

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/SMO22010840/Uwy3

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.

N/S	O/S

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: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

CPUR
Vehicle: IN / OUT

Date:

Person Contacted:

L7A 27177

Veh No:

SHD 43932

Yr Regn:

05/12/19

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

Truck / Trailer or

A /

Make:

Toyota prius Hybrid

1798

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading:

336457

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDK B3FU 203089 826

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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

Wostake

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

31/10/22

D.O.I.

01/11/22

Survey held at

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

Rear N/S.

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

Date / Time

Action / Instruction

7/11/22 1/5 @ 2100 : in brand MR Ching @ 02 days (Red \$2,206.67/02 days)

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Report Format :

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

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

) S + RS. SI

) Photos

) Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Vehicle No.: SHD4393Z
 Make /REG 05.12.2019
 Model : PRIUS
 DOA : 31.10.2022

not Arthur
2/5 # 2100
1/11/22
2 days
 Date : 31.10.2022
 Insurance: SOMPO
 MVA : CHIANG
 Admin :

maruscha@lkkauto.com

LKK

Part No.	Parts Description / Labour	Qty	Unit Price	Amount
1	REAR TRUNK LID LOGO (PRIUS)			<i>new</i> \$52.90
1	REAR TRUNK LID LOGO (HYBRID)			<i>new</i> \$52.40
1	REAR TRUNK LID LOGO (TOYOTA STAR)			<i>new</i> \$60.80
1	REAR BUMPER			<i>new</i> \$551.89
1	REAR BUMPER UNDER COVER			<i>new</i> \$654.96
1	REAR BUMPER REINFORCEMENT			<i>new</i> \$378.32
10	REAR BUMPER CLIP		\$2.20	<i>new</i> \$22.00
2	REAR BUMPER SIDE RETAINER LH/RH		\$112.70	<i>new</i> \$112.70
1	REAR BUMPER UNDER COVER CENTRE			<i>new</i> \$252.00
1	REAR BUMPER REFLECTOR LH			<i>new</i> \$55.00
1	REAR BUMPER TOWING COVER			<i>new</i> \$82.70
1	REAR END PANEL			<i>new</i> \$738.96
SUB TOTAL				\$3,014.63
LESS 25%				\$753.65
DISCOUNTED TOTAL				\$2,260.97
1	REAR BUMPER ADVERTISEMENT			<i>new</i> \$50.00
1	REAR TRUNK LID APPS STICKER			<i>new</i> \$40.00
1	REAR TRUNK LID COMFORT & TEL NO. STICKER			<i>new</i> \$60.00
1	REAR BUMPER MAT			<i>new</i> \$50.00
1	REAR BUMPER REVERSE SENSOR		<i>shipped</i>	<i>new</i> \$135.70
				\$335.70
Labour Charge				
	Panel Beating		<i>475</i>	\$900.00
	Spray Painting Charge		<i>500</i>	\$600.00
	Wiring Charge		<i>20</i>	\$60.00
	Remove/Refix Reverse Sensor		<i>50</i>	\$60.00
	Tuff Kote		<i>new</i>	\$90.00
TOTAL LABOUR				\$1,710.00
ESTIMATE TOTAL				\$4,306.67

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.

LKK Auto Consultants hence notify the Repairer of the following:

- 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:

171247
2635.05

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHD4393Z
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Nov 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	27R2F68756
Chassis No.:	JTDKB3FU203089826
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	05 Dec 2019
First Registration Date:	05 Dec 2019
Transfer Count:	0
Actual ARF Paid:	\$14,530.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Dec 2027
PARF Rebate Amount:	\$10,897.00
Intended COE Rebate Details	
COE Expiry Date:	04 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$25,581.00
COE Rebate Amount:	\$16,280.00
Total Rebate Amount:	\$27,177.00
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 01 Nov 2022

OK

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	31/10/2022 13:25 (SGT)
Reported by	Driver
Date of Accident	31/10/2022 08:50 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4393Z
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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) +65-98180792
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	CHAN SIEW THONG
NRIC No	SXXXXX089G
Date Of Birth	18/03/1954
Occupation	Outdoor

Date Of Driving Pass	18/01/1975
Driving experience	47 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98180792
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 195 RIVERVALE DRIVE #08-739
Address complement	-
Postcode	540195
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 - Change/cross lane
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	TAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221031/2015

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	FBJ8372Y
Vehicle Manufacturer	Ktm
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	2

SKETCH PLAN

IMPORTANT NOTICE

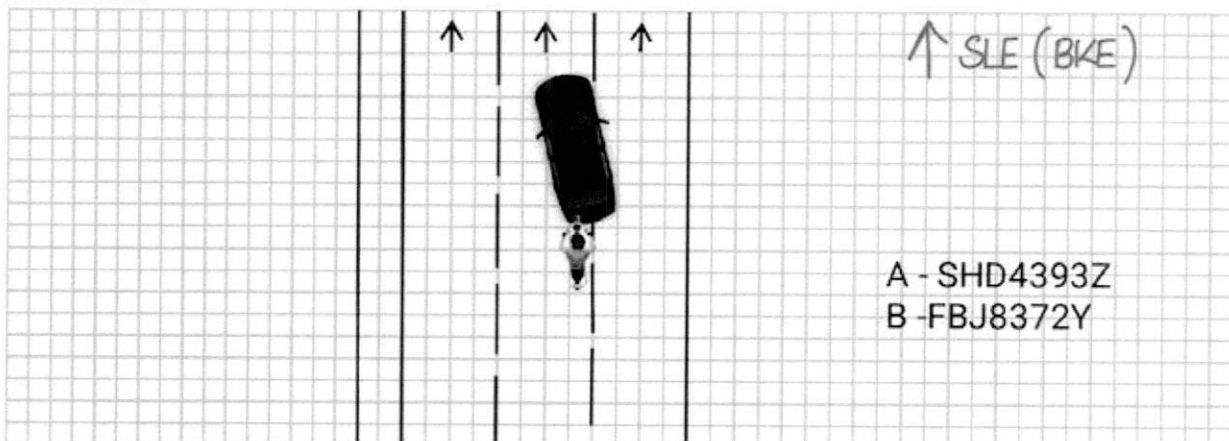
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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' 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;
(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' law yers/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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T/20221031/2015

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 31/10/22 1230

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20221031/2015

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20221031/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/10/2022 11:16		Vide Report No.: L/20221031/0044		Station Diary No.: 37	
Informant's Particulars					
Name of Informant: CHAN SIEW THONG			Address: APT BLK 195 RIVERVALE DRIVE #08-739 SINGAPORE 540195		
ID Type / ID No.: NRIC NO / S2577089G			Contact No.: Home/Office: Mobile: 98180792		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 18/03/1954	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/10/2022 08:50	Type of Location: Flyover
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ8372Y	Motorcycle					1
SHD4393Z	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Blue	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221031/2015

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No. T/20221031/2015

CONTINUATION OF REPORT

Driver				
Name	CHAN SIEW THONG		ID No.	S2577089G
Related Vehicle	SHD4393Z (Car)		Contact No.	98180792
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 31/10/2022 at about 0850hrs, I was driving my taxi along Seletar Expressway Lane 1 towards Bukit Timah Expressway, along the 8.5km mark with a passenger in my taxi. The road was dry and the traffic was heavy. I was making a lane change from Lane 1 to Lane 2, with the signals being shone before I change lane. At that juncture, I felt a sudden impact from the rear. I then stopped and made a check and realised that there was a motorcycle with pillion rider that had fallen onto the road. I am unsure if the rider or pillion was injured. I then called for the Police. One of the parties from the motorcycle was conveyed to hospital whilst I was asked to lodge a Police Report.



**SINGAPORE
POLICE FORCE**



T/20221031/2015

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20221031/2015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:

L /
SGT 2 BENJAMIN TAN CHAO
FENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
31/10/2022 11:16

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT MUHAMMAD AFIQ BIN
JOHARI
Contact No.: 93840429

Classification Of Case:



SID 43937

TOT 20

COMPOS 2021

SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: L) 20221031) 0044

I, SSG 20221031) 0044
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP 112
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 1x SD card 128 GB
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from S253770896 CHAN SIEW TRONG
(Name, NRIC or Passport No. / Rank and No.)

of -
(Address / Police Station / NPC / NPP)

on 31.10.22 at 1005 hrs
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

[Signature]
(Signature)
S253770896
(Name, NRIC or Passport No. / Rank and No.)

[Signature]
Signature
SSG 20221031) 0044
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: _____

