25	
(08/11/8) wef	/]
ASS. REC. BY:	Corne

REF:

NS/INC22008135/Rqc

821R

ASSI	GN	ME	NT
		_	_

From: Date:	Veh No: SHA 47376 Yr Regn: 2016 / DEC
From: Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxx / Prime Mover /
OD / TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To In spect Vehicle No:	Make: TOYOTA PRIMS HYBRID 1-8CUT C.C 1798
at Workshop m/s	Colour A/C: Insured / Std / NI / NA
of.	Sp. Reading 564469 T/Radio: Insured / Std / NI / NA
Insured:	
PolicyNo.	Eng/No: JTDKB3FUX03839689
Claims No.	C/No: JTDKB3FUX03539607 Gen. Cond: Good / Faig/ Poor / Burnt
	Steering: Iporder Jammed / Leaked / Burnt or
(Client's Record)	~
Make of Veh:	Brake: Kordér / Jammed / Leaked / Burnt or
Transition Foli.	Modi: (All/) S/Rim / STD A/Rim or
(Dolo: Condition)	Tyre Size: F: LAS LISTUS
(Policy Condition) Remark: The veh had commenced its N/S O/S	R:
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value:	TOYO/YOKO OF WESTLAKE
IDAC Accident Rport Consistent? : Yes or No	R/Bal. A R/Bal L
GIA / PR Seen: Consistent?: Yes or No	1/201
Lum Sum: % 3 Val.: Yes or No	D.O.A. 18/08/22 D.O.I. 19/08/2
	Survey held at Comford Welcheo
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Vehicle: IN / OUT	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	The die Foliasis frame F body Structure affected due to conside.
Rasul finalised LS \$1850, 3 days	(Red \$2245.13, 55%)
Date/Time, File Pass to? : Prell. Report	0.0
	Pays Of Repair: 3 Resurvey No. of Trip: 1 Survey Fee:
Date/Time, File Return to?	Resurvey No. of Trip: 1 Survey Fee:
2) Add Fee:	4
	: Interview (\$) Photos
Report Format : TP	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$:Weekend (\$)
	тота

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO

SHA4737G

MAKE

REG 31.05.2019

18.08.2022

CHIANG/ NTUC

Qty	Parts Description/ Labour	Unit Price	Amount
1	REAR BUMPER ill		\$503.0
	REAR BUMPER SIDE RETAINER LH FINE		\$112.7
	REAR BUMPER LOWER COVER SON		\$654.9
	REAR BUMPER UNDER SIDE LH &		\$232.0
	REAR BUMPER REINFORCEMENT 7		\$378.3
	REAR BUMPER CLIPS A	¢2.20	
	TAIL LAMP LH UPP ?	\$2.20	\$22.0
	TAIL LAMP LH LOW 7		\$557.9
1	The state of the s		\$570.0
1	SUB TOTAL		\$3,030.9
- 1	25.00% DISCOUNTED TOTAL		\$757.7
	DISCOUNTED TOTAL		\$2,273.1
1	REAR BUMPER ADVERTISEMENT MA		4
	REAR REVERSE SENSOR X	1	\$50.0
	BOOTLID COMFORT APP M		\$135.7
	BOOTLID COMFORT/TEL NO STICKER /-		\$40.0
1	SOOTED CONFORT/TEL NO STICKER /		\$60.0
			\$262.1
L	abour Charge		
	anel Beating		05. 1
100	pray Painting Charge		525 \$780.0
	emove/Refix Upholstery rear		500 \$600.0
	uff Kote		X \$90.0
1000	heck Lighting		X \$60.0
٦			303 \$60.0
	TOTAL LABOUR		\$1,560.0
	ESTIMATE TOTAL		\$4,095.3

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

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

Pasul 49 90010068 3 days 45 19/08/22@1520 Pers after repent



ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops 205 Braddell Road Singapore 579701 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717

Date/Time: 19.08.2022 15:04

Page: 1

eam:

ARC Repair TP(CLSO)1

JOB CARDsales Order: 4598744

JC N805527081

MILEAGE

FUEL

ISTOMER

COMFORT TRANSPORTATION PTE LTD 3/MS

7010045

ISTOMER NO. 7010045
DRESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

YR OF MANU. 30.12.2016

MAKE: TOYOTA

REGN NO.: SHA4737G

TARGET DATE

E.....1/2.....

(P)

CHASSIS CODE JTDKB3FUX03539609 COMPLETION DATE/TIME:

Date

PRIUS HYBRID(G4)19.08.2022 13:00

SCOUNT CARD NO.

JOB DESCRIPTION

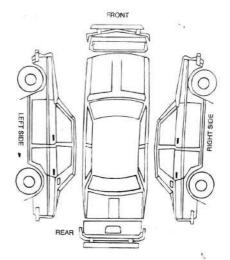
ccident Date: 18.08.2022 ATURE: 3P 18.08.2022 '

returned to Service Reception upon collection

/NO

LABOR CODE

DESCRIPTION



		,
ECKED & PASSED OUT BY:		
SERVICE ADVISOR		CUSTOMER'S SIGNATURE
owledgement Slip	Exit Pass	a
e No.: SHA4737G CHIANG	Vehicle No.: SHA4737G	
of Service Advisor	Signature/Data Name of Sentine vehicles	Finite

Name of Service Advisor

To be kept by Security Guard

Signature/Date

© SINGAPORE ACCIDENT STATEMENT

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

2. This Point must be a struthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

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 22/08/2022 11:46 (SGT) Reported by Driver Date of Accident 18/08/2022 19:20 (SGT) Exact Location of Accident Marina View, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SHA4737G

No - Claiming third party

INSURED/POLICYHOLDER Is company? Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 1XXXXXX821R Email Address

fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-94372179 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?

Vehicle Registration Number

Vehicle Category Taxi Transmission Auto 1798

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Policy Number / Cover Note Number VFX/P2419138

DRIVER

Name of Driver ONG TIANG JOO @ONG THIAN LOO NRIC No Date Of Birth SXXXX097G 29/09/1949 Occupation Outdoor

Date Of Driving Pass	12/07/1971
Driving experience	
Gender	51 YEARS AND 1 MONTH
Mobile Number	Male
Alt. Phone Number	(Phone) +65-94372179
Email Address	.
Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 75A REDHILL ROAD #12-56
Address complement	
Postcode	151075
is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	RELIEF DRIVER
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	
most volume owned by Driver	#
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	2.2
Westher Conditions	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet
OTHER INFORMATION	
A Committee of the Comm	
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
Translator's name	-
Translator's ID	-
Translator's phone number	
Translator's email	
Original language used in the statement	
g. i.d. language used in the statement	
PASSENGER 1	
Name	
	UNKNOWN
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the pelice?	
Was notice of intended Processition of intende	No
Was notice of intended Prosecution given?	No
If yes, against whom?	u .
CIRCUMSTANCES OF ACCIDENT	
ON 18.08.2022 AT ABOUT 1920HRS I WAS DRIVING MY VEHIC	LE A SHA4737G FETCHING MY PASSENGER TO MARINA BAY
NEIGHBOURHOOD POLICE CENTRE. AT THE ENTRANCE IST	OD MY VEHICLE A TO CHECK ON TRAFFIC VEHICLE B
SMD8864X RIGHT FRONT THEN COLLIDED ONTO MY STATIO	NARY VEHICLE A LEET DEAD, MY DASSENCED WAS NOT
INJURED. PARTICULARS EXCHANGED BUT NO HANDPHONE	TENDLE A LET T NEAR. WIT FASSENGER WAS NOT
ATTACHMENT(S)	
Are accident whether a will be	
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
A 1986 WHILE CHILLAND	

Vehicle Registration Number	
vehicle Manufacturer	SMD8864X
Lide Model	-
. rahicle Variant	*
Vehicle Colour	
Vehicle Category	-
Name of Driver	Private hire
NRIC NO	TAY HUAI KIAM
Contact Number	SXXXX145J
Address	
Address complement	I =
Postcode	-
Insurance Company Name	
Nature Of Damage	U.F.
Details of property damaged in accident	FRONT RIGHT
No. Of Passenger (Including Driver)	
	1

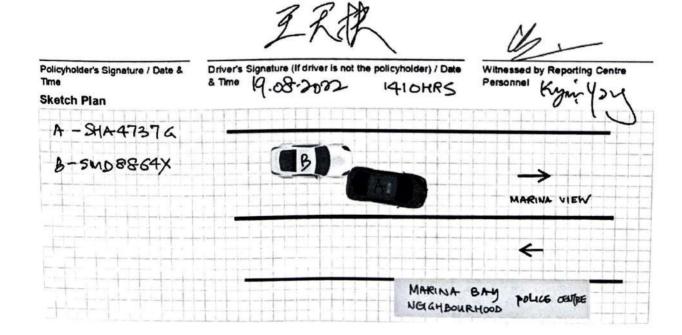
SKETCH PLAN

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 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)

lunderstand, acknowledge, agree and consent that

- (a) Myinsurer , myw orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers law yers/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:
- (ii) carrying out and/or dealing w ith 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



SKETCH PLAN #2

Describe Circumstances of the Accident

ON 18.08.2022 AT ABOUT 1920HRS I WAS DRIVING MY VEHICLE A SHA4737G FETCHING MY PASSENGER TO MARINA BAY NEIGHBOURHOOD POLICE CENTRE. AT THE ENTRANCE I STOP MY VEHICLE A TO CHECK ON TRAFFIC, VEHICLE B SMD8864X RIGHT FRONT THEN COLLIDED ONTO MY STATIONARY VEHICLE A LEFT REAR. MY PASSENGER WAS NOT INJURED. PARTICULARS EXCHANGED BUT NO HANDPHONE

Declaration

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

Policyholder's Signature / Date &

Driver's Signature (if driv s not the policyholder) / Date

1415HRS

> Back to One Motoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	821R 7 3 3 3 3 4 4 4 4 5 5 6 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7
Vehicle No.:	SHA4737G
Vehicle to be Exported:	
Intended Deregistration Date:	No 22 Aug 2022
Vehicle Make	
Vehicle Model:	TOYOTA
Primary Colour:	PRIUS HYBRID 18 CVT
Manufacturing Year:	Blue
Engine No.:	2016
Chassis No.:	2ZRR974687
Maximum Power Output:	JTDKB3FUX03539609
Open Market Value:	90.0 kW (120 bbp)
	\$31,008.00
Original Registration Date:	30 Dec 2016
First Registration Date:	30 Dec 2016
Transfer Count:	
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	工工工工工具 Pres Pract Talk Explain Explain Explain Explain
PARF Eligibility Expiry Date:	29 Dec 2024
PARF Rebate Amount:	\$3,500,00
COE Expiry Date:	29 Dec 2024
COE Category:	A-Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8 1 L L La La Contract (C. L. C. La Contract (C. L. C.
PQP Paid:	\$41,017.00
OE Rebate Amount:	\$12,059.00
otal Rebate Amount:	\$15,559.00

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 22 Aug 2022