

9

REC BY: T. J. J. A.

REF:

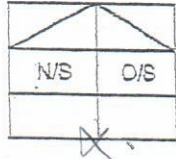
NS/INC 23001521/TqP3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / VS / 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.



Bal. or Market Value: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 3 days Res.: Yes or No
Turn Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Veh No: SHD 6665B Yr Regn: 2016 March
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Nissan Benzo E26 C.C. 2143
Colour: white A/C: Insured / Std / NI / NA
Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WDD21200123-318951
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: 225 / 55R16
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO, or Giti
Front: _____ Rear: _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 6/2/23
Survey held at Compass Bay
Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	Battery check.
	LS \$4100, 3 days. (Red \$3167.20, 44%)

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report
Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:	
Transportation:	
Photos	
Other	

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

Repairs Estimated: TP
Lump Sum: 4100

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

LKK -

DATE: 04.02.2023 (Sat)

INSURANCE: INCOME (LHS)

MODEL: MERCEDES E6

MVA: LIM T S

VEHICLE NO.: SHD6665B

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
2282-A	Rear Bumper	1		\$1,510.00 <i>del</i>
0740-G	Rear Bumper Re-Inforcement	1		\$1,150.00 <i>?</i>
2283-G	Rear Bumper Lower Cover	1		\$175.00 <i>del</i>
3886-G/3986-G	Rear Bumper Lower Bracket (LH / RH)	2	\$135.00	\$270.00 <i>?</i>
	Rear Bumper Tow Cover	1		\$175.00 <i>mis</i>
0809-X	BootLid	1		\$2,470.00 <i>bt</i>
2015-G	BootLid - Mercedes Star	1		\$45.00 <i>rev</i>
3998-A	TailLamp RH	1		\$640.00 <i>old damage</i>
	SUB TOTAL			\$6,435.00
	LESS 20%			\$1,287.00
	DISCOUNTED TOTAL			\$5,148.00
	Reverse Sensor	1		\$388.00 <i>mis</i>
	S/NETT 10%			\$38.80
	S/NETT TOTAL			\$349.20
	Rear Bumper Mat	1		\$50.00 <i>rev</i>
	NETT TOTAL			\$50.00
	TOTAL SPARE PARTS			\$5,547.20
	Labour Charge			
	Panel Beating			\$1,000.00 <i>600</i>
	Spray Painting Charge			\$600.00 <i>500</i>
	Remove/Refix Reverse Sensor			\$120.00 <i>30</i>
	Towing Fee - no tow chit			-
	TOTAL LABOUR			\$1,720.00
	ESTIMATE TOTAL			\$7,267.20

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.

Tan Jhi 47495749
 WP 6/2/23 C345
 L/S Kesary after repair
 Tan Jhi C (In hand) C3
 3 days

Date/Time: 04.02.2023 08:43

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5797429

JC NO.305544528

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

REGN NO: SHD6665B	MILEAGE
MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
MODEL E220CDI(E6)	DATE/TIME IN 02.02.2023 19:50
YR OF MANU 23.03.2016	TARGET DATE
CHASSIS CODE WDD2120012B318951	COMPLETION DATE/TIME:

UNT CARD NO.

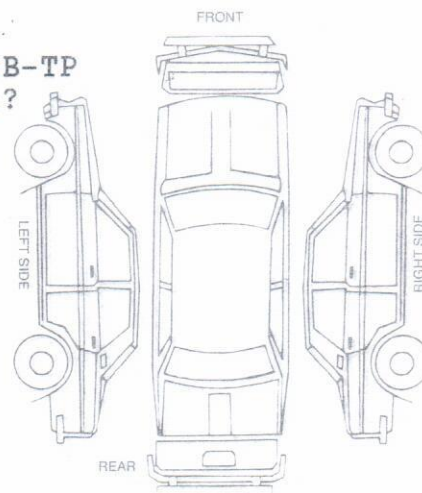
JOB DESCRIPTION

Accident Date: 02.02.2023

ATURE: 3P 02.02.2023

NO	LABOR CODE
00010	PB
00020	23-01

DESCRIPTION
LUMPSUM REPAIR-SHD6665B-TP
TOWING FEE-NO Tow Chit?



AKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: SHD6665B LIMITS

Vehicle No.: SHD6665B

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

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	03/02/2023 17:16 (SGT)
Reported by	Driver
Date of Accident	02/02/2023 18:50 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6665B
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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) +65-93392262
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E220d
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	2143

INSURANCE COMPANY

Name of Insurance Company	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2419138

DRIVER

Name of Driver	ROSEMARIE MA LI
NRIC No	SXXXX085E
Date Of Birth	30/03/1967
Occupation	Outdoor

Date Of Driving Pass	25/05/2007
Driving experience	15 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93392262
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 650A JURONG WEST STREET 61 # 05-270
Address complement	-
Postcode	641650
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 - Head to Rear
Weather Conditions	Clear
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?	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	UNKNOWN
Gender	Female

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 THE 02/02/2023 AT ABOUT 1850 HOURS, I WAS DRIVING VEHICLE A (SHD6665B) ON LANE 1 ALONG AYE (TUAS) WHEN THERE IS PILE TRAFFIC AHEAD AND I HAVE APPLIED BRAKING TO SLOW DOWN WHEN VEHICLE B (SKV9221Z) REAR ENDED ME AS HE WAS UNABKE TO STOP IN TIME. I HAVE ACTIVATED THE TOWING MYSELF. NOBODY IS INJURED.

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	SKV9221Z
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Vehicle Manufacturer	Honda
Vehicle Model	Jazz
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN BOON WEE,JASON (CHEN WENWEI,JASON)
NRIC No	SXXXX028H
Contact Number	(Phone) +65-97214372
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.

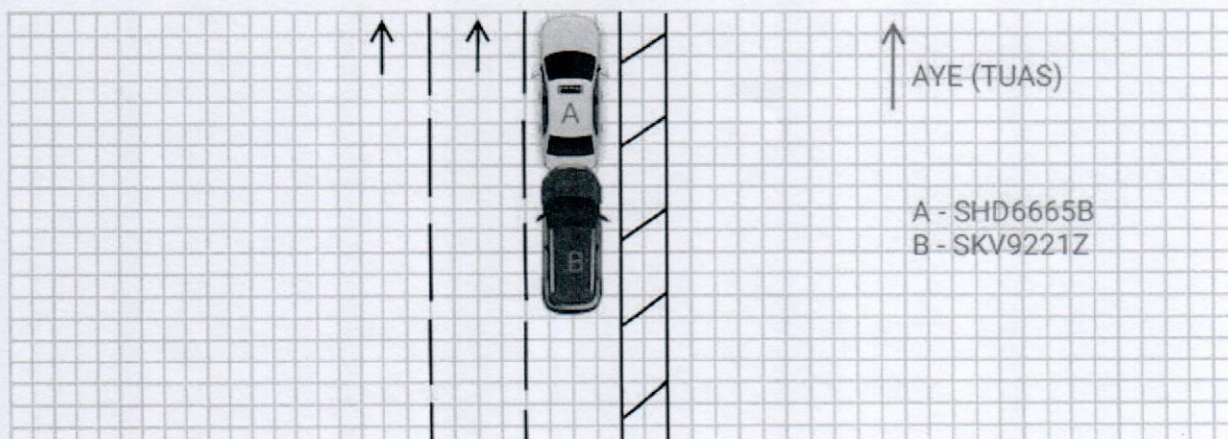
Policyholder's Signature / Date & Time

Sketch Plan

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

03/02/2023 1420

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON THE 02/02/2023 AT ABOUT 1850 HOURS, I WAS DRIVING VEHICLE A (SHD6665B) ON LANE 1 ALONG AYE (TUAS) WHEN THERE IS PILE TRAFFIC AHEAD AND I HAVE APPLIED BRAKING TO SLOW DOWN WHEN VEHICLE B (SKV9221Z) REAR ENDED ME AS HE WAS UNABKE TO STOP IN TIME. I HAVE ACTIVATED THE TOWING MYSELF. NOBODY IS INJURED.

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

03/02/2023 1420

Witnessed by Reporting Centre Personnel