

ASS. REC. BY: Taufikh

REF:

INC

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/1170332-002
 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 WP
 Date: _____ Person Contacted: Ms Luke Vehicle: IN / OUT

Veh No: SHA8707S Yr Regn: 2019, March
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Prius c.c. 1798
 Colour: Yellow A/C: Insured / Std / NI / NA
 Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKB3FUX03079089
 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: 195/65/15
 R: 195/65/15
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Wentake
 Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 28/4/22
 Survey held at Comfort Logery
 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
	<u>Battery work</u>
	<u>Taufikh finalised LS \$2250, 2 days. (Red \$3554.91, 61%)</u>

Date/Time, File Pass to? : Prell. Report
 1) 23/05 Typist : Final Report
 Date/Time, File Return to?
 2) _____
 Report Format: TP
 Lump Sum / Fee: 2250

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	

COMFORT TRANSPORTATION PTF LTD

REPAIR ESTIMATE

Vehicle No. : SHA8707S

Date: 28/04/2022

Make : Toyota

Insurance: NTUC

Model : Prius

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount	
1	REAR BUMPER			\$ 503.04	am
10	REAR BUMPER CLIPS			\$ 22.00	ua
1	REAR BUMPER SIDE BRACKET RH			\$ 55.80	?
1	REAR BUMPER UNDER SIDE EXTENTION RH			\$ 148.40	Ry
1	REAR BUMPER LOWER COVER			\$ 654.96	de
1	REAR BUMPER TOWING COVER			\$ 82.70	de
1	REAR FENDER RH			\$ 992.04	X
1	TAIL LAMP RH LOWER			\$ 570.00	am
1	TAIL LAMP RH UPPER			\$ 557.90	?
1	REAR BUMPER SIDE RETAINER RH			\$ 94.80	?
1	REAR BUMPER REINFORCEMENT			\$ 378.32	?
1	BACK DOOR GARNISH SUB ASSY			\$ 1,054.71	Ry
1	REAR TRUNK LID LOGO (PRIUS)			\$ 62.14	am
1	REAR TRUNK LID LOGO (HYBRID)			\$ 62.14	am
	SUB TOTAL			\$ 5,238.95	
	LESS 25% DISCOUNTED TOTAL			\$ 3,929.21	
	REAR TRUNK LID COMFORT & TEL NO. STICKER		-10%	\$ 60.00	Nett am
	REAR TRUNK LID APPS STICKER		-10%	\$ 40.00	Nett am
	REAR BUMPER REVERSE SENSOR		-10%	\$ 135.70	Nett am
	REAR BUMPER RUBBER MAT			\$ 50.00	Nett am
				\$ 285.70	Nett
	Labour Charge				
	PANEL BEATING			\$ 800.00	525
	SPRAY PAINTING CHARGE			\$ 600.00	500
	REMOVE/ REFIX REVERSE SENSOR			\$ 60.00	30
	CHECK ALL LIGHTING			\$ 80.00	30
	TUFF KOTE			\$ 50.00	X
	TOTAL LABOUR			\$ 1,590.00	
	ESTIMATE TOTAL			\$ 5,804.91	

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.

Tanfah 92495747
 up 28/4/22 05pm
 1/3 Posng after repair
 tanfah ellharts.com
 2-3 days

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: 28.04.2022 10:34 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 4201897

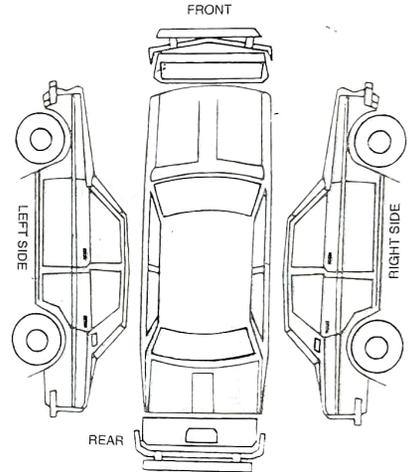
JC NO:305514171

CUSTOMER NAME CITYCAB PTE LTD CUSTOMER NO. 7010070 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL (R) 65551188 (O) (P) DISCOUNT CARD NO.	REGN NO.: SHA8707S	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL PRIUS HYBRID(G4)27	DATE/TIME IN 04.2022 21:40
	YR OF MANU. 14.03.2019	TARGET DATE
	CHASSIS CODE JTDKB3FUX03079089	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 27.04.2022
NATURE: 3P 27.04.2022

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip
No.: **SHA8707S** **YY**
Signature/Date
To be returned to Service Reception upon collection

Exit Pass
Vehicle No.: **SHA8707S**
Name of Service Advisor _____
Date _____
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 28/04/2022 11:30 (SGT)
Date of Accident 27/04/2022 21:40 (SGT)
Exact Location of Accident Thomson Rd, Singapore
Additional Location Information UPPER THOMSOM ROAD EXIT TO SLE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA8707S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CITYCAB PTE LTD
Company Reg No 1XXXXX839G
Email Address fleetsafety@cdgtaxi.com.sg
Mobile Phone No (Phone) +65-87009114
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
Variant PRIUS 5DR HATCHBACK (AUTO)
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/P2419140
Cover Note Number -

DRIVER

Name of Driver JUI WEI ZHONG
NRIC No SXXXX078A

Date Of Birth	27/12/1977
Occupation	Outdoor
Date Of Driving Pass	14/10/1999
Driving experience	22 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87009114
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 332C ANCHORVALE LINK #09-378
Address complement	-
Postcode	543332
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)	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 27/04/22 AT 2140HRS I WAS DRIVING VEHICALE A(SHA8707S)ALONG UPPER THOMSON ROAD AND WANTED TO TURN LEFT INTO SLE.AS I WAS WAITING FOR MAJOR ROAD TO CLEAR SUDDENLY VEHICALE B(SGJ753A)REAR ENDED MY VEHICLE REAR RIGHT.EXCHANGED PARTICULAR AND MYSELF INJURED DUE TO THE IMPACT.

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	SGJ753A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN WEE TEVS

NRIC No	SXXXX472B
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	JUI WEI ZHONG
Gender	Male
Phone No	(Phone) +65-87009114
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHA8707S
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 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. 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

Sketch Plan

A.SHA8707S
B.SGJ753A

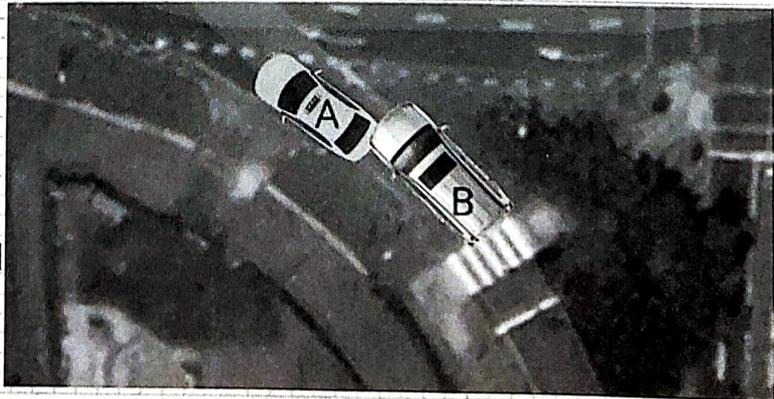
UPPER THOMSON
ROAD
EXIT TO SLE

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

27/04/20 12/2007/20

Witnessed by Reporting Centre Personnel

BALAJI



Describe Circumstances of the Accident

ON 27/04/22 AT 2140HRS I WAS DRIVING VEHICLE A SHA8707S ALONG UPPER THOMSON ROAD AND WANTED TO TURN LEFT INTO SLE.AS I WAS WAITING FOR MAJOR ROAD TO CLEAR SUDDENLY VEHICLE B SGJ753A REAR ENDED MY VEHICLE REAR RIGHT.EXCHANGED PARTICULAR AND MYSELF INJURED DUE TO THE IMPACT.

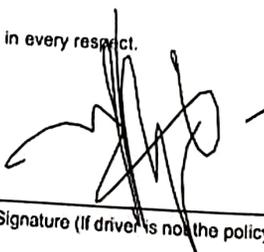
Declaration

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



27/04/22 / 21:40hrs



BALAJI