

(08/11/13) wof

ASS. REC. BY: Rome

REF:

821R

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 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SHA 2483B

Yr Regn: 2019 Jan

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

Truck / Trailer or

Make:

TOYOTA PRIUS SDR HBA

c.c 1798

Colour:

BLUE

A/C: Insured / Std / NI / NA

Sp. Reading

549646

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU00307786

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:

21

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

TOYO / YOKO or

WESTLARK

Front

Rear

R/Bal.

6 mm

R/Bal.

6 mm

L/Bal.

6 mm

L/Bal.

6 mm

D.O.A.

27/12/22

D.O.I.

28/12/22

Survey held at

COMFORT LAYANH

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S + RS SI

) Photos

) Others

Report Format :

Date/Time: 28.12.2022 14:58

Page : 1

ARC Repair TP(CLS0)1

JOB CARD Sales Order: 5518675

JC NO.305541035

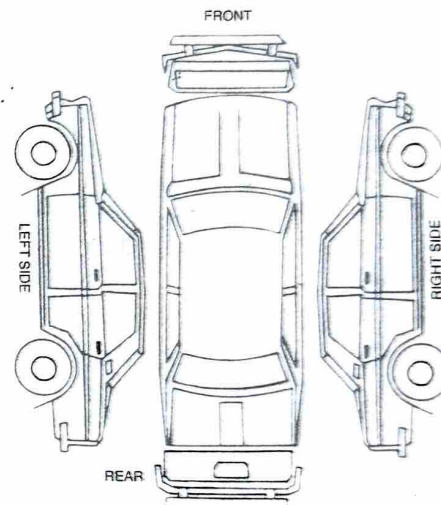
COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO:	SHA2483B	MILEAGE
	MAKE:	TOYOTA	FUEL E.....1/2.....F
	MODEL:	PRIUS HYBRID(G4)27	DATE/TIME IN 12.2022 23:50
	YR OF MANU	07.01.2019	TARGET DATE
	CHASSIS CODE	JTDKB3FU003077786	COMPLETION DATE/TIME:

DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 27.12.2022
NATURE: 3P.27.12.22

/NO LABOR CODE DESCRIPTION



D & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ement Slip

Exit Pass

SHA2483B

JU INCOME

Vehicle No.:

SHA2483B

vice Advisor

Signature/Date

Name of Service Advisor

Date

REPAIR DETAILS**Reference**

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 28 Dec 2022)
Parts: 144	TOYOTA PRIUS TAXI 1.8 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: ComfortDelGro Engineering Pte Ltd/SHA2483B/28/12/2022 15:23	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRT FENDER RH <i>LA</i>	25.00	0.00	*1,111.93 FL
2	1		*FRT FENDER EMBLEM RH <i>ne</i>	25.00	0.00	*86.50 FL
3	1		*FRT DOOR ASSY RH <i>bt</i>	25.00	0.00	*1,264.00 FL
4	1		*REAR DOOR ASSY RH <i>repair</i>	25.00	0.00	*1,258.30 FL
5	1		*ROCKER PANEL GARNISH RH <i>sea</i>	25.00	0.00	*576.00 FL
6	1		*REAR BUMPER ASSY <i>de</i>	25.00	0.00	*503.04 FL
7	10		*REAR BUMPER CLIPS <i>ne</i>	25.00	0.00	*22.00 FL
8	1		*REAR BUMPER MAT <i>ne</i>	0.00	0.00	*50.00 F
9	1		*REAR BUMPER CENTRE MOULDING <i>sea</i>	25.00	0.00	*654.96 FL
10	1		*REAR BUMPER SIDE UNDER COVER RH <i>de</i>	25.00	0.00	*232.00 FL
11	1		*SEAL REAR BUMPER SIDE RH <i>de</i>	25.00	0.00	*148.40 FL
12	1		*TAILAMP ASSY UPPER RH <i>ca</i>	25.00	0.00	*557.90 FL
13	1		*TAILAMP ASSY LOWER RH <i>ca</i>	25.00	0.00	*570.00 FL
14	1		*REAR BUMPER TOW COVER <i>X</i>	25.00	0.00	*82.70 FL
15	1		*REAR BUMPER BEAM <i>X</i>	25.00	0.00	*378.32 FL
16	1		*REAR BUMPER SIDE BRACKET RH <i>X</i>	25.00	0.00	*112.70 FL
17	1		*REAR WHEEL RIM CAP RH <i>sea</i>	25.00	0.00	*177.70 FL
18	1		*FRT DOOR COMFORT LOGO <i>ne</i>	0.00	0.00	*75.00 F
19	1		*REAR DOOR APPS LOGO <i>ne</i>	0.00	0.00	*80.00 F

=Franchise part. L=ListItemDisc.

Sub Total (S\$) **7,941.45**
 - List Item Discount on L Items (S\$) **1,934.11**

Total Parts (S\$) **6,007.34**

ComfortDelGro Engineering Pte Ltd/SHA2483B/28/12/2022 15:23. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

28/12/22, 3:27 PM

Repairer Estimates

Estimates on Miscellaneous Items

No Qty Particulars

Amount

Miscellaneous Items

1 1 OD/TP Case (Insurer)

11.00

Sub Total (\$\$)

11.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1 PANEL BEATING

New

1400

1,500.00

2 SPRAYPAINT

New

1375

1,500.00

3 CHECK WIRING

New

30

50.00

4 TUFF KOTE

New

50.00

5 TRANSFER DOOR PARTS

New

60

240.00

6 REMOVE/REFIX REVERSE SENSOR

New

40

50.00

7 TOWING FEE - KING DOLLY receipt

New

?

150.00

Gross Labour Cost (\$\$)

3,540.00

ComfortDelGro Engineering Pte Ltd/SHA2483B/28/12/2022 15:23. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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

Paul
H9 90010068
8 days
4s
28/12/22
@1600
Resy after
repair

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	28/12/2022 12:22 (SGT)
Reported by	Driver
Date of Accident	27/12/2022 22:55 (SGT)
Exact Location of Accident	Punggol Road, Singapore
Additional Location Information	TOWARDS SENGKANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2483B
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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) +65-98151566
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	PHUA TECK LEONG
NRIC No	SXXXX986J
Date Of Birth	09/11/1954
Occupation	Outdoor

Date Of Driving Pass	01/02/1978
Driving experience	44 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98151566
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 161 BISHAN ST 13#08-152
Address complement	-
Postcode	570161
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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)	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 27/12/2022 AT ABOUT 22:55HRS, I WAS DRIVING (SHA2483B) ALONG PUNGGOL ROAD TOWARDS SENGKANG. AS I TRAVELLING STRAIGHT THIRD LANE, VEHICLE B (SKC5957K) WHICH WAS STATIONARY ON LANE (GO STRAIGHT AND TURN RIGHT LANE) SWERVE GO LEFT SUDDENLY AND COLLIDED ONTO VEHICLE A AT FRONT RIGHT ALL THE WAY TO REAR RIGHT SIDE. 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	SKC5957K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category
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)

Private car
UNKNOWN
(Phone) +65-87874545

-
-
-
-
-
-
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.

FLASH ACCIDENT
REPORTING OFFICER

FRO KHAMARAJ



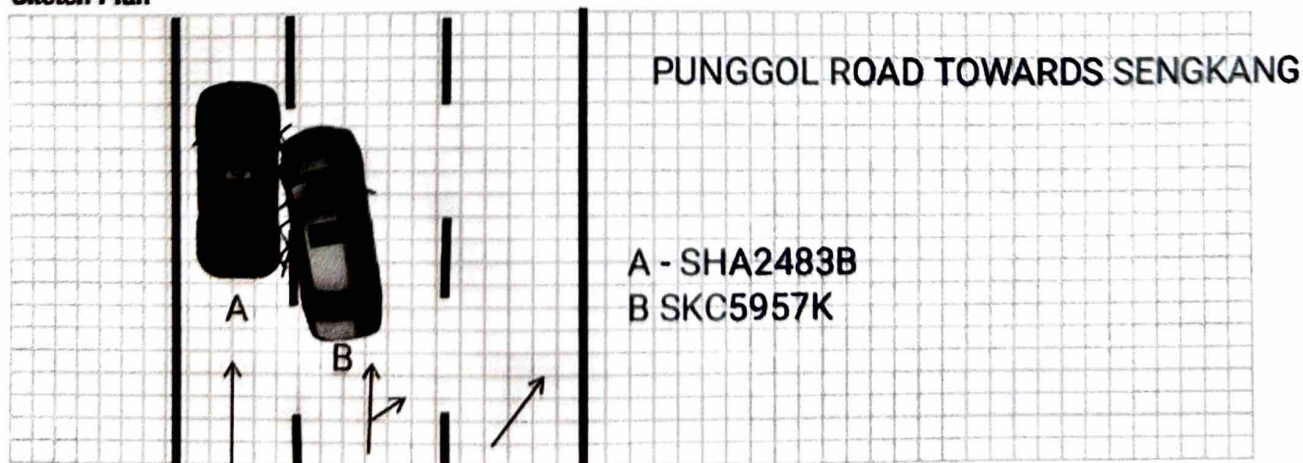
Policyholder's Signature / Date & Time

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

27/12/2022.- 23:50HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 27/12/2022 AT ABOUT 22:55HRS, I WAS DRIVING (SHA2483B) ALONG PUNGGOL ROAD TOWARDS SENGKANG. AS I TRAVELLING STRAIGHT THIRD LANE, VEHICLE B (SKC5957K) WHICH WAS STATIONARY ON LANE (GO STRAIGHT AND TURN RIGHT LANE) SWERVE GO LEFT SUDDENLY AND COLLIDED ONTO VEHICLE A AT FRONT RIGHT ALL THE WAY TO REAR RIGHT SIDE. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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

27/12/2022.- 23:50HRS

**FLASH ACCIDENT
REPORTING OFFICER**

FRO KHAMARAJ



Witnessed by Reporting Centre
Personnel

[Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

821R

Vehicle Details

Vehicle No.:

SHA2483B

Vehicle to be Exported:

No

Intended Deregistration Date:

29 Dec 2022

Vehicle Make:

TOYOTA

Vehicle Model:

PRILUS SDR HATCHBACK (AUTO)

Primary Colour:

Blue

Manufacturing Year:

2018

Engine No.:

2ZRB84513

Chassis No.:

JTDK83FU003077786

Maximum Power Output:

90.0kW (120bhp)

Open Market Value:

\$26,605.00

Original Registration Date:

07 Jan 2019

First Registration Date:

07 Jan 2019

Transfer Count:

0

Actual ARF Paid:

\$14,047.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

06 Jan 2027

PARF Rebate Amount:

\$10,685.00

Intended COE Rebate Details

COE Expiry Date:

06 Jan 2027

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period (Years):

8

POP Paid:

\$20,838.00

COE Rebate Amount:

\$10,475.00

Total Rebate Amount:

\$21,160.00

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 29 Dec 2022

OK