

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:

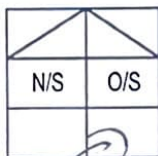
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

2711817690

Veh No:

SH7333B

Yr Regn:

25/05/17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or (CA/

Make:

Toyota prius Hybrid c.c 1798

Colour

Blue

A/S: Insured / Std / NI / NA

Sp. Reading

621473

T/Radio: Insured / Std / NI / NA

Eng/No:

JTDKB3FU103556816

C/No:

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:

195/65R15

R:

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

08/08/22

D.O.I.

8/8/22

Survey held at

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

Rear

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

)

Add Fee:

☐

: Site Insp (\$

)

☐

: Interview (\$

)

☐

: Tech. Invs (\$

)

☐

: Weekend (\$

)

REPAIR ESTIMATE*

DATE: 08.08.22
MVA JUMANI
DOA: 08.08.22

NTUC

[illegible]



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 Actual 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	08/08/2022 16:20 (SGT)
Reported by	Driver
Date of Accident	08/08/2022 11:50 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7333B
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) +65-81415153
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
Policy Number / Cover Note Number	VFX/P2419138

DRIVER

Name of Driver	YAHYA BIN HUSSIN
NRIC No	SXXXX580E
Date Of Birth	09/04/1959
Occupation	Outdoor



Date Of Driving Pass	20/08/1981
Driving experience	41 YEARS
Gender	Male
Mobile Number	(Phone) +65-81415153
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 468 SEGAR ROAD #03-196
Address complement	-
Postcode	670468
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

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 08/08/2022 AT ABOUT 11:50HRS, I WAS DRIVING VEHICLE A (SH7333B) ALONG DUNEARN ROAD. AS I TRAVELLING STRAIGHT ON FIRST LANE, FRONT UNKNOWN VEHICLE APPLY BRAKE SUDDENLY AND STOP. I APPLY BRAKE AND MANAGE TO STOP IN TIME. AS MY VEHICLE WAS STATIONARY, VEHICLE B (SLL9436L) COLLIDED ONTO VEHICLE A REAR BUMPER. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL9436L
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	(Phone) +65-93255554
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 herby 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' law firms/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/trail 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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]

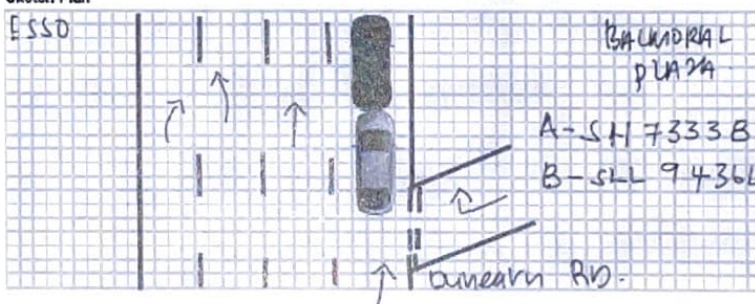


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time
6/8/22 @ 1510H

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 08/08/2022 AT ABOUT 11:50HRS, I WAS DRIVING VEHICLE A (SH7333B) ALONG DUNEARN ROAD. AS I TRAVELLING STRAIGHT ON FIRST LANE, FRONT UNKNOWN VEHICLE APPLY BRAKE SUDDENLY AND STOP. I APPLY BRAKE AND MANAGE TO STOP IN TIME. AS MY VEHICLE WAS STATIONARY, VEHICLE B (SLL9436L) COLLIDED ONTO VEHICLE A REAR BUMPER. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

Declaration

I/We declare the foregoing particulars are true in every respect.

[Handwritten Signature]

FLASH ACCIDENT
REPORTING OFFICER
IRO KHAMARA

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time
8/8/22 @ 1510H

Witnessed by Reporting Centre Personnel

Date/Time: 08.08.2022 15:49

Page : 1

Job: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4508386

JC NO: 005525858

CUSTOMER
COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)

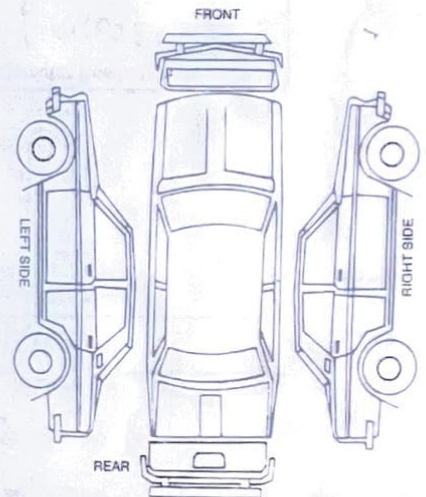
REGN NO. SH 7333B	MILEAGE
MAKE TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 08.08.2022 13:15
YR OF MANU. 25.05.2017	TARGET DATE
CHASSIS CODE JTDKB3FU103556816	COMPLETION DATE/TIME:

OUNT CARD NO.

Accident Date: 08.08.2022
Time: 3P 08.08.22

JOB DESCRIPTION

NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Work Order

Exit Pass

Job No.: SH 7333B

JU NTUC

Vehicle No.:

SH 7333B

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SH7333B
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Aug 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	2ZR5042546
Chassis No.:	JTDKB3FU103556816
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$31,008.00
Original Registration Date:	25 May 2017
First Registration Date:	25 May 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 May 2025
PARF Rebate Amount:	\$3,500.00
Intended COE Rebate Details	
COE Expiry Date:	24 May 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$40,532.00
COE Rebate Amount:	\$14,150.00
Total Rebate Amount:	\$17,650.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 08 Aug 2022

OK