

ASS. REC. BY: Taufik

REF:

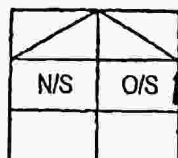
CS / TM / 24100175 / Tvp3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / IP / WS / IP RES / OD RES / LVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: SMJ 7120J
Policy No. MAB00501
Claims No. M2405867
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 Rpt: _____ Consistent? : Yes or No
GIA / PR Seer: _____ 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

Taufik

Veh No: SH 8094J Yr Regn: 2019 / 12
Type: M. Car / M. Cycle / Bus / Van / Lorry / Tr / Prime Mover /
Truck / Trailer or
Make: Hyundai i30 c.c. 1580
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: 669598 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KMHCB851CV 64 190019
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: CV / S/Rim / STD A/Rim or
Tyre Size: F: 195/65R15
R: 195/65R15
BS / DUN / EXNOVA / GY / FS / LIZA / 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. 8/10/2024 D.O.I. 09/10/24
Survey held at Carport Layan
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof/Top or
O/S Rear
The U/C / Chassis frame / Body Structure _____ due to collision.

Date / Time	Action / Instruction
15/10/24	Taufik confirmed LS \$1450 (Red 3013.52, 67%)

Date/Time, File Pass to?

☐ : Prell. ReportDays Of Repair: 3☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

S + RS \$ _____

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	08/10/2024
Vehicle Reg. No.:	SH8094J	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	19/12/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU409091	Chassis No:	KMHC851CVLU190019
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	2,251.52
Miscellaneous Items	12.00
Labour	2,200.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,463.52
+ GST 9.00% (S\$)	401.72
Nett Amount (S\$)	4,865.24

This claim is handled by: JUMANI BIN MASUDIN

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 08 Oct 2024)**Parts:** 192 HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SH8094J/08/10/2024 13:47**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 RH FENDER	20.00	0.00	Rv *1,768.30 FL
2	1		*REAR BUMPER ASSY	20.00	0.00	Rv *459.40 FL
3	10		*REAR BUMPER CLIPS	20.00	0.00	X *22.00 FL
4	1		*REAR BUMPER SIDE BRACKET RH	20.00	0.00	X *55.80 FL
5	1		*WHEEL RIM CAP	20.00	0.00	int *346.40 FL
6	1		*REAR BUMPER MAT	0.00	0.00	X *50.00 F
7	1		*REAR DOOR APPS LOGO	0.00	0.00	nee *80.00 F

F=Franchise part, L=ListItemDisc.

Sub Total (S\$)	2,781.90
- List Item Discount on L Items (S\$)	530.38
Total Parts (S\$)	2,251.52

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Generated using Merimen e-Claims IEAS

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 570 1,200.00

2 SPRAYPAINT CHARGES

New 840 900.00

3 TUFF KOTE

New X 50.00

4 REMOVE/REFIX REVERSE SENSOR

New 30 50.00

Gross Labour Cost (\$)

2,200.00

ComfortDelGro Engineering Pte Ltd/SH8094J/08/10/2024 13:47. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tanpin 9749549
 up' ~~shaded~~ ~~shaded~~
 4/5 hours after repair
 tanpin C1Khantou
 2-3 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: 08.10.2024 12:20

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5956853

JC NO305606158

OMER

S COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

JUNT CARD NO.

REGN NO.:

SH 8094J

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

IONIQ(G3)

08.10.2024 10:15

YR OF MANU.

19.12.2019

TARGET DATE

CHASSIS CODE

KMHC851CVLU190019

COMPLETION DATE/TIME:

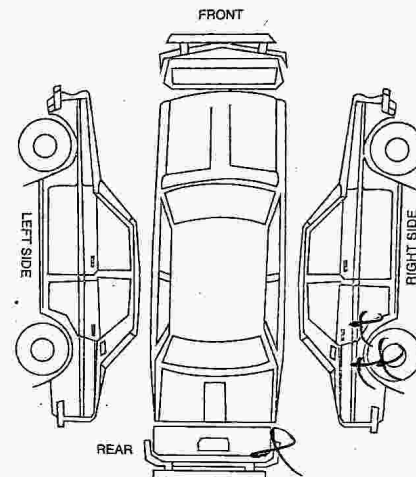
Accident Date: 08.10.2024

ATURE: 3P.08.10.24

JOB DESCRIPTION

SWG 7120J

NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Damage Slip

Exit Pass

Vehicle No.: SH 8094J

JU TOKIO

Vehicle No.:

SH 8094J

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	08/10/2024 12:41 (SGT)
Reported by	Actual Driver
Date of Accident	08/10/2024 09:20 (SGT)
Exact Location of Accident	1 Maritime Square, Singapore 099253
Additional Location Information	DROP OFF
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8094J
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) +65-98207473
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
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	KMHC851CVLU190019
Effective Date/Time of Ownership	-

INSURANCE COMPANY

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

DRIVER

Name of Driver	GOH YONG SENG
NRIC No	SXXXX538B
Date Of Birth	12/12/1962
Occupation	Outdoor
Driving Pass Date	04/09/1982
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98207473
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	142 LORONG AH SOO # 04 - 257
Address complement	-
Postcode	530142
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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	Side Swipe
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	UNKNOWN
Gender	Male

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 08.10.2024 AT ABOUT 0920HRS VEHICLE A SH8094J WAS AT HARBOURFRONT CENTRE DROP OFF POINT TO ALIGHT PASSENGER. AS I WAS TAKING FARES FOR PASSENGER, VEHICLE B SMJ7120J ON MY RIGHT SQUEEZED PASS. VEHICLE B LEFT FRONT SIDE SWIPE STATIONARY VEHICLE A RIGHT REAR. PASSENGER IS NOT INJURED AND HE ALIGHTED. SCENE PHOTOS TAKEN. PARTICULARS EXCHANGED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes
FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ7120J
Vehicle Manufacturer	Kia
Vehicle Model	CARENS 1.7 DCT DIESEL 5DR FWD
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	HASHIM BIN SUHADI
NRIC No	SXXXX605F
Contact Number	(Phone) +65-80680982
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LEFT FRONT
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

Witnessed by Reporting Centre Personnel

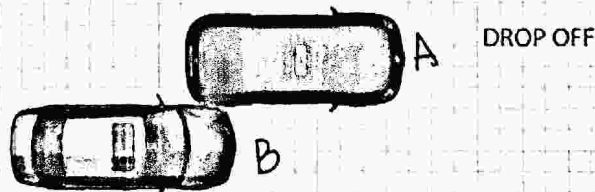
08.10.2024. 1130HRS

Sketch Plan

A - SH8094J

B - SMJ7120J

HARBOURFRONT CENTRE



Describe Circumstances of the Accident

ON 08.10.2024 AT ABOUT 0920HRS VEHICLE A SH8094J WAS AT HARBOURFRONT CENTRE DROP OFF POINT TO ALIGHT PASSENGER. AS I WAS TAKING FARES FOR PASSENGER, VEHICLE B SMJ7120J ON MY RIGHT SQUEEZED PASS. VEHICLE B LEFT FRONT SIDE SWIPE STATIONARY VEHICLE A RIGHT REAR. PASSENGER IS NOT INJURED AND HE ALIGHTED. SCENE PHOTOS TAKEN. PARTICULARS EXCHANGED.

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 08.10.2024. 1130HRS



Witnessed by Reporting Centre
Personnel