUMPER TOWING COVER	25.00	0.00	*82.70 FL <i>ms</i>
5	1		*REAR BUMPER SIDE RETAINER RH	25.00	0.00	*112.70 FL <i>nc</i>
6	1		*REAR BUMPER REINFORCEMENT	25.00	0.00	*378.32 FL <i>sc</i>
7	1		*REAR BUMPER SIDE EXTENTION RH	25.00	0.00	*148.40 FL <i>ct</i>
8	1		*TAIL LAMP LOWER RH	25.00	0.00	*570.00 FL <i>ra</i>
9	1		*REAR REVERSE SENSOR	0.00	0.00	*135.70 F <i>cul</i>
10	1		*REPLACE REAR BUMPER ADVERTISEMENT LOGO	0.00	0.00	*50.00 F <i>ne</i>
11	1		*REPLACE REAR FENDER ADVERTISEMENT LOGO LH	0.00	0.00	*100.00 F <i>nc</i>
12	1		*REPLACE REAR FENDER ADVERTISEMENT LOGO RH	0.00	0.00	*100.00 F <i>nc</i>

F=Franchise part, L=ListItemDisc.

Sub Total (\$\$)	2,857.82
- List Item Discount on L Items (\$\$)	618.03
Total Parts (\$\$)	2,239.79

ComfortDelGro Engineering Pte Ltd/SHC2446Z/21/04/2022 14:10. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	550.00 ³⁵⁰
2	SPRAY PAINTING CHARGE	New	800.00 ⁵⁰⁰
3	CHECK ALL LIGHTING	New	60.00 ³⁰
4	REMOVE/REFIX REVERSE SENSOR	New	60.00 ³⁰
Gross Labour Cost (\$)			1,470.00

ComfortDelGro Engineering Pte Ltd/SHC2446Z/21/04/2022 14:10. Not valid without Reference section.
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< END OF ESTIMATES >

Thuan
82235769
22/4/22 1600
L/S 2day swp

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:

Date/Time: 21.04.2022 13:49 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4199446 JC NO 305513209

Customer: COMFORT TRANSPORTATION PTE LTD
Customer No. 7010045
Address 383 SIN MING DRIVE
Singapore SINGAPORE 575717
EL. (R) 65508755 (O)
(P)

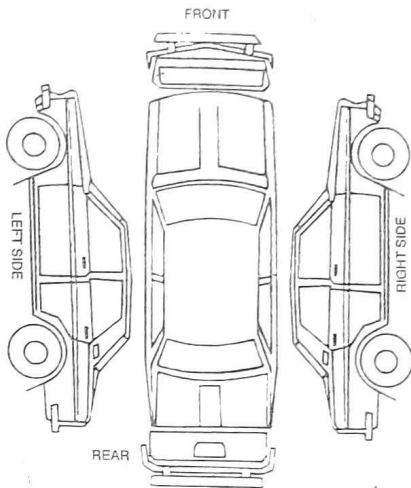
REGN NO.: SHC2446Z	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....f
MODEL PRIUS HYBRID(G4)21.	DATE/TIME IN 04.2022 11:20
YR OF MANU. 05.03.2019	TARGET DATE
CHASSIS CODE JTDKB3FU403078665	COMPLETION DATE/TIME:

DISCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 21.04.2022
NATURE: 3P 21.04.2022

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Vehicle No.: SHC2446Z YY

Vehicle No.: SHC2446Z

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle 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	21/04/2022 12:46 (SGT)
Date of Accident	21/04/2022 08:00 (SGT)
Exact Location of Accident	Farrer Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC2446Z

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) +65-91057682
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	LOH BOON PIANG
NRIC No	SXXXX052F

Date Of Birth	09/10/1969
Occupation	Outdoor
Date Of Driving Pass	01/12/1995
Driving experience	26 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91057682
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 752 CHOA CHU KANG NORTH 5 #07-201
Address complement	-
Postcode	680752
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	Male

PASSENGER 3

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 21/04/2022 AT ABOUT 0800HRS I WAS DRIVING MY VEHICLE A SHC2446Z ON THE MOST LEFT LANE FARRER ROAD TOWARDS HOLLAND ROAD. NEAR THE BUS STOP AN UNKNOWN VEHICLE SUDDENLY STOP. I IMMEDIATELY APPLIED BRAKE AND VEHICLE B SMT5356G THEN REAR ENDED MY STATIONARY VEHICLE A. I HURT MY RIGHT LEG AFTER IMPACT. MY BOY PASSENGER ALSO HURT HIS 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
Was there any audio recorded?

FILE IS NOT SUITABLE
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMT5356G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOH BOON PIANG
Gender	Male
Phone No	(Phone) +65-91057682
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	INJURIES ON LEG
Injured person in which vehicle?	SHC2446Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	INJURIES ON NECK
Injured person in which vehicle?	SHC2446Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

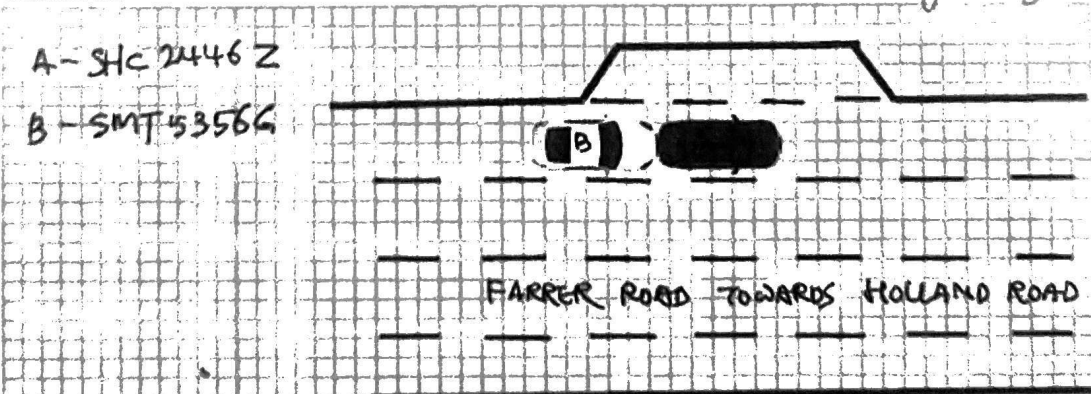
1. Please report correctly the details of the accident to speed up the claims process
 2. This Form must be completed by the Policyholder and/or the Authorised Driver
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability
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 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

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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

[Signature]

[Signature]

21-04-2022

1205HRS

Keng Yeng