

Ass. Rep. By:

REP:

CS/TMI23000806/Anp3

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. **M2300517**

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: **4** 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: **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: **JTDKB3FU103556797**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or

Brake: **Inorder** / Jammed / Leaked / Burnt or

Modif: Nil / **S/Rim** / STD A/Rim or

Tyre Size: F: **195/65R15**

R: **195/65R15**

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

TOYO / YOKO or **Westlake**

Front

Rear

R/Bal. **06** mm R/Bal. **06** mm

L/Bal. **06** mm L/Bal. **06** mm

D.O.A. _____ D.O.I. **27/01/23**

Survey held at **Comfort Regro 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 Tokio Marine
	Adrian confirmed lump sum: \$ 2000 and 4 days
	MV: (red, \$3913.74, 66%)
	PV:
	Nett:

Date/Time, File Pass to?

1) **24/02/23**

Date/Time, File Return to?

2)



: Preli. Report



: Final Report

Days Of Repair: **4**

Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

3 + 05 \$

21/2/23

Others

Add Fee:



: Site Insp



: Interview



: Test Drive

Report Form: **TP**

Form 2000 / TP Form

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

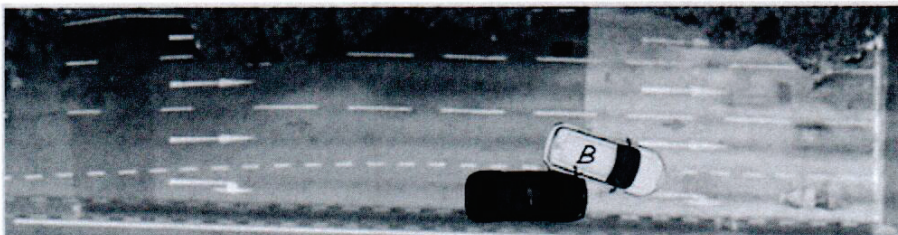
Driver's Signature (if driver is not the policyholder) / Date & Time

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.:	SH7012C	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?	NO		
Est. Duration of Repair (day)	5		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

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

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & 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.

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

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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	700 1,100.00
2	SPRAYPAINT	New	750 1,100.00
3	CHECK WIRING	New	35 50.00
4	TUFF KOTE	New	40 50.00
Gross Labour Cost (\$\$)			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. To play damaged part(s) during resurvey
 3. 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
 7. Subject to final approval from Insurance Company
 8. Signed by Repairer
 9. Date:

Adrian Ling
 1/s 27/01/23

04 Days.

adrianling@cdcauto.com
 96893735

Date/Time: 25.01.2023 11:07

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5727540

JC NO.305543363

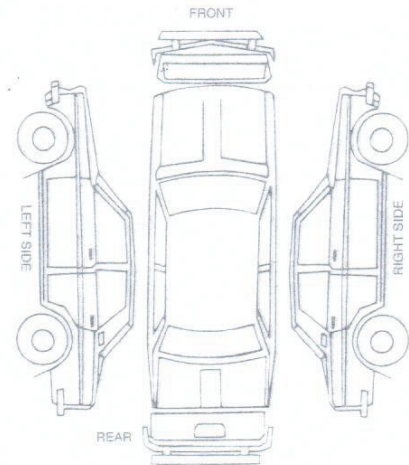
OMER S COMFORT TRANSPORTATION PTE LTD OMER NO 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P) UNT CARD NO.	REGN NO:	SH 7012C	MILEAGE
	MAKE:	TOYOTA	FUEL
	MODEL	PRIUS HYBRID(G4)25.01.2023 10:30	E.....1/2.....F
	YR OF MANU	25.05.2017	DATE/TIME IN
	CHASSIS CODE	JTDKB3FU103556797	TARGET DATE
		COMPLETION DATE/TIME:	

JOB DESCRIPTION

Accident Date: 20.01.2023

ATURE: 3P.20.01.23

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

turned to Service Reception upon collection

To be kept by Security Guard