

ASS. REC. BY: Taufik

REF: TD/EG/24060/28/Tyh3e2

ASSIGNMENT

2025 03

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP/WS/TP RES/OD RES/EVA/INV/LMV

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHD6685T Yr Regn: 2016, 03

Type: M.Oer / M.Cycle / Bus / Van / Lorry / ☒ Prime Mover /

Truck / Trailer or

Make: Mercedes Benz E220 c.c. 2143

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

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

Eng/No: _____

C/No: WDD 212 00 12-B 516 905

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/55R16

R: ~ ~

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

TOYO / YOKO or Westlake

Front: 6 mm Rear: 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____ D.O.I. 18/6/24

Survey held at Comfort Logang

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

Frt N/S

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

Date / Time	Action / Instruction
	Taufikh finalised LS \$7750, 5 days (Red \$7263.18, 48%)

Date/Time, File Pass to?

1/15/07 Typist

Date/Time, File Return to?

2)

Report Format:

☐ : Prel. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$ _____

Photos

Others

COMFORT DELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

DATE: 18.06.2024

INSURANCE: ERGO

MODEL: Mercedes E6

MVA: CHIANG

VEHICLE NO.: SHD6685T

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1	Bumper Assy, Frt			\$1,890.50
1	Bumper Bracket, Frt/LH			\$95.00
	Bumper Reinforcement			\$1,158.00
	Bumper Bumper Garnish LH			\$240.50
	Bonnet			\$2,850.00
	Radiator Grille			\$1,220.00
1	Front Fender LH			\$996.08
1	Front Fender Shield LH			\$257.00
1	Head Lamp LH			\$3,957.00
1	Head Lamp Bracket LH			\$300.00
	Head Lamp Panel LH			\$240.00
1	Front shock Absorber LH			\$472.00
1	Front Strg Knuckle LH			\$559.50
1	Front wheel Rim.			\$1,250.00
	Front Sus/Lower Arm LH			\$472.00
	SUB TOTAL			\$15,957.58
	LESS 25%			\$3,989.39
	DISCOUNTED TOTAL			\$11,968.18
	TYRE FRT LH			\$480.00
	SUB TOTAL			\$480.00
	Labour Charge			
	Panel Beating			\$1,200.00
	Spray Painting Charge			\$1,000.00
	Realign Front wheel.			\$90.00
	Remove/Refix Undercarriage LH			\$120.00
	Wiring Charge			\$60.00
	Towing Fee			\$95.00
	TOTAL LABOUR			\$2,565.00
	ESTIMATE TOTAL			\$15,013.18
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.				

Tanghi 9744541
 asp 18/6/24 4pm
 L/S Resurvey after repair
 tanghi ekkhanda-m
 2-3 days.
 * To provide taxi book value
 - 70 such repair limit.

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:

Pg 1 of 7
 Mercedes W212/E220 (Front)

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	15/06/2024 10:55 (SGT)
Reported by	Actual Driver
Date of Accident	14/06/2024 18:00 (SGT)
Exact Location of Accident	Yishun Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6685T
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) +65-94565212
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E220 BLUETEC
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	2143

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101861MFCT

DRIVER

Name of Driver	TAN EE KANG
NRIC No	SXXXX913E
Date Of Birth	21/10/1986
Occupation	Outdoor

Driving Pass Date	09/05/2005
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94565212
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 47 LENGKOK BAHRU #09-247
Address complement	-
Postcode	151047
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 - Cross Junction
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO : T/20240614/2071

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	SLX2052T
Vehicle Manufacturer	Nissan
Vehicle Model	SYLPHY 1.6 CVT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TANG KIM SENG
NRIC No	SXXXX640G
Contact Number	(Phone) +65-81215171
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN EE KANG
Gender	Male
Phone No	(Phone) +65-94565212
Address	BLK 47 LENGKOK BAHRU #09-247
Address Complement	-
Post Code	151047
Approximate Age Years Old	37
Injuries Sustained	INJURED
Injured person in which vehicle?	SHD6685T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

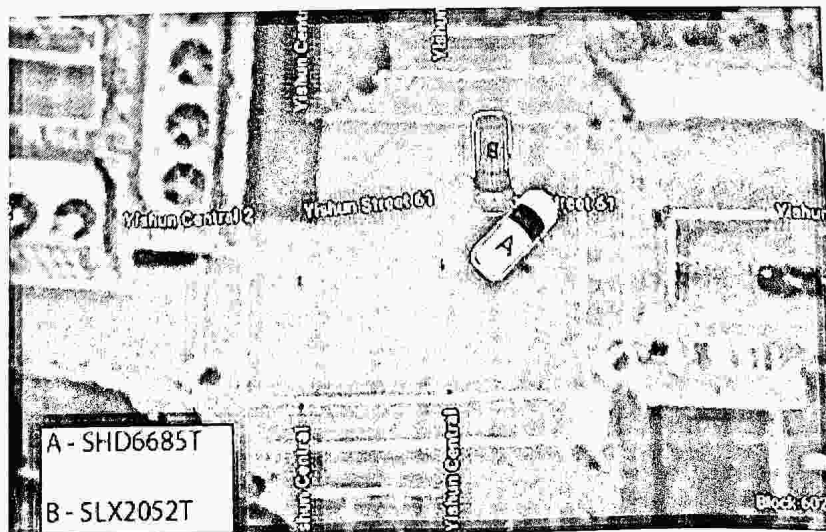
Policyholder's Signature / Date & Time

Sketch Plan

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

15/06/2024 -- 00:30HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT NO : T/20240614/2071

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

15/06/2024 -- 00:30HRS

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20240614/2071

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20240614/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2024 22:44		Vide Report No.:		Station Diary No.: 77	
Informant's Particulars					
Name of Informant: TAN EE KANG			Address: 47 LENGKOK BAHRU #09-247 SINGAPORE 151047		
ID Type / ID No.: NRIC NO / S8629913E			Contact No.: Home/Office: Mobile: 94565212		
Nationality:			Email:		
Sex: Male	Age: 37	Date of Birth: 21/10/1986	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/06/2024 18:00	Type of Location: X-Junction
Location: YISHUN CENTRAL				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SHD6685T	Motor car	MERCEDES BENZ	E220	White	Slightly Damaged	1
SLX2052T	Motor car	NISSAN	SLYPHY	Brown	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20240614/2071

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

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Report No. T/20240614/2071

CONTINUATION OF REPORT

Driver				
Name	TAN EE KANG		ID No.	S8629913E
Related Vehicle	SHD6685T (Motor car)		Contact No.	94565212
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	14/06/2024		Date Discharge	14/06/2024
No. of Days granted Medical Leave	05		Degree of	NIL
Passenger				
Name	HUILI		ID No.	NIL
Related Vehicle	SHD6685T (Motor car)		Contact No.	91185366
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	TANG KIM SENG		ID No.	S1491640G
Related Vehicle	SLX2052T (Motor car)		Contact No.	81215171
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

On 14.06.2024 at about 1800hrs, I was driving my vehicle along Yishun Central wanting to make a right turn into Yishun Street 61 with 1 female pax on board who is seated at the rear left passenger's seat. The traffic light is on green arrow, while making a right turn vehicle SLX2052T (Brown Nissan Slyphy) who is on the opposite side of the road hit on the front left bumper. Nobody was injured during the accident, we exchange particulars and left the scene.

On the same day at about 0950hrs, I went to Our Family Physician Clinic & Surgery to seek medical treatment and was given 5 days of out patient leave. I am lodging this report for Insurance Claims purposes.



**SINGAPORE
POLICE FORCE**



T/20240614/2071

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20240614/2071

CONTINUATION OF REPORT

Signature of Officer Recording The
G /
SR STAFF SGT TAN HOCK
CHYE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
INSP (1) BOON YEN KIAN
Contact No.: 65472079

Signature Of Informant:

Date/Time:
14/06/2024 22:44

Classification Of Case:

SHD 6685 T Mercedes Benz E220

Purchase Value: \$184,245

Rebate Amount: \$25390

Total Rebate: \$29638

Balance: 9 months

$$\text{Nett Value: } \frac{184245 - 25390}{108} = \frac{158855}{108} = 1470.88$$

$$1470.88 \times 9 = 13,237.92$$

$$13,237.92 + 25390 = 38627.92$$

$$\text{Nett Value: } 38627.92 - 29638 = 8989.91 \\ \approx \$8900$$

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	821R

Vehicle Details

Vehicle No.:	SHD6685T
Vehicle to be Exported:	Yes
Intended Deregistration Date:	13 May 2024
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E220 BLUETEC
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	65192433081733
Chassis No.:	WDD2120012B316905
Maximum Power Output:	130.0 kW (174 bhp)
Open Market Value:	\$44,046.00
Original Registration Date:	23 Mar 2016
First Registration Date:	23 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$46,165.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Mar 2025
PARF Rebate Amount:	\$25,390.00

Intended COE Rebate Details

COE Expiry Date:	22 Mar 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	9
PQP Paid:	\$44,587.00
COE Rebate Amount:	\$4,248.00
Total Rebate Amount:	\$29,638.00

Message

Please note that the 9-year COE for this vehicle cannot be further renewed. The vehicle must be deregistered once the COE expires, or when it reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 13 May 2024

OK

Report ID : 28707013
DATE : 17-03-2024
TIME : 08:11:17

Conduct Transportation Pl
Vehicle Reg for Fleet Safety Division
AS AT 30.06.2024

TRUCK ID : HMB0115
PAGE : 1

Co-Code : CTBL
Licence Pl No : SHD688T
Old Asset No :
Veh Model : Mer Benz E220 4 Power LineCab
Reg Date : 23.01.2016
Exp Date : 23.01.2016
Accident Date : 10.05.2024
Veh Age : 098

Asset No	SN.No	Reg. Dep. Hchs	Reg. Wch. Dep	Reg. Dep. Value	Asset Description 1	Cost	Op. Acc. Dep	Cur. Year Dep	Accum. Dep	Net Book Value	Scrap Value/Estimated P&W Refund
10034423	0	004	828.85	3,515.40	SHD688T MER 23.01.2016 BASIC COGT W AIRCON	84,543.80	84,543.80-	0.00	84,543.80-	1.00	1.00
10034423	1	004	86.36	345.44	SHD688T MER 23.01.2016 IMPROV LIFT 2016MY44046	8,809.20	8,809.20-	0.00	8,809.20-	0.00	0.00
10034423	2	004	181.04	724.16	SHD688T MER 23.01.2016 AIR XCHNG44046-CEV527.5X	45,185.00	18,466.00-	0.00	18,466.00-	27,699.00	0.00
10034423	3	004	386.56	1,554.24	SHD688T MER 23.01.2016 COE 804	39,633.00	39,633.00-	0.00	39,633.00-	0.00	0.00
10034423	4	004	48.57	194.28	SHD688T MER 23.01.2016 COE TOP UP	4,834.00	0.00	2,477.00-	2,477.00-	2,477.00	0.00
10034423	5	004	0.00	0.00	SHD688T MER 23.01.2016 AIR CONDITIONER	0.00	0.00	0.00	0.00	0.00	0.00
10034423	6	004	0.00	0.00	SHD688T MER 23.01.2016 PAINTER DIGITAL THERMAL	0.00	0.00	0.00	0.00	0.00	0.00
10034423	7	004	0.90	0.00	SHD688T MER 23.01.2016 TAXIMETER DIGITAL FL	0.00	0.00	0.00	0.00	0.00	0.00
10034423	8	004	1.37	5.48	SHD688T MER 23.01.2016 VEH REG FEE	140.00	140.00-	0.00	140.00-	0.00	0.00
				1,534.75		184,245.00	184,591.00-	2,477.00-	184,069.00-	30,177.00	

COE	388.56	1,554.24	Vehicle : Without T/M & COE	148,412.00	111,956.00-	2,477.00-	114,435.00-	30,177.00
Vehicle	1,144.18	4,584.76	Vehicle : Without T/M With COE	184,245.00	184,591.00-	2,477.00-	184,069.00-	30,177.00
	1,534.75	6,139.00	Taximeter	0.00	0.00	0.00	0.00	0.00