

ASS. REC. BY: Taufik

REF:

INC

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspected Vehicle No: SHA 4353E
at Workshop m/s _____
of _____
Insured: SJL 2274G
Policy No. _____
Claims No. MT/1182820-002
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 Report: _____ 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA 4353E Yr Regn: 227 / 4 Aug.
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota Prius C.C. 1798
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: 855567 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: STDK B3F4 103563149.
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi: NI / S/Rim / STD A/Rim or
Tyre Size: F: 195/65R15
R: 17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Wentlake

Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. D.O.I. 3/8/12
Survey held at Comfort Lodge
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Frt O/S

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

Date / Time	Action / Instruction
26.09.22	Taufikh confirmed LS \$2050.00 ; 3 days with Mr Lim thru email. (Red \$3,719.74 ; 64%)

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 3

1) _____
Date/Time, File Return to?

☒ : Final Report

Resurvey No. of Trip: _____

2) _____

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS SL

Photos

Others

TOTAL

Report Format: TP

Lump Sum / B.B. / (LS \$2,050.00)

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATEDATE: **03.08.2022**MODEL: **Toyota Prius**VEHICLE NO.: **SHA4353E**INSURANCE: **NTUC (LKS)**MVA: **LIM T S**

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Front Bumper Cover	1		\$586.18
	Front Bumper Clips	10	\$2.20	\$22.00
	Front Fender RH	1		\$1,111.93
	Front Fender (Hybrid) RH	1		\$86.50
	Front Fender Shield RH	1		\$198.50
	Front Wheel Rim RH	1		\$1,570.55
	Front Door RH	1		\$1,264.00
	SUB TOTAL			\$4,839.66
	LESS 25%			\$1,209.91
	DISCOUNTED TOTAL			\$3,629.74
	Front Fender Adv.Sticker RH	1		\$100.00
	Front Door Adv.Sticker RH	1		\$100.00
	Labour Charge			
	Panel Beating			\$800.00
	Spray Painting Charge			\$900.00
	Check Lightings			\$40.00
	Tuff Kote			\$80.00
	Wheel Alignment			\$120.00
	TOTAL LABOUR			\$1,940.00
	ESTIMATE TOTAL			\$5,769.74

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.

Tanfer 07428749
car 3/8/22 04pm

as being open repair
tanfer consultant
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: 03.08.2022 14:41 Page : 1

: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4507922

JC NO. 805525461

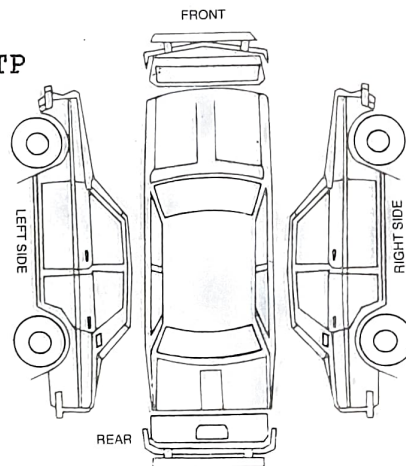
MER COMFORT TRANSPORTATION PTE LTD MER NO. 7010045 SS 383 SIN MING DRIVE Singapore SINGAPORE 575717 R) 65508755 (O) P) JNT CARD NO.	REGN NO.: SHA4353E	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL PRIUS HYBRID(G4)03.08.2022 12:20	DATE/TIME IN
	YR OF MANU. 10.08.2017	TARGET DATE
	CHASSIS CODE JTDKB3FU103563149	COMPLETION DATE/TIME:

JOB DESCRIPTION

ident Date: 02.08.2022
JRE: 3P 02.08.2022/C

LABOR CODE
010 PB

DESCRIPTION
PANEL BEATING-SHA4353E-TP



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Jo.: **SHA4353E** **LIMITS**

Vehicle No.: **SHA4353E**

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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 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	03/08/2022 15:37 (SGT)
Reported by	Driver
Date of Accident	02/08/2022 18:55 (SGT)
Exact Location of Accident	Loyang Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4353E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetisafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-81613133
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	QUEK NIAN TZE JAMES
NRIC No	SXXXX922D
Date Of Birth	11/07/1967
Occupation	Outdoor

Date Of Driving Pass	17/09/2014
Driving experience	7 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81613133
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 411 JURONG WEST STREET 42 #12-839
Address complement	-
Postcode	640411
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	Side Swipe
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)	1
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	-

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 02.08.2022 AT ABOUT 1855HRS I WAS DRIVING MY VEHICLE A SHA4353E ALONG LOYANG AVE TOWARDS TAMPINES AVE 7. MY VEHICLE A WAS FILTERING INTO THE 3RD LANE WHEN VEHICLE B SJL2274G ON MY RIGHT SUDDENLY SWERVED OUT AND SIDE SWIPE HIS VEHICLE B LEFT FRONT ONTO MY VEHICLE A RIGHT FRONT. NO ONE WAS INJURED .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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL2274G
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	BANI MOHAMAD MATEEN BIN BANI MOHAMAD ALI
NRIC No	SXXXX958Z
Contact Number	(Phone) +65-87501525
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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

Sketch Plan

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

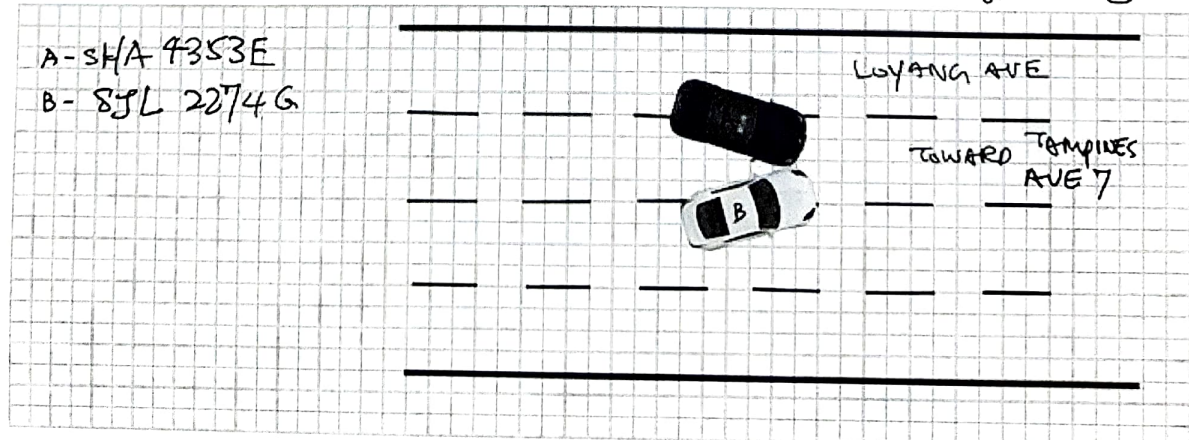
Witnessed by Reporting Centre Personnel

A - SHA 4353E
B - 8JL 2274G

[Signature]
03/08/2012

1325HRS

[Signature]
Kyg - Yong



Describe Circumstances of the Accident

ON 02.08.2022 AT ABOUT 1855HRS I WAS DRIVING MY VEHICLE A SHA4353E ALONG LOYANG AVE TOWARDS TAMPINES AVE 7. MY VEHICLE A WAS FILTERING INTO THE 3RD LANE WHEN VEHICLE B SJL2274G ON MY RIGHT SUDDENLY SWERVED OUT AND SIDE SWIPE HIS VEHICLE B LEFT FRONT ONTO MY VEHICLE A RIGHT FRONT. NO ONE WAS INJURED .PARTICULARS EXCHANGED

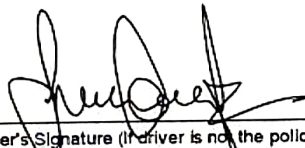
Declaration


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


03-08-2022 HRS


Ryann Tong