

ASS. REC. BY: Tanji

REF:

TM

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 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

Veh No: SHD8630M Yr Regn: 2018, 12

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

Truck / Trailer or

Make: Hyundai Lorica c.c. 1580

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

Sp. Reading: 360765 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH C851 CVK 4121782

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

Tyre Size: F: 195/65R15

R: ~ ~

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

TOYO / YOKO or Westeke

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 Lodge

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

O/S Rear

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1) _____
Date/Time, File Return to?

☐ : Final Report

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

\$ + RS \$ _____

Phone _____

Others _____

Report Format: _____

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: **Tokio Marine Insurance Singapore Ltd (HQ)**
CCPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	13/06/2024
Vehicle Reg. No.:	SHD8630M	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ EV FL SR, 1.6 (A)	Vehicle Reg. Date:	04/12/2018
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	G4LEJU131996	Chassis No:	KMHC851CVKU121782
Odometer:	359510 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	5		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	3,274.88
Miscellaneous Items	12.00
Labour	2,150.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	5,436.88
+ GST 9.00% (S\$)	489.32
Nett Amount (S\$)	5,926.20

This claim is handled by: CHIANG LIAT CHOON

REPAIR DETAILS**Reference**

Part Source: MRM-SG **Version:** 1.0 (Last Synchronised: 18 Jun 2024)

Parts: 192 **HYUNDAI IONIQ EV FL SR 1.6 (A) (Catalogue:Merimen Singapore 1.0)**

Labour: Repairer's **(Price-denominated Standard List)**

Print Code: **ComfortDelGro Engineering Pte Ltd/SHD8630M/18/06/2024 13:18**

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		*1 REAR BUMPER	20.00	0.00	*459.40 FL ^{Rx}
2	1		*1 REAR BRACKET RH	20.00	0.00	*55.80 FL ^x
3	1		*1 REAR FENDER RH	20.00	0.00	*588.80 FL ^{Rx}
4	1		*1 REAR DOOR RH	20.00	0.00	*2,147.90 FL ^{Rx}
5	1		*1 REAR WHEEL RIM COVER RH	20.00	0.00	*346.40 FL ^{ent}
6	1		*1 REAR DOOR MOULDING RH	20.00	0.00	*125.30 FL ^x
7	1		*1 ROCKER GARNISH RH	20.00	0.00	*270.00 FL ^{Rx}
8	1		*REAR DOOR COMFORT ZIG APP STICKER	0	0.00	*80.00 FS ^{rec}

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

Sub Total (\$)	4,073.60
- List Item Discount on L Items (\$)	798.72
Total Parts (\$)	3,274.88

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6/18/24, 1:18 PM

Repairer Estimates

Estimates on Miscellaneous Items

No Qty Particulars

Amount

Miscellaneous Items

1 1 OD/TP Case (Insurer)

12.00

Sub Total (\$\$)

12.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1 PANEL BEATING

New 525 1,200.00

2 SPRAY PAINTING

New ✓ 800.00

3 REMOVE/ REFXI REAR UPHOLSTERY

New X 90.00

4 REMOVE/REFIX REVERSE SENSOR

New 30 60.00

Gross Labour Cost (\$\$)

2,150.00

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< END OF ESTIMATES >

Tanfer 97495749
wp' 18/6/24 @ 4pm
c/s Rising after repair
3 days
tanfer & the team

- 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: 18.06.2024 10:59

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 5943572

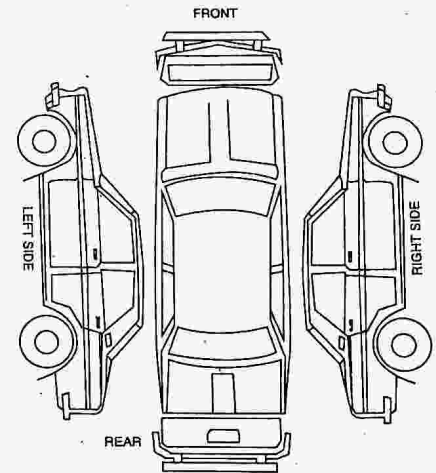
JC NC805594572

TOMER MS CITYCAB PTE LTD TOMER NO. 7010070 RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (O) (P) COUNT CARD NO.	REGN NO.: SHD8630M	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G2)	DATE/TIME IN 18.06.2024 09:20
	YR OF MANU. 04.12.2018	TARGET DATE
	CHASSIS CODE KMHC851CVKU121782	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 13.06.2024
NATURE: 3P 13.06.2024

/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Adgement Slip

Exit Pass

Vehicle No.: **SHD8630M**

SHD8630M **CHIANG**

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	13/06/2024 13:52 (SGT)
Reported by	Actual Driver
Date of Accident	13/06/2024 09:30 (SGT)
Exact Location of Accident	Park Cres, Singapore
Additional Location Information	OUTSIDE PEOPLE PARK COMPLEX
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8630M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-84818228
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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	1580

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101860MFCT

DRIVER

Name of Driver	CAO SHENGLIANG
RIC No	SXXXX752B
Date Of Birth	26/12/1983
Occupation	Outdoor

Driving Pass Date	27/10/2005
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84818228
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 69 MOULMEIN ROAD #11-83
Address complement	-
Postcode	300069
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)	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	CLARIE
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 13/06/2024 AT ABOUT 0930HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SHD8630M ENROUTE FROM AFTER DROPPING OFF MY WIFE AT CAPITOL SPRING TO CHINATOWN AREA TO EAT FOR PERSONAL PURPOSES. WHILE DRIVING ALONG PARK CRESCENT OUTSIDE PEOPLE PARK COMPLEX IN MY LANE GOING STRAIGHT TOWARDS THE GANTRY ALL OF A SUDDEN VEHICLE (B) BEARING REGISTRATION NUMBER GBL6591J WITH HAZARD LIGHTS ON WAS ENTERING INTO THE LOADING UNLOADING BAY SUDDEN CHANGED DIRECTIONS AND TURN OUT INTO MY LANE HITTING THE REAR RIGHT PORTION OF MY VEHICLE WITH THE FRONT LEFT OF VEHICLE (B). NOBODY WAS INJURED.

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	GBL6591J
Vehicle Manufacturer	Nissan
Vehicle Model	NV200 1.6 (A) PETROL
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SOO MENG TUCK (SU MINGDE)
NRIC No	SXXXX457A
Contact Number	(Phone) +65-91292669
Address	BLK 261A SENGKANG EAST WAY #02-418
Address complement	-
Postcode	541261
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.

[Handwritten Signature]

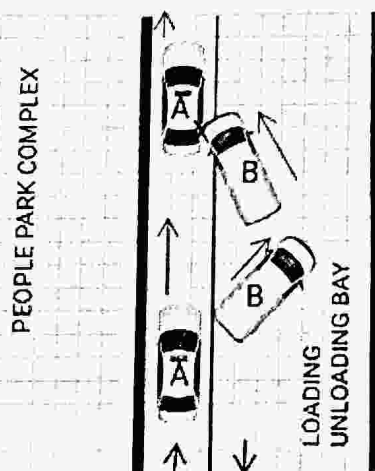


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
13/06/2024 1250HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SHD8630M

B - GBL6591J

PARK CRESCENT OUTSIDE PEOPLE PARK COMPLEX

Describe Circumstances of the Accident

ON 13/06/2024 AT ABOUT 0930HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SHD8630M ENROUTE FROM AFTER DROPPING OFF MY WIFE AT CAPITOL SPRING TO CHINATOWN AREA TO EAT FOR PERSONAL PURPOSES. WHILE DRIVING ALONG PARK CRESCENT OUTSIDE PEOPLE PARK COMPLEX IN MY LANE GOING STRAIGHT TOWARDS THE GANTRY ALL OF A SUDDEN VEHICLE (B) BEARING REGISTRATION NUMBER GBL6591J WITH HAZARD LIGHTS ON WAS ENTERING INTO THE LOADING UNLOADING BAY SUDDEN CHANGED DIRECTIONS AND TURN OUT INTO MY LANE HITTING THE REAR RIGHT PORTION OF MY VEHICLE WITH THE FRONT LEFT OF VEHICLE (B). NOBODY WAS INJURED.

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

13/06/2024 1250HRS

Witnessed by Reporting Centre
Personnel

