

(08/11/13)

Surveyor: Kalvin
mu/min

REF:

CC3 / TML18015673 / K19b n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Workshop n/s _____

of _____

Insured: Sme 7928RPolicy No. MT103560Claims No. MT104276

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: 7 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: SHC 3276R Yr Regn: 21 Mar, 2014

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

Truck / Trailer or

Make: Hyundai 2.0 c.c. 1.68Colour: Blue A/C: Insured / Std / Nil / NASp. Reading: 469477 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHLP814ME4052978

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205 / 60 R 16

R: _____

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

TOYO / YOKO or Wentaka

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 26/8/10 D.O.I. 28/8/10Survey held at CDE (Loyang)

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

Rear

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

Date / Time	Action / Instruction
	SHC 3276R - (3) / INC 9009672 / Yn DUA: 02051009 To Kio
	Sme 7928R - x 4s
29/8/10	Advised 4561150 / 207. (Red 1630.78, 59%)
	RECEIVED 30 AUG 2010

Date/Time, File Pass to?

☐ : Prel. Report

1) 30/8/2010

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 7Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)Report Format: MEP-TIPLump Sum / I.B.I: (\$ 1150)

250

10

260

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 Authorised 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 ability.
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 Report	27/08/2018 15:19
Date Of Accident	26/08/2018 14:55
Exact Location Of Accident	PIE TOWARDS CHANGI AFTER ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3276R
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	PANG TONG SUAN
NRIC No	S7135478D
Date Of Birth	29/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	11/04/1996
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97297135
Fax Number	
Contact Number	
Email Address	PANGTONGSUAN@GMAIL.COM

Address	BLK 676 CHOA CHU KANG CRESCENT #03-457
Postcode	680676
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC2928R
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FAN KWAI SENG
NRIC/Passport Number	
Contact Number	93665221
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT AND REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLV4971M
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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 centre 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

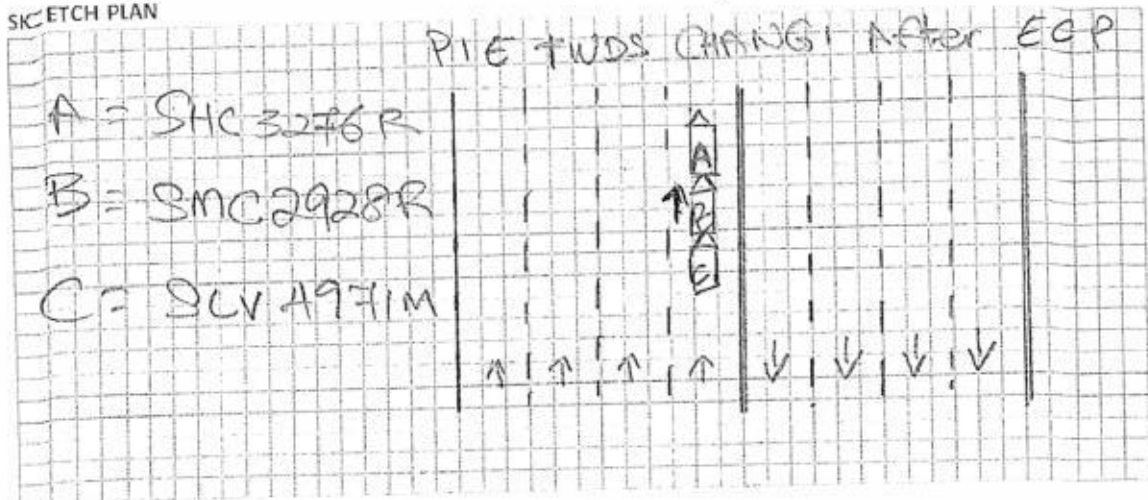
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARMC SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 26/08/2018 @ 1455 hrs, I was driving along Pie towards Changi after ECP, suddenly the front vehicle jam brake and I managed to stop on time then a few second later vehicle B collided on to the back portion of my taxi. I stepped down to check and it was Chain collision one male passenger on board and no injury at the point of the accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

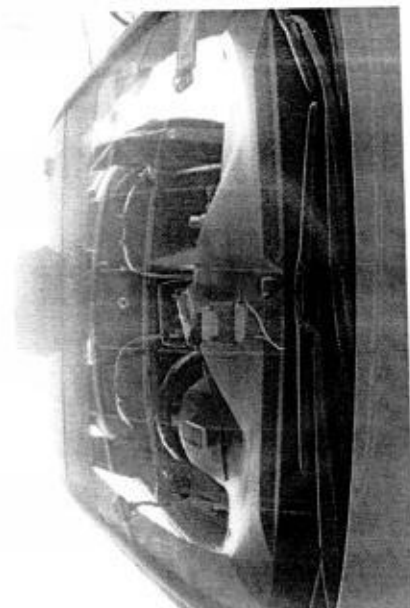
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Loke Wei Yiong

CLIPBOARD SKETCH PLAN 0001_2.3



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

LK/Kalvin
L/Ke H/Sum

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	26/08/2018
Vehicle Reg. No.:	SHC3276R	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	21/03/2014
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDFU528766	Chassis No:	KMHLB41UMEU052978
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	2,000.78
Miscellaneous Items	10.00
Labour	770.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	2,780.78
+ GST 7.00% (\$\$)	194.65
Nett Amount (\$\$)	2,975.43

This claim is handled by: LIM KWOK ENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 27 Aug 2018)
 Parts: 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: ComfortDelGro Engineering Pte Ltd/SHC3276R/27/08/2018 18:20
 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 <i>Return</i>	20.00	0.00	*603.60 FL
2	1		*REAR BUMPER REINFORCEMENT <i>JSU</i>	20.00	0.00	*504.35 FL
3	1		*REAR BUMPER REINFORCEMENT BRACKET LH <i>JSU</i>	20.00	0.00	*180.00 FL
4	1		*REAR BUMPER REINFORCEMENT BRACKET RH <i>JSU</i>	20.00	0.00	*180.00 FL
5	1		*REAR BUMPER SIDE BRACKET LH <i>JSU</i>	20.00	0.00	*49.00 FL
6	1		*REAR BUMPER SIDE BRACKET RH <i>JSU</i>	20.00	0.00	*49.00 FL
7	10		*REAR BUMPER CLIPS <i>JSU</i>	20.00	0.00	*22.00 FL
8	1		*REAR BUMPER SPONGE <i>JSU</i>	20.00	0.00	*143.40 FL
9	1		*REAR BUMPER UNDER COVER <i>JSU</i>	20.00	0.00	*225.00 FL
10	1		*REAR BUMPER REVERSE SENSOR <i>JSU</i>	0.00	0.00	*135.70 F
11	1		*REAR BUMPER RUBBER MAT <i>JSU</i>	0.00	0.00	*50.00 F
12	1		*REAR BUMPER ADVERTISEMENT LOGO <i>JSU</i>	0.00	0.00	*50.00 F
13	1		*REAR FENDER ADVERTISEMENT LOGO LH <i>JSU</i>	0.00	0.00	*100.00 F
14	1		*REAR FENDER ADVERTISEMENT LOGO RH <i>JSU</i>	0.00	0.00	*100.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	2,392.05
- List Item Discount on L Items (S\$)	391.27
Total Parts (S\$)	2,000.78

ComfortDelGro Engineering Pte Ltd/SHC3276R/27/08/2018 18:20. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	10.00 ✓
Sub Total (S\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	350.00 200
2	SPRAY PAINTING CHARGE	New	250.00 250
3	WIRING CHARGE	New	50.00 10
4	REMOVE/REFIX REVERSE SENSOR	New	120.00 50
Gross Labour Cost (S\$)			770.00

ComfortDelGro Engineering Pte Ltd/SHC3276R/27/08/2018 18:20. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kelvin 1/11/18

28/8/18 1040h

2 days

4/5

After Repair p Lts

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 modifications is allowed
- Supplementary part(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Date/Time: 27.08.2018 16:50

Page : 1

JOB CARD

Sales Order:

JC NO.: 305204983

Team: ARC Repair TP(CLS0)1

OMER
IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
IESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755
(P) (O)

Tokio Marine

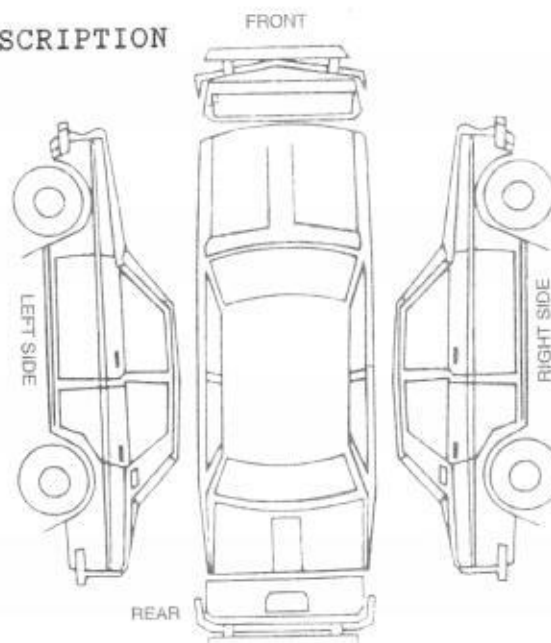
REGN NO.: SHC3276R	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 27.08.2018 14:40
YR OF MANU 21.03.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU052978	COMPLETION DATE/TIME

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 26.08.2018
NATURE: 3P 26.08.2018

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

No.: SHC3276R

LKE

Exit Pass

Vehicle No.:

SHC3276R

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

26.08.18

Remarks:

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/TMI18015673/K1QBN2
Date: 04/09/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MT103560
Claimant Vehicle No :	SHC3276R	Insured Vehicle No :	SMC2928R
Date of Loss:	26/08/2018	Nature of Claim:	TP
		Claim No:	M1804276

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC3276R	Engine No:	D4DFDU528766
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMEU052978
Reg. Date:	21/03/2014 (Man. Year: 2014)	Odometer:	469477 km
Colour:	Blue		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Good

CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	2,000.78	980.48	1,020.30	51.00
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	770.00	430.00	340.00	44.16
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,780.78	1,420.48	1,360.30	48.92
Approved Total (Overridden) (S\$)		1,150.00		
(S\$)	2,780.78	1,150.00	1,630.78	58.64
+ GST 7.00/7.00% (S\$)	194.65	80.50	114.15	58.64
Nett Amount (S\$)	2,975.43	1,230.50	1,744.93	58.64

INSPECTION

Date of Assignment:	28/08/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	28/08/2018	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days		

Adjuster: KALVIN ANG WEI KUN

Manager: SHIAU CHAN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 04 Sep 2018)
Parts:	143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC3276R)	
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 *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Deformed	603.60 FL	*603.60 FL
2	1		*REAR BUMPER REINFORCEMENT	Serviceable	504.35 FL	*- FL
3	1		*REAR BUMPER REINFORCEMENT BRACKET LH	Serviceable	180.00 FL	*- FL
4	1		*REAR BUMPER REINFORCEMENT BRACKET RH	Serviceable	180.00 FL	*- FL
5	1		*REAR BUMPER SIDE BRACKET LH	Serviceable	49.00 FL	*- FL
6	1		*REAR BUMPER SIDE BRACKET RH	Serviceable	49.00 FL	*- FL
7	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
8	1		*REAR BUMPER SPONGE	Serviceable	143.40 FL	*- FL
9	1		*REAR BUMPER UNDER COVER	Cut	225.00 FL	*225.00 FL
10	1		*REAR BUMPER REVERSE SENSOR	Serviceable	135.70 F	*- FS
11	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 F	*50.00 FS
12	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 F	*50.00 FS
13	1		*REAR FENDER ADVERTISEMENT LOGO LH	Necessary	100.00 F	*100.00 FS
14	1		*REAR FENDER ADVERTISEMENT LOGO RH	Necessary	100.00 F	*100.00 FS
					Sub Total (S\$)	2,392.05
					- List Item Discount on L Items 20.00/20.00% (S\$)	391.27
					Total Parts (S\$)	2,000.78
						980.48

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

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<u>Miscellaneous Items</u>				
1	1	OD/TP Case (Insurer)	10.00	10.00
Sub Total (S\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	350.00	200.00
2	SPRAY PAINTING CHARGE	New	250.00	200.00
3	WIRING CHARGE	New	50.00	-
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	30.00
Gross Labour Cost (S\$)			770.00	430.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >