ASS. REC. BY: Tauffik | REF: INC

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 Rport: _____ 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 "WP"

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA 95164 Yr Regn: 2017, Aug

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toyota Prius c.c 1798

Colour Yellow A/C: Insured / Std / NI / NA

Sp.Reading 77874 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU003561330

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: 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 Westlake.

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	12/6/23

Survey held at Comfort Cyang

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?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Rep. Format : _____

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

Survey Fee:	
Transportation:	
___$ + RS___SI	
Photos	
Others	
TOTAL	

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

LKK-

DATE: 12.06.2023

GBL5237P

INSURANCE: INCOME CL(S)

MODEL: Toyota Prius

MVA: LIM T S

VEHICLE NO.: SHA9516U - CityCab

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper	1		$503.04
	Rear Bumper Clips	10	$2.20	$22.00
	Rear Bumper Lower Extension RH	1		$232.00 X
	Rear Wheel Cap RH	1		$177.70
	Rear Fender RH	1		$992.04
	Rear Door RH	1		$1,258.30
	SUB TOTAL			$3,185.08
	LESS 25%			$796.27
	DISCOUNTED PARTS TOTAL			**$2,388.81**
	Rear Door ZIG Apps RH	1		$80.00
	S/NETT 10%			$8.00
	S/NETT TOTAL			**$72.00**
	Labour Charge			
	Panel Beating			$1,200.00 700
	Spray Painting Charge			$900.00 750
	Tuff Kote			$80.00 30
	Transfer Of Door			$120.00 60
	Remove/Refix Reverse Sensor			$120.00 30
	TOTAL LABOUR			**$2,420.00**
	ESTIMATE TOTAL			**$4,880.81**

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.

Tanjilin 97415797
'up' 11/6/23 @ 450
~3 days
L/B Mon after repair
[illegible]

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:

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609280

Date/Time: 12.06.2023 10:06 Page : 1

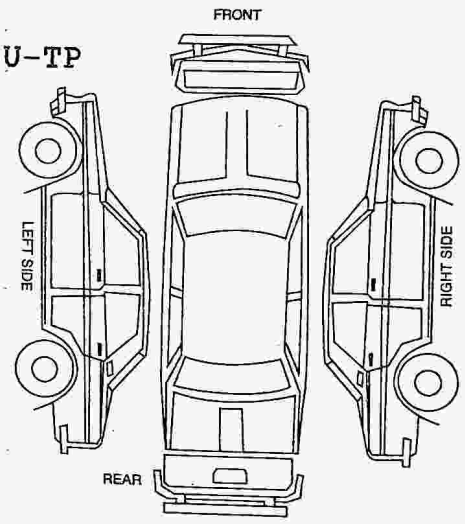
eam: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: 5899860 JC NO305557335

TOMER	REGN NO.	MILEAGE
IS CITYCAB PTE LTD TOMER NO. 7010070 RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P)	SHA9516U	
	MAKE TOYOTA	FUEL E.....1/2.....F
	MODEL PRIUS HYBRID(G4)10.	DATE/TIME IN 06.2023 16:20
	YR OF MANU 17.08.2017	TARGET DATE
OUNT CARD NO.	CHASSIS CODE JTDKB3FU003561330	COMPLETION DATE/TIME:

ccident Date: 10.06.2023
ATURE: 3P 10.06.2023/C

JOB DESCRIPTION

/NO	LABOR CODE	DESCRIPTION
00010	PB	LUMPSUM REPAIR-SHA9516U-TP



& PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ent Slip

SHA9516U LIMTS

Exit Pass

Vehicle No.: SHA9516U

SJ0G236A0017 / JP Knights Pte Ltd
ENTRY DATE & TIME: 12/06/2023 11:24 (SGT)
SUBMITTED BY: Weine Chieng
VERSION: 1 (12/06/2023 11:24 (SGT))

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 witholding 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	12/06/2023 11:24 (SGT)
Reported by	Actual Driver
Date of Accident	10/06/2023 16:00 (SGT)
Exact Location of Accident	Pasir Ris Street 11, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9516U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-97261289
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	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2419140

DRIVER

Name of Driver	EE CHEONG KHOON
NRIC No	SXXXX645E
Date Of Birth	04/11/1955
Occupation	Outdoor

Date Of Driving Pass	18/06/1976
Driving experience	47 YEARS
Gender	Male
Mobile Number	(Phone) +65-97261289
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 461 PASIR RIS DRIVE 4 #11- 273
Address complement	-
Postcode	510461
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)	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 10/06/23 AT AROUND 1600HRS I WAS DRIVING VEHICLE A (SHA9516U) AT PASIR RIS ST 11. AS I WAS MAKING A RIGHT TURN, VEHICLE B (GBL5237P) SUDDENLY GO STRAIGHT ON A RIGHT TURNING LANE ONLY CAUSING HIM TO COLLIDE ONTO MY REAR RIGHT SIDE. WE STOPPED AND EXCHANGED PARTICULARS AND NO ONE WAS INJURED AT THE MOMENT.

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	GBL5237P
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	GEE LIAT SENG
NRIC No	GXXXX802R
Contact Number	(Phone) +65-97297890
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 collectivelyreferred 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 involvedisclosure 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.

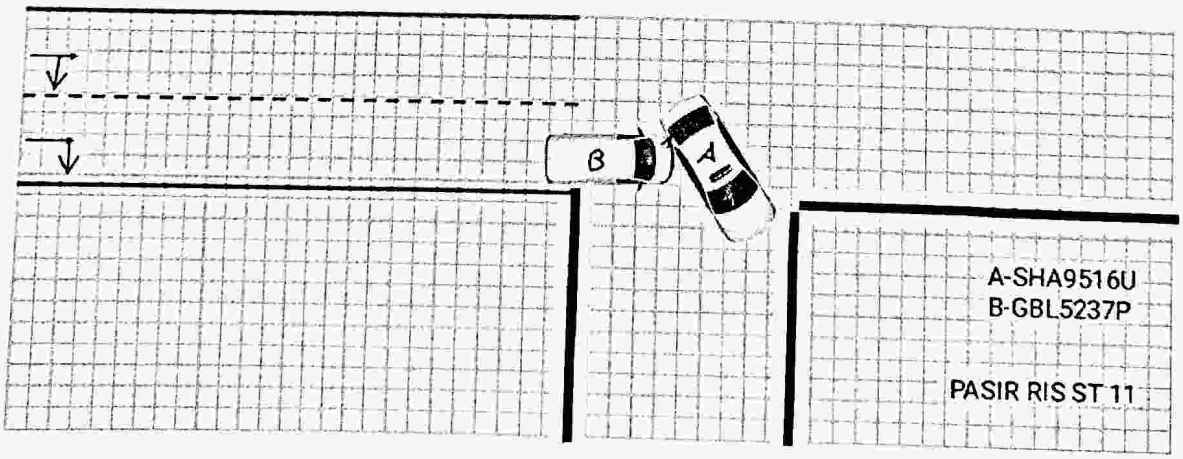
(Collectively the "**Purposes**")

(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 ZIKRUL

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date& Time	Witnessed by Reporting CentrePersonnel
Sketch Plan	10/06/23 2030HRS	



SKETCH PLAN #2

Describe Circumstances of the Accident

ON 10/06/23 AT AROUND 1600HRS I WAS DRIVING VEHICLE A (SHA9516U) AT PASIR RIS ST 11. AS I WAS MAKING A RIGHT TURN, VEHICLE B (GBL5237P) SUDDENLY GO STRAIGHT ON A RIGHT TURNING LANE ONLY CAUSING HIM TO COLLIDE ONTO MY REAR RIGHT SIDE. WE STOPPED AND EXCHANGED PARTICULARS AND NO ONE WAS INJURED AT THE MOMENT.

Declaration

I/We declare the foregoing particulars are true in every respect.

FLASH ACCIDENT REPORTING OFFICER
FRO ZIKRUL

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date& Time	Witnessed by Reporting CentrePersonnel
	10/06/23 2030HRS	