

ASS. REC. BY: Tough

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 Report \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seent \_\_\_\_\_ 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

Veh No: SH7399L Yr Regn: 2017, July

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

\$p. Reading: 633794 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: STDKR3F4 703561723

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD A/Rim or 195/65K15

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

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

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

TOYO / YOKO or Wor Hake

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. \_\_\_\_\_ D.O.I. 01/08/23

Survey held at Comptology

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

N/S Rear

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

Date / Time \_\_\_\_\_ Action / Instruction \_\_\_\_\_

Date/Time, File Pass to?

☐ : Prel. Report

1) \_\_\_\_\_  
Date/Time, File Return to?

☐ : Final Report

2) \_\_\_\_\_

Rep. Format: \_\_\_\_\_

Lump Sum / B.B. / \_\_\_\_\_

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

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

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

TOTAL

# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO SH7399L

29.07.2023

MAKE/REG 19.07.2017

CHIANG/income

MODEL TOYOTA PRIUS G4

Qty	Parts Description/ Labour	Unit Price	Amount
1	REAR BUMPER CLIPS		
1	REAR BUMPER		\$503.04
1	REAR BUMPER RETAINER LH		\$112.70
10	REAR BUMPER CLIPS	\$2.20	\$22.00
1	REAR BUMPER REINFORCEMENT		\$378.32
1	REAR BUMPER LOWER COVER		\$654.96
1	REAR BUMPER REFLECTOR RH		\$55.00
1	REAR FENDER LH		\$992.04
1	TAIL LAMP LOWER LH		\$570.00
1	WHEEL RIM COVER LH		\$189.60
	<b>SUB TOTAL</b>		<b>\$3,477.66</b>
	<b>25.00%</b>		<b>\$86.41</b>
	<b>DISCOUNTED TOTAL</b>		<b>\$2,608.24</b>
1	REAR REVERSE SENSOR		\$135.70
1	REAR BUMPER ADVERTISEMENT		\$50.00
1	REAR FENDER LH PETROL STICKER		\$30.00
1	REAR BUMPER MAT		\$50.00
			<b>\$265.70</b>
	<b>Labour Charge</b>		
	Panel Beating	700	\$1,300.00
	Spray Painting Charge	500	\$600.00
	Check Lighting / Wiring	30?	\$60.00
	Remove/ Refix Rear Upholstery	60	\$90.00
	Tuff Kote	30	\$60.00
	Remove and Refix Reverse Sensor	30	\$60.00
	<b>TOTAL LABOUR</b>		<b>\$2,170.00</b>
	<b>ESTIMATE TOTAL</b>		<b>\$5,043.94</b>

A

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Tanjin 97495749  
 'up' 11/07/23 C / pm  
 4/5 Resurvey after repair  
 Tanjin e (hh auto. com)  
 3-4 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:

Date/Time: 31.07.2023 14:31

Page : 1

JOB CARD Sales Order: 5906035

JC NO305562300

Team: ARC Repair TP(CLSO)1

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

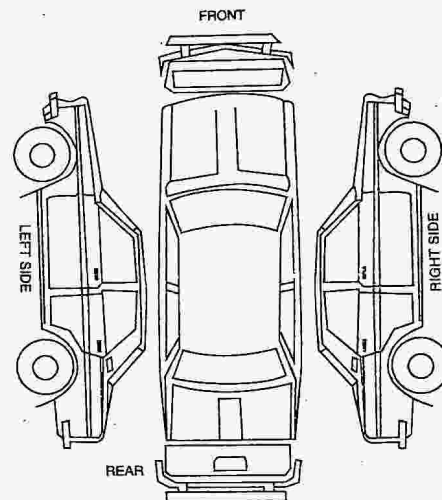
REGN NO.: SH 7399L	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)31.07.2023 11:05	DATE/TIME IN
YR OF MANU. 19.07.2017	TARGET DATE
CHASSIS CODE JTDKB3FU703561423	COMPLETION DATE/TIME:

COUNT CARD NO.

### JOB DESCRIPTION

Ident Date: 29.07.2023  
NATURE: 3P 29.07.2023

3/NO LABOR CODE DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.: SH 7399L CHIANG

Vehicle No.: SH 7399L

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned 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 First Submission	31/07/2023 11:51 (SGT)
Reported by	Actual Driver
Date of Accident	29/07/2023 18:40 (SGT)
Exact Location of Accident	Guillemard Rd, Singapore
Additional Location Information	TOWARDS LORONG 22 GEYLANG
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SH7399L

### 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) +65-97390635
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	WEE BIAN GUAN
NRIC No	SXXXX288B
Date Of Birth	26/07/1950
Occupation	Outdoor

Date Of Driving Pass	28/07/1972
Driving experience	51 YEARS
Gender	Male
Mobile Number	(Phone) +65-97390635
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 464 JURONG WEST STREET 41 #04-608
Address complement	-
Postcode	640464
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 - Major/Minor Rd
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)	3
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	Male

#### PASSENGER 2

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 29/07/2023 AROUND 18:40HRS. I WAS DRIVING VEHICLE A (SH7399L) ALONG GUILLEMART ROAD TURNING TO LORONG 22 GEYLANG. AS I TRAVELING ON 2ND LANE AND ON TURNING LANE VEHICLE A TURNING LEFT AND SUDDENLY VEHICLE B (SJW4988J) FRONT BUMPER COLLIDED INTO LEFT REAR SIDE BUMPER AND RIM. NOBODY WAS INJURED DURING THE ACCIDENT.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

# DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SJW4988J
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN CHOON AIK MRS LEE NAM SUA
NRIC No	SXXXX579H
Contact Number	(Phone) +65-91923298
Address	5 LEW LIAN VALE #04-14
Address complement	-
Postcode	537018
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

**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.



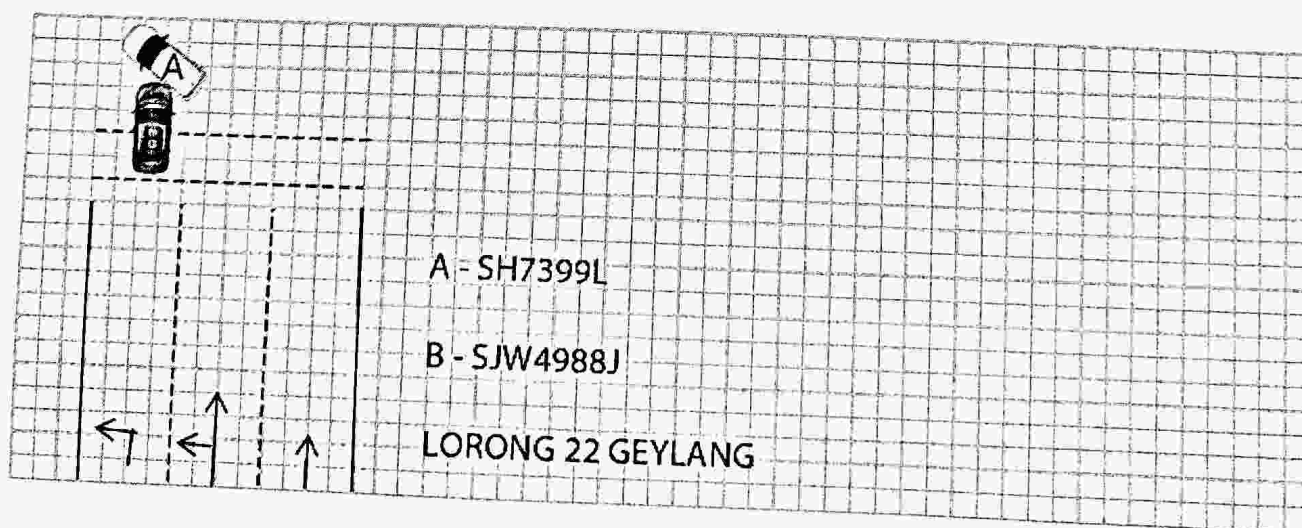
Policyholder's Signature / Date &  
Time

Sketch Plan

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

30/07/2023 - 13:40HRS

Witnessed by Reporting Centre Personnel



A - SH7399L

B - SJW4988J

LORONG 22 GEYLANG

Describe Circumstances of the Accident

ON 29/07/2023 AROUND 18:40HRS. I WAS DRIVING VEHICLE A (SH7399L) ALONG GUILLEMART ROAD TURNING TO LORONG 22 GEYLANG. AS I TRAVELING ON 2ND LANE AND ON TURNING LANE VEHICLE A TURNING LEFT AND SUDDENLY VEHICLE B (SJW4988J) FRONT BUMPER COLLIDED INTO LEFT REAR SIDE BUMPER AND RIM . NOBODY WAS INJURED DURING THE ACCIDENT.

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  
30/07/2023 - 13:40HRS

Witnessed by Reporting Centre Personnel