

ASS. REC. BY: Tauph

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. _____

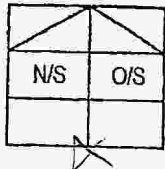
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

MS LakeVeh No: SHA 45 42BYr Regn: 20/71June

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

Truck / Traller or

Make: Toyota Prius

c.c

1798Colour: Blue

A/C:

Insured / Std / NI / NA

Sp. Reading: 566093

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: STD KCB3FU 603558979

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD A/Rim orTyre Size: F: 195 / 65 R15R: 4 -

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

TOYO / YOKO or

was there

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A.

D.O.I. 12/6/23Survey held at Comfort Lodge

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

The U/G / 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?

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

Rep. Format: _____

Lump Sum / L.B. (\$

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHA4542B

Date: 10/06/2023

Make : Toyota

Insurance: INCOME

Model : Prius (G4A)

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER			\$ 503.04
10	REAR BUMPER CLIPS			\$ 22.00
1	REAR BUMPER LOWER COVER			\$ 654.96
1	REAR BUMPER REINFORCEMENT			\$ 378.32
1	BACK DOOR GARNISH SUB ASSY			\$ 1,054.71
1	REAR TRUNK LID LOGO (PRIUS)			\$ 62.14
1	REAR TRUNK LID LOGO (HYBRID)			\$ 62.14
1	REAR TRUNK LID LOGO (TOYOTA STAR)			\$ 81.43
1	REAR TRUNK LID COVER			\$ 1,303.29
1	REAR BUMPER EXTENSION LH			\$ 148.10
1	REAR BUMPER TOWING COVER			\$ 82.70
1	TAIL LAMP UPPER LH			\$ 557.90
1	TAIL LAMP LOWER LH			\$ 570.00
1	REAR END PANEL GARNISH			\$ 165.80
1	REAR END PANEL			\$ 738.96
1	REAR BUMPER UNDER COVER			\$ 225.00
	SUB TOTAL			\$ 6,610.49
	LESS 25%			\$ 1,652.62
	DISCOUNTED TOTAL			\$ 4,957.87
	RENEW ADVERTISEMENT STICKER			\$ 250.00
	REAR TRUNK LID COMFORT & TEL NO. STICKER	-10%		\$ 60.00
	REAR TRUNK LID APPS STICKER	-10%		\$ 40.00
	REAR REVERSE SENSOR	-10%		\$ 135.70
				\$ 485.70
	Labour Charge			
	PANEL BEATING			\$ 1,100.00
	SPRAY PAINTING CHARGE			\$ 800.00
	REMOVE/ REFIX REAR WINDSCREEN GLASS			\$ 120.00
	CHECK LIGHTING			\$ 60.00
	TUFF KOTE			\$ 80.00
	REMOVE/REFIX REVERSE SENSOR			\$ 60.00
	TOTAL LABOUR			\$ 2,220.00
	ESTIMATE TOTAL			\$ 7,663.57

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.

- 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 illent modification(s) is allowed
- (s) must be resurveyed and from Insurance Company

tanfhi 97495749
 wh' 12/6/23 @ 430 pm
 4/5 rising after repair
 3 day
 tanfhi @ the art. wu

Date/Time: 10.06.2023 11:05

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 5899784

JC NO305557249

CUSTOMER MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)	REGN NO: SHA4542B	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL PRIUS HYBRID(G4)10.06.2023 07:30	DATE/TIME IN
	YR OF MANU 15.06.2017	TARGET DATE
	CHASSIS CODE JTDKB3FU603558979	COMPLETION DATE/TIME:

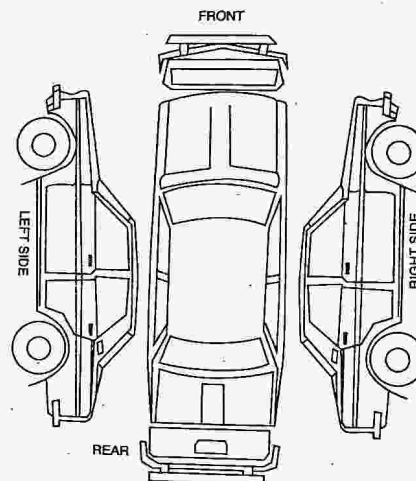
COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 10.06.2023

NATURE: 3P 10.06.2023

3/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Management Slip

Exit Pass

SHA4542B

YY

Vehicle No.:

SHA4542B

Service Advisor

Signature/Date

Name of Service Advisor

Date

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	10/06/2023 10:52 (SGT)
Reported by	Actual Driver
Date of Accident	10/06/2023 05:30 (SGT)
Exact Location of Accident	Bukit Batok Rd, Singapore
Additional Location Information	TOWARDS JURONG TOWN HALL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4542B
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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) +65-96278031
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/P2419138

DRIVER

Name of Driver	TAN MUI WAH
NRIC No	SXXXX808G
Date Of Birth	15/05/1964
Occupation	Outdoor

Date Of Driving Pass	20/07/1985
Driving experience	37 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96278031
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 266 TOH GUAN ROAD # 08 - 37
Address complement	-
Postcode	600266
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 - Head to Rear
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 10.06.2023 AT ABOUT 0530HRS I WAS DRIVING VEHICLE A SHA4542B ON THE 4TH LANE OF BUKIT BATOK ROAD TOWARDS JURONG TOWN HALL WHEN VEHICLE B SKB7238U REAR ENDED VEHICLE A. NO ONE WAS INJURED. SCENE PHOTOS AND PARTICULARS TAKEN.

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 NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB7238U
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	GANESAN
NRIC No	SXXXX868H
Contact Number	(Phone) +65-88182518
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT
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.

**FLASH ACCIDENT
REPORTING OFFICER
KYMI**

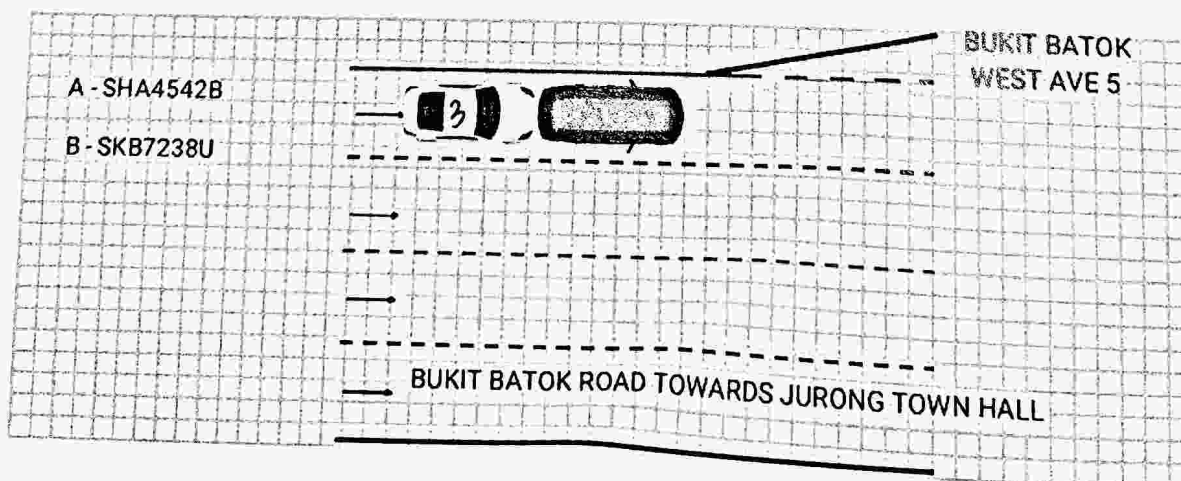


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 10.06.2023, 0850HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 10.06.2023 AT ABOUT 0530HRS I WAS DRIVING VEHICLE A SHA4542B ON THE 4TH LANE OF BUKIT BATOK ROAD TOWARDS JURONG TOWN HALL WHEN VEHICLE B SKB7238U REAR ENDED VEHICLE A.
NO ONE WAS INJURED.
SCENE PHOTOS AND PARTICULARS TAKEN.

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
10.06.2023. 0900HRS

FLASH ACCIDENT
REPORTING OFFICER

KYMI



Witnessed by Reporting Centre Personnel