

ASS. REC. BY: Taufik

REF:

CS/HLA 23007584/Tvy3

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: **SMH 3808X**

Policy No. **MP316111**

Claims No. **MPC04382**

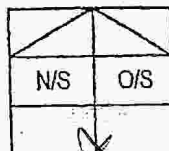
Sum Insured: _____ Excess: _____

(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 Report _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Awang

Vehicle: IN / OUT

Veh No: **SM64704**

Yr Regn: **2019 May**

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

Truck / Trailer or

Make: **Toyota** c.c. **1798**

Colour: **Blue** A/C: Insured / Std / NI / NA

Sp. Reading: **543714** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **STOKB3FY603280059**

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

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: **NI** / S/Rim / STD A/Rim or

Tyre Size: F: **195/65/145**

R: _____

BS / DUN / EXNOVA / GY / FS / LZA / 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. **25/7/2023** D.O.I. **27/7/23**

Survey held at **Comfort Lodge**

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
31/7/23	Taufik confirmed Lump sum \$1800 (Red 1529.80, 45%)

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: **2**

i) _____
Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

2) **2/8/23-typist**

Add Fee: ☐ : Site Insp (\$ _____)

\$ + RS \$

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

Rep. Format: **Merimen**

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)
59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

HL Assurance Pte Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	25/07/2023
Vehicle Reg. No.:	SH6470U	Driveable?	
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS TAXI, 1.8 (A)	Vehicle Reg. Date:	02/05/2019
Vehicle Colour:	BLUE		
Engine No:	2ZR2C09941	Chassis No:	JTDKB3FU603080059
Odometer:	543714 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS

	Amount
Parts	
Miscellaneous Items	1,909.80
Labour	0.00
Paintwork Labour	1,420.00
Towing	0.00
	0.00
Gross Total (\$\$)	3,329.80
+ GST 8.00% (\$\$)	266.38
Nett Amount (\$\$)	3,596.18

This claim is handled by: CHIANG LIAT CHOON

REPAIR DETAILS**Reference**

Part Source: MRM-SG **Version:** 1.0 (Last Synchronised: 26 Jul 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/SH6470U/26/07/2023 10:20

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		*REAR BUMPER COVER			
2	1		*REAR BUMPER LOWER COVER	25.00	0.00	de *503.04 FL
3	1		*REAR BUMPER REINFORCEMENT	25.00	0.00	de *654.96 FL
4	2		*REAR BUMPER RETAINER LH/RH	25.00	0.00	? *378.32 FL
5	10		*REAR BUMPER CLIPS	25.00	0.00	X *225.40 FL
6	1		*REAR BUMPER TOW HOOK COVER	25.00	0.00	aq *22.00 FL
7	1		*TAIL GATE TOYOTA EMBLEM	25.00	0.00	de *82.70 FL
8	1		*TAIL GATE HYBRID EMBLEM	25.00	0.00	fx *81.43 FL
9	1		*TAIL GATE PRIUS EMBLEM	25.00	0.00	del *62.14 FL
10	1		*REAR BUMPER ADVERTISEMENT	25.00	0.00	del *62.14 FL
11	1		*REAR BUMPER MAT	0	0.00	sub *50.00 FS
12	1		*REAR REVERSE SENSOR	0	0.00	del *50.00 FS
13	1		*REAR COMFORT APP STICKER	0	0.00	na *135.70 FS
14	1		*REAR COMFORT LOGO/ TEL NO. STICKER	0	0.00	del *40.00 FS
				0	0.00	del *80.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$) 2,427.83

- List Item Discount on L Items (\$\$) 518.03

Total Parts (\$\$) 1,909.80

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Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	350 700.00
2	SPRAY PAINTING	New	500 600.00
3	REMOVE/REFIX REVERSE SENSOR	New	30 60.00
4	TUFF COATING	New	X 60.00
Gross Labour Cost (S\$)			1,420.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tanpin 97495749
 'wp' 27/7/23 2pm
 1/5 Resurvey after repair
 Tanpin C/Marks on
 02 days

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

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 First Submission	25/07/2023 17:54 (SGT)
Reported by	Actual Driver
Date of Accident	25/07/2023 14:25 (SGT)
Exact Location of Accident	Tampines St. 73, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6470U
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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) +65-96381014
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	CHENG KHIN JOON
NRIC No	SXXXX905C
Date Of Birth	13/09/1949
Occupation	Outdoor

Date Of Driving Pass 30/06/1975
 Driving experience 48 YEARS AND 1 MONTH
 Gender Male
 Mobile Number (Phone) +65-96381014
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 116B RIVERVALE DRIVE #06-28
 Address complement -
 Postcode 542116
 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 25/07/2023 AT AROUND 1425HRS, I WAS DRIVING VEHICLE A (SH6470U) INSIDE PIE ALE CONDOMINIUM LOCATED ALONG TAMPINES STREET 73. SHORTLY AFTER STOPPING TO DROP OFF MY PASSENGERS, VEHICLE B (SMH3808X) COLLIDED ONTO THE REAR OF VEHICLE A.

NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

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

Vehicle Registration Number SMH3808X
 Vehicle Manufacturer Mazda
 Vehicle Model 3
 Vehicle Variant -

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MISS GIM
Contact Number	(Phone) +65-98008694
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 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

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

25/07/2023 1530HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SH6470U B - SMH3808X TAMPINES STREET 73	
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Describe Circumstances of the Accident

ON 25/07/2023 AT AROUND 1425HRS, I WAS DRIVING VEHICLE A (SH6470U) INSIDE PIE ALE CONDOMINIUM LOCATED ALONG TAMPINES STREET 73. SHORTLY AFTER STOPPING TO DROP OFF MY PASSENGERS, VEHICLE B (SMH3808X) COLLIDED ONTO THE REAR OF VEHICLE A.

NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

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 25/07/2023 1530HRS

FLASH ACCIDENT
REPORTING OFFICER
FRO SUFIYAN



Witnessed by Reporting Centre Personnel