

REF:

## ASSIGNMENT

Veh No: SH7012C · Yr Regn: 2017 / May

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

Truck / Trailer or

Make: Toyota Prius Hybrid C.C. 1798

Colour Blue A/C: ☒ Insured / Std / NI / NA

Sp. Reading **643273** T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKB3F4103556797

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: 195/65R15

BS/DUN/EXNOVA/GY/ES/LIZA/MIC/OHTSI/PIR/SUMI/

TOYO/YOKO or *Wastlake*

Front Rear  
R/Bal. R/Bal.

L/Bal. 06 mm      L/Bal. 06 mm

D.O.A. \_\_\_\_\_ D.O.I. 27/01/23

Survey held at Comfort Recso Loyang

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
	TP Tokyo Marine.
	MV :
	PV :
	Nett :

☐ : Prel. Report

**Final Report**

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp. (\$)

Interview (9)

[illegible]

Transportation:

3 + 5 = 8

1995

Cifers

## 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	21/01/2023 13:49 (SGT)
Reported by	Driver
Date of Accident	20/01/2023 22:40 (SGT)
Exact Location of Accident	River Valley Rd, Singapore
Additional Location Information	TOWARDS CLAMENCEAU
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7012C
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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) +65-87745959
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	KELVIN LIONG KIN CHUNG (KELVIN LIANG JIANCONG)
NRIC No	SXXXX417C
Date Of Birth	09/12/1973
Occupation	Outdoor



Date Of Driving Pass .....	01/03/2002
Driving experience .....	20 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87745959
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 325 CLEMENTI AVE 5 #04-153
Address complement .....	-
Postcode .....	120325
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 .....	Raining
Road Surface .....	Wet

#### 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 20/01/23 AT AROUND 2240HRS I WAS DRIVING VEHICLE A (SH7012C) AT JUNCTION OF RIVER VALLEY ROAD AND CLEMENCEAU AVE. AS I WAS IN THE RIGHT TURNING LANE, VEHICLE B(SLG2263R) LANE CHANGE AND SIDE SWIPED ME. I SUFFERED NECK AND LEFT SHOULDER PAIN. THERE WERE NO PARTICULAR TAKEN DURING THE INCIDENT

#### 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 .....	SLG2263R
Vehicle Manufacturer .....	Honda
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private hire
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	KELVIN LIONG KIN CHUNG (KELVIN LIANG JIANCONG)
Gender .....	Male
Phone No .....	(Phone) +65-87745959
Address .....	BLK 325 CLEMENTI AVE 5 #04-153
Address Complement .....	-
Post Code .....	120325
Approximate Age Years Old .....	49
Injuries Sustained .....	NECK AND LEFT SHOULDER
Injured person in which vehicle? .....	SH7012C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



**SKETCH PLAN****IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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

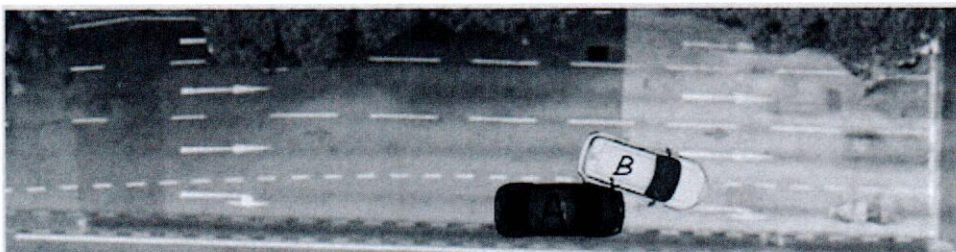
Sketch Plan

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

21/01/23 1200HRS

**FLASH ACCIDENT  
REPORTING OFFICER**  
FRO ZIKRUL

Witnessed by Reporting Centre Personnel



RIVER VALLEY ROAD X CLAMENCEAU

A-SH7012C  
B-SLG2263R

## Describe Circumstances of the Accident

ON 20/01/23 AT AROUND 2240HRS I WAS DRIVING VEHICLE A (SH7012C) AT JUNCTION OF RIVER VALLEY ROAD AND CLEMENCEAU AVE. AS I WAS IN THE RIGHT TURNING LANE, VEHICLE B(SLG2263R) LANE CHANGE AND SIDE SWIPED ME. I SUFFERED NECK AND LEFT SHOULDER PAIN. THERE WERE NO PARTICULAR TAKEN DURING THE INCIDENT

## Declaration

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

21/01/23 1200HRS

**FLASH ACCIDENT  
REPORTING OFFICER**

FRO ZIKRUL



\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



**ComfortDelGro Engineering Pte Ltd** (Co.Reg.No:199506048W)59 Loyang Drive  
Singapore 508969  
Tel: 6214 8300**TP INSURER:**  
**CTPL****Tokio Marine Insurance Singapore Ltd (HQ)***Jumani*  
*(CTPL)*

Singapore

**PARTICULARS OF CLAIM**

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	20/01/2023
Vehicle Reg. No.:	<b>SH7012C</b>	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS TAXI, 1.8 (A)	Vehicle Reg. Date:	25/05/2017
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZRR963118	Chassis No:	JTDKB3FU103556797
Odometer:	0 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	<b>NO</b>		
Est. Duration of Repair (day)	5		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	3,602.74
Miscellaneous Items	11.00
Labour	2,300.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>5,913.74</b>
<b>+ GST 8.00% (S\$)</b>	<b>473.10</b>
<b>Nett Amount (S\$)</b>	<b>6,386.84</b>

**This claim is handled by: JUMANI BIN MASUDIN**

Generated using Merimen e-Claims Internet Estimation &amp; Adjusting System

**REPAIR DETAILS****Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 25 Jan 2023)**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/SH7012C/25/01/2023 11:28**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 BUMPER ASSY <i>Repair</i>	25.00	0.00	+ *586.18 FL
2	1		*FRT BUMPER CLIPS <i>new</i>	25.00	0.00	+ *2.20 FL
3	1		*FRT BUMPER SIDE BRACKET LH <i>not new</i>	25.00	0.00	+ *82.30 FL
4	1		*FRT FENDER LH <i>Dented</i>	25.00	0.00	+ *1,111.93 FL
5	1		*FRT DOOR ASSY LH <i>Repair</i>	25.00	0.00	+ *1,264.00 FL
6	1		*FRT WHEEL RIM LH <i>not new</i>	25.00	0.00	+ *1,570.55 FL
7	1		*FRT DOOR COMFORT LOGO <i>new</i>	0.00	0.00	+ *75.00 F
8	1		*FRT FENDER EMBLEM LH <i>new</i>	25.00	0.00	+ *86.50 FL

F=Franchise part, L=ListItemDisc.

<b>Sub Total (S\$)</b>	<b>4,778.66</b>
<b>- List Item Discount on L Items (S\$)</b>	<b>1,175.92</b>
<b>Total Parts (S\$)</b>	<b>3,602.74</b>

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Generated using Merimen e-Claims IEAS



## Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<b>Miscellaneous Items</b>			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			11.00

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	PANEL BEATING	New	700 1,100.00
2	SPRAYPAINT	New	750 1,100.00
3	CHECK WIRING	New	30 50.00
4	TUFF KOTE	New	40 50.00
Gross Labour Cost (S\$)			2,300.00

ComfortDelGro Engineering Pte Ltd/SH7012C/25/01/2023 11:28. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Auto Consultants hence notify  
repairer of the following:  
1. Survey before/after spray painting  
2. Display damaged part(s) during resurvey  
3. All prices are subject to confirmation  
4. Party survey is on a "Without Prejudice" basis  
5. Legal modification(s) is allowed  
6. Elementary item(s) must be resurveyed and  
subject to final approval from Insurance Company  
7. Witnessed by Repairer  
8. Signature:

Adrian Ling

L/S 27/01/23

04 Days.

adrianling@autoconsultants.com  
96893735

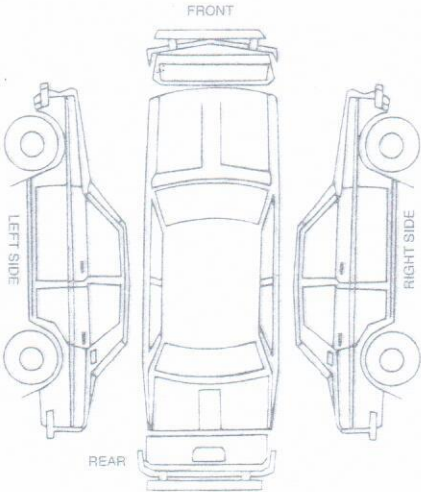
am: ARC Repair TP(CLSO)1 JOB CARD Sales Order: 5727540 JC NO.305543363

OMER	REGN NO: SH 7012C	MILEAGE
S COMFORT TRANSPORTATION PTE LTD	MAKE: TOYOTA	FUEL
OMER NO 7010045	MODEL PRIUS HYBRID(G4)25	E.....1/2.....F
ESS 383 SIN MING DRIVE	DATE/TIME IN 01.2023 10:30	
Singapore SINGAPORE 575717	YR OF MANU 25.05.2017	TARGET DATE
65508755 (R) (O) (P)	CHASSIS CODE JTIDKB3FU103556797	COMPLETION DATE/TIME:
UNT CARD NO.		

Accident Date: 20.01.2023  
ATURE: 3P.20.01.23

JOB DESCRIPTION

NO LABOR CODE DESCRIPTION



KEYED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR \_\_\_\_\_ CUSTOMER'S SIGNATURE \_\_\_\_\_

edgement Slip

Exit Pass

lo.: SH 7012C JU TOKIO

Vehicle No.: SH 7012C

Service Advisor \_\_\_\_\_ Signature/Date \_\_\_\_\_ Name of Service Advisor \_\_\_\_\_ Date \_\_\_\_\_

urned to Service Reception upon collection To be kept by Security Guard