

Taught

CTI

## ASSIGNMENT

wp'

Date: Person Contacted: Um TS

westlake

D.O.I. 28/4/22

## Comfort Layers

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

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

[illegible]

☐: Prel. Report

**□: Final Report**

**Days Of Repair:**

Resurvey No. of Trip:

Lump Sum / L.S.: 00

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

□: Tech. Invs (\$

Weekend (S

Survey Fee:

Transportation:

$$S \div RS, \quad SI$$

Photos

Others

LKK-

China Taiping - 4S

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

JOB NO : 305514174  
 REGN NO : SH 8932R  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 28.09.2017  
 DATE/TIME IN : 28.04.2022 10:05  
 ACCIDENT DATE : 28.04.2022

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0302-0600-G	WING MIRROR LH	1	1,390.10 25.00 1,042.57 bro ✓
0002	04-01-0302-0897-G	WING MIRROR OTR CVR LH	1	141.90 25.00 106.42 mis ✓
0003	04-01-0302-3832-G	FRT DOOR GLASS LH	1	313.60 25.00 235.20 ? cut ✓
0004	04-01-0302-2601-G	FRT DR OUTER MOULDING LH	1	188.60 25.00 141.45 X

SUB-TOTAL : 1,525.64

## JOB NATURE

0000 PB	PANEL BEATING-SH 8932R-TP	300.00 175
0001 SP	SPRAYPAINT CHARGE	150.00 100
0002 17-01	CHECK WIRING.	40.00 30

SUB-TOTAL : 490.00

TOTAL : 2,015.64

MVA NAME & SIGNATURE  
 DATE :

SURVEYOR NAME & SIGNATURE  
 DATE :

AUTHORISED : YES / NO

Tan Jiah 97495749  
 up' 28/4/22 0440 p  
 1/5 Repair after repair  
 Tan Jiah 21/4/22 01 day

**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 13:48

Page : 1

Team: ARC Repair TP(CLS0)1

**JOB CARD**

Sales Order: 4201935

JC NO 305514174

Customer

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

Customer CARD NO.

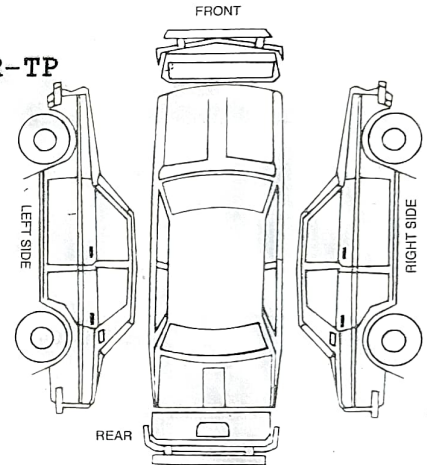
REGN NO.: <b>SH 8932R</b>	MILEAGE
MAKE: <b>TOYOTA</b>	FUEL E.....1/2.....F
MODEL <b>PRIUS HYBRID(G4)28.</b>	DATE/TIME IN <b>04.2022 10:05</b>
YR OF MANU. <b>28.09.2017</b>	TARGET DATE
CHASSIS CODE <b>JTDKB3FU303564383</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

Incident Date: 28.04.2022  
Nature: 3P 28.04.2022

Job NO: 00010  
LABOR CODE: PB

DESCRIPTION: PANEL BEATING-SH 8932R-TP



KEYED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Signature Slip

Exit Pass

Vehicle No.: SH 8932R LIMITS

Vehicle No.: SH 8932R

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	28/04/2022 14:34 (SGT)
Date of Accident	28/04/2022 08:15 (SGT)
Exact Location of Accident	205 Toa Payoh N, Singapore 310205
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8932R
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### 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) +65-80137959
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	HAN KWANG JUAN
NRIC No	SXXXX723G

Date Of Birth	14/06/1961
Occupation	Outdoor
Date Of Driving Pass	13/04/1981
Driving experience	41 YEARS
Gender	Male
Mobile Number	(Phone) +65-80137959
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 144 LORONG 2 TOA PAYOH#04-208
Address complement	SINGAPORE
Postcode	310144
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 - Opening Door of 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?	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	ANTHONY PATRKIA
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 28/04/2022 AROUND 08:15 HRS, I WAS DRIVING MY VEHICLE (A) SH8932R ALONG THE SERVICES ROAD BESIDE BLK 205 TOA PAYOH NORTH. I WAS DRIVING MY VEHICLE BESIDE A STATIONARY VEHICLE (B) CB6452T WHICH HAPPENED TO OPEN THE DRIVER DOOR JUST AS I WAS DRIVING PAST DAMAGING MY LEFT SIDE MIRROR. MY LEFT SIDE MIRROR GOT DISLODGED. NO INJURY.

#### 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	CB6452T
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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



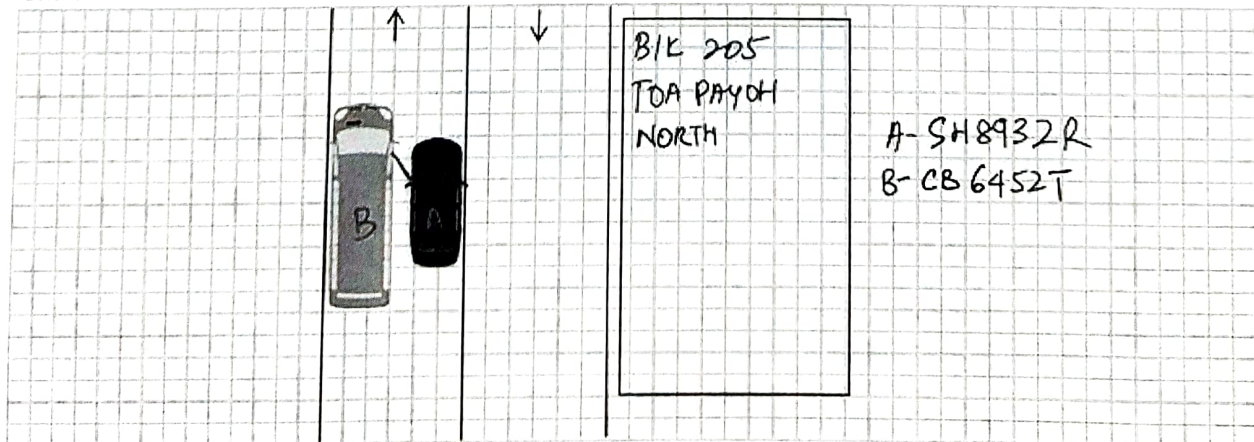
**SKETCH PLAN****IMPORTANT NOTICE**

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 28/4/22 1045

Witnessed by Reporting Centre Personnel KHAIRUL

**Sketch Plan**

## Describe Circumstances of the Accident

ON 28/04/2022 AT AROUND 0815HRS, I WAS DRIVING MY VEHICLE A SH8932R ALONG THE SERVICE ROAD BESIDE BLK 205 TOA PAYOH NORTH. I WAS DRIVING MY VEHICLE BESIDE A STATIONARY VEHICLE B CB6452T WHICH HAPPENED TO OPEN THE DRIVER DOOR JUST AS I WAS DRIVING PAST DAMAGING MY LEFT SIDE MIRROR. MY LEFT SIDE MIRROR GOT DISLODGED. NO INJURY.

## 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 28/4/22 1045

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel KHAIRIL