

ASS. P.C. BY:

REF:

NS/INC 23007058/DVP<sup>3</sup>

### ASSIGNMENT

COE June 2025

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 Report: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repair: \_\_\_\_\_

2 days

Res.: Yes or No

Lum Sum: \_\_\_\_\_

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: STIA 4469B

Yr Reg: June 2017

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

Truck / Trailer or

Make: Toyota Prius

c.c. 1798

Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 803018

T/Radio: Insured / Std / NI / NA

Eng/No: 22RR917075

C/No: STDKB3FU903559432

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: \_\_\_\_\_

R: \_\_\_\_\_

195/65R15

BS / DUN / EXIOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Westlake

Front

Rear

R/Bal: 5

mm

R/Bal: 5

mm

L/Bal: 5

mm

L/Bal: 5

mm

D.O.A: 29/06/2023

D.O.I: 30/06/2023

Survey held at CDGE Luyang

Des. of Damages: Fnt / Rear / O/S / N/S / UC / Rooftop or

O/S Rmt.

The UC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Income SLK 2747R

13/07/23

found 2/s 2,950/- with 2 days of rep

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Insp (\$)

S + RS \$

Photos

Others

Report Format: \_\_\_\_\_

1 unit from 1 P to 1 P



## 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	29/06/2023 16:43 (SGT)
Reported by	Actual Driver
Date of Accident	28/06/2023 23:55 (SGT)
Exact Location of Accident	Geylang East Ave 2, Singapore
Additional Location Information	TOWARDS SIMS AVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4469E
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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) +65-98761214
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	LEE MEE LOON
NRIC No	SXXXX537H
Date Of Birth	21/01/1952
Occupation	Outdoor



Date Of Driving Pass .....	07/06/1973
Driving experience .....	50 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-98761214
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 10 BUKIT BATOK STREET 41 #16-31
Address complement .....	-
Postcode .....	657977
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 28/06/2023 AT ABOUT 2355HRS , I WAS TRAVELLING VEHICLE A(SHA4469E) ALONG GEYLANG EAST AVE 2 TOWARDS SIMS AVE DIRECTION . AS I DRIVING STRAIGHT , THERE WAS A VEHICLE B(SLK2747R) OVERTAKE ME FROM RIGHT AND TURN INTO THE LANE . RESULTING VEHICLE B(SLK2747R) REAR LEFT COLLIDED ONTO VEHICLE A(SHA4469E) FRONT RIGHT PORTION.

NOBODY WAS INJURED 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 .....	SLK2747R
Vehicle Manufacturer .....	Honda

Vehicle Model .....	Civic
Vehicle Variant .....	-
Vehicle Colour .....	Black
Vehicle Category .....	Private car
Name of Driver .....	MISS HO
Contact Number .....	(Phone) +65-63601038
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.

*Li*



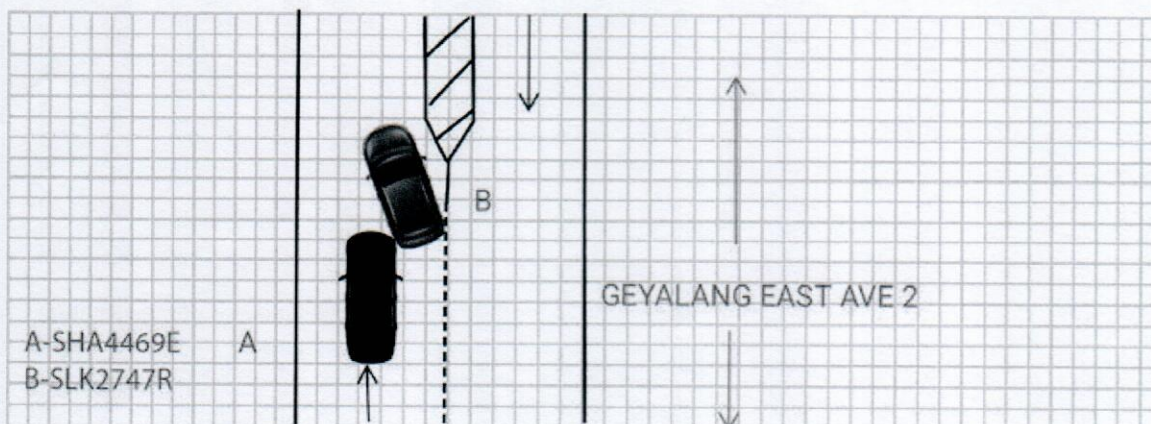
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

29062023 1615HRS



## Describe Circumstances of the Accident

ON 28/06/2023 AT ABOUT 2355HRS , I WAS TRAVELLING VEHICLE A(SHA4469E) ALONG GEYLANG EAST AVE 2 TOWARDS SIMS AVE DIRECTION . AS I DRIVING STRAIGHT , THERE WAS A VEHICLE B(SLK2747R) OVERTAKE ME FROM RIGHT AND TURN INTO THE LANE . RESULTING VEHICLE B(SLK2747R) REAR LEFT COLLIDED ONTO VEHICLE A(SHA4469E) FRONT RIGHT PORTION.

NOBODY WAS INJURED DURING THE INCIDENT .

## Declaration

I/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

29062023 1615HRS

FLASH ACCIDENT  
REPORTING OFFICER  
FRO MING



Witnessed by Reporting Centre Personnel



(14) TP NAR

**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 609286

Date/Time: 30.06.2023 14:31

Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: 5902292

JC NO305559270

STOMER

/MS COMFORT TRANSPORTATION PTE LTD  
STOMER NO. 7010045  
DRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)  
(P)

REGN NO.:

SHA4469E

MILEAGE

MAKE

TOYOTA

FUEL

E.....1/2.....F

MODEL

PRIUS HYBRID(G4)29.06.2023 11:20

DATE/TIME IN

YR OF MANU.

29.06.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU903559432

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Ident Date: 28.06.2023

RE: 3P 28.06.2023 LKK-

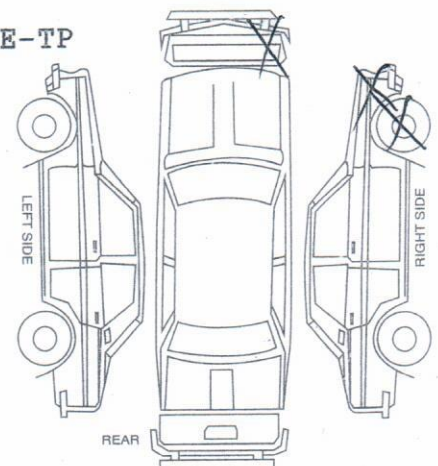
LABOR CODE

010

PB

DESCRIPTION  
LUMPSUM REPAIR-SHA4469E-TPLS  
IncomeSLK  
2747R

FRONT



CHECKED &amp; PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedgement Slip

Exit Pass

No.: SHA4469E

LIMITS

Vehicle No.:

SHA4469E

of Service Advisor

Signature/Date

Name of Service Advisor

Date

## COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

LKK-

DATE: 30.06.2023

SLK2747R

INSURANCE: INCOME (L/S)MODEL: TOYOTA PRIUSMVA: LIM T SVEHICLE NO.: SHA4469E

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
	Front Bumper ✓	1		\$ 486.18	✓
	Front Bumper Clips HCU	10	\$ 2.20	\$ 22.00	✓
	Front Fender RH Dented	1		\$ 1,111.93	✓
	Front Fender (Hybrid) RH HCU	1		\$ 86.50	✓
	Front Wheel Rim RH ringer cut	1		\$ 1,570.55	✓
	<b>SUB TOTAL</b>			\$ 3,277.16	
	<b>LESS 25%</b>			\$ 819.29	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,457.87</b>	
	Front Wheel Tyre RH HH	1		\$ 216.00	NETT
	<b>Labour Charge</b>				
	Panel Beating			\$ 800.00	700/-
	Spray Painting Charge			\$ 600.00	500/-
	Wheel Alignment			\$ 120.00	60/-
	<b>TOTAL LABOUR</b>		1260.00 =	\$ 1,520.00	
	<b>ESTIMATE TOTAL</b>			<b>\$ 4,193.87</b>	

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.

30/06/2023 @ 1615hrs

M4 Andrew

2/5/2023

2 days.

Yan

LKK Adv

3717.87

L/S 2,950/-

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:

Date: