

Surveyor: KalvinREF: CC3/TMI19007631/KISD302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / INS / TP RES / OD RES / EVA / INV / MV

To Insp'd Vehicle No: _____

at Workshop no/s _____

of _____

Insured: GBC 79072

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 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: SHB 6675H Yr Regn: 24 Oct, 2013

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

Truck / Trailer or

Make: Mercedes Benz Viano cc 2143Colour: White A/C: Ins / Std / Nil / NASp. Reading: 5 / 2125 T/Radio: Ins / Std / Nil / NAEng/No: 512125C/No: WDF 639813 2.38/2202

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/60R16C

R: _____

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

TOYO / YOKO or Harika

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 2 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 28/4/19 D.O.I. 30/4/19Survey held at CPAE (Logan)

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

Rear o/s

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

Date / Time	Action / Instruction
	SHB 6675H - CC4/AXA16017.943/H119352 DOA - 10/09/16 To/Go
	GBC 79072 - X 4/s
7/5/19	Contract 45\$ 1850/- 2 Pys. (41,617.12 Red - 47%)
	RECEIVED 07 MAY 2019

Date/Time, File Pass to? 07/05/19 ☐ : Prel. Report1) Typist ☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Insp (\$ _____)☐ : Meal and 2 (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photo

Others

Total

250

10

260

\$ 1,850/- 4/5

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 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 Report	29/04/2019 16:11
Date Of Accident	28/04/2019 18:30
Exact Location Of Accident	BALESTIER RD TWDS MOULMEIN RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6675H
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	MERCEDES-BENZ
Model	VIANO

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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	WONG SHI XIAN
NRIC No	S8529523C
Date Of Birth	06/09/1985
Occupation	OUTDOOR
Date Of Driving Pass	15/01/2004
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91018798
Fax Number	
Contact Number	
Email Address	SHIXIAN1985@YAHOO.COM.SG

Address	BLK 524 SERANGOON NORTH AVENUE 4 #10-50
Postcode	550524
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	1

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	GBC7907Z
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

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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.

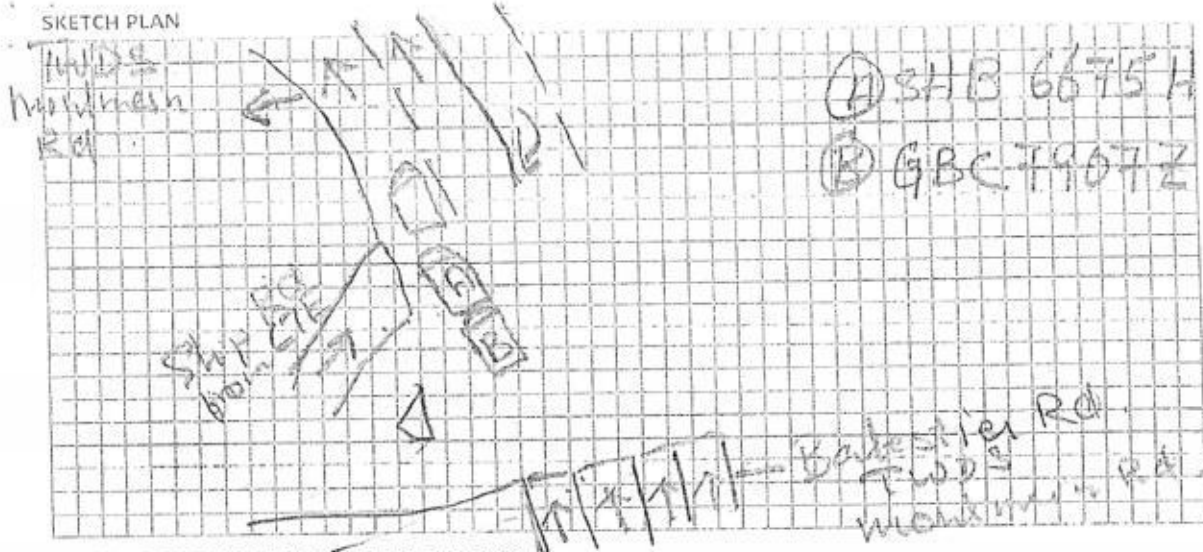
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

29/4/19
Jackson Heng
CSO



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/4/2019 at about 1830 hrs, I vehicle A was driving my taxi along balestier road toward moulmein Road. While I was on extreme left lane, vehicle in front of me suddenly applied emergency brake. But I also brake in time. A few second later vehicle B came from behind hit onto vehicle A rear portion causing the damaged. No one was injured at that time.

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:

29/4/19
Jackson Hean
CSO

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

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:	28/04/2019
Vehicle Reg. No.:	SHB6675H	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	MERCEDES-BENZ VIANO, 2.2 D Vehicle Reg. Date: 24/10/2013 CDI (W639) (A)		
Vehicle Colour:	WHITE	Gen Condition:	GOOD
Engine No:	65194031644340	Chassis No:	WDF63981323812202
Odometer:	0 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	2,237.12
Miscellaneous Items	10.00
Labour	1,220.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,467.12
+ GST 7.00% (S\$)	242.70
Nett Amount (S\$)	3,709.82

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 30 Apr 2019)

Parts: M1-MPV MERCEDES-BENZ VIANO 2.2 D CDI (W639) (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: ComfortDelGro Engineering Pte Ltd/SHB6675H/30/04/2019 11:07

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 ASSY <i>Retard</i>	20.00	0.00	*1,372.00 FL
2	1		*TAIL GATE 2.2 LOGO <i>new</i>	20.00	0.00	*78.00 FL
3	1		*TAIL GATE CDI LOGO <i>new</i>	20.00	0.00	*78.00 FL
4	1		*TAIL GATE VIA NO LOGO <i>new</i>	20.00	0.00	*78.00 FL
5	1		*TAILLAMP ASSY LOWER RH <i>X new</i>	20.00	0.00	*622.44 FL
6	1		*REVERSE SENSOR <i>shhd</i>	0.00	0.00	*388.00 F
7	1		*TAIL GATE MAXI CAB LOGO <i>X new</i>	0.00	0.00	*30.00 F
8	1		*TAIL GATE MERC STAR ; LOGO <i>new</i>	20.00	0.00	*45.46 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)

2,691.90

- List Item Discount on L Items (S\$)

454.78

Total Parts (S\$)

2,237.12

ComfortDelGro Engineering Pte Ltd/SHB6675H/30/04/2019 11:07. 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	400.00 200
2	SPRAYPAINT	New	600.00 400
3	WIRING	New	50.00 X 10
4	REMOVE/REFIX REVERSE SENSOR	New	120.00 70
5	TUFF KOTE	New	50.00 X 10
Gross Labour Cost (S\$)			1,220.00

ComfortDelGro Engineering Pte Ltd/SHB6675H/30/04/2019 11:07. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kahr 10/6/19
 30/4/19 1210h
 2 by
 4/5
 After Prior p 12

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before enter 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:

COMFORTDELGRO

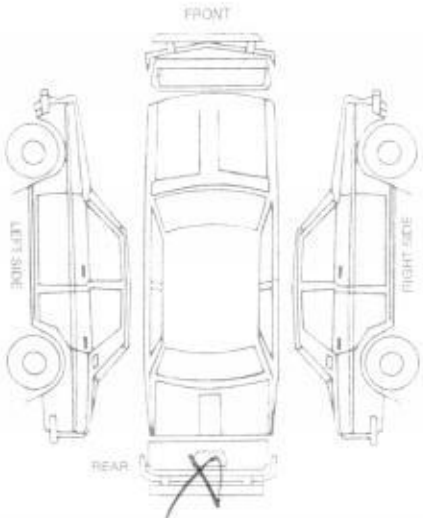
Date/Time: 29.04.2019 17:52 Page : 1

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305291545

OMER	IS: COMFORT TRANSPORTATION PTE LTD	REGN NO: SHB6675H	MILEAGE
OMER NO: 7010045		MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
IESS: 383 SIN MING DRIVE		MODEL: VIANO CDI 2.2L	DATE/TIME IN 29.04.2019 15:55
Singapore SINGAPORE 575717		YR OF MANU: 24.10.2013	TARGET DATE
65508755 (R) (O)		CHASSIS CODE: WDF63981323812202	COMPLETION DATE/TIME
JUNT CARD NO.			

Accident Date: 28.04.2019
NATURE: 3P 28.04.19

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

CKED & PASSED OUT BY: _____

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
/edgement Slip	
No.: SHB6675H JU TOKIO	Exit Pass
	Vehicle No.: SHB6675H
if Service Advisor	Name of Service Advisor
Signature/Date	Date
eturned to Service Reception upon collection	To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No 305291545
Date : 06/05/19

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

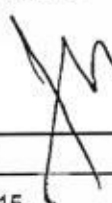
To : LKK Fax :
Attn : KALVIN
: SHB6675H Date of Accident : 28.04.19


The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: TOKIO --- GBC7907Z
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges ### _____
 - Total for Part-By-Part Repair Cost** _____
 - (c.) Lumpsum Repair (if applicable) N _____
 - Total for Lumpsum repair cost after Less: 20% \$1,850.00
 - Final Lumpsum Repair cost _____

3. Estimated normal period for repairs: 2 working days
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
6. Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature : 
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kalvin
Date : 7/5/19

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

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/TMI19007631/K1SD3N2

Date: 07/05/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MT108520
Claimant Vehicle No :	SHB6675H	Insured Vehicle No :	GBC7907Z
Date of Loss:	28/04/2019	Nature of Claim:	TP
		Claim No:	M1903080

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB6675H	Engine No:	65194031644340
Make & Model:	MERCEDES-BENZ VIANO, 2.2 D CDI (W639) (A)	Chassis No:	WDF63981323812202
Reg. Date:	24/10/2013 (Man. Year: 2013)	Odometer:	512125 km
Colour:	White		
Engine Capacity:	2143 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:	Average

CONDITION OF TYRES

Front Tyre Size:	225/60R16C	Rear Tyre Size:	225/60R16C
Front Left Side:	Hankook 7 mm	Rear Left Side:	Hankook 7 mm
Front Right Side:	Hankook 7 mm	Rear Right Side:	Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	2,237.12	1,709.17	527.95	23.60
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,220.00	630.00	590.00	48.36
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,467.12	2,349.17	1,117.95	32.24
Approved Total (Overridden) (S\$)		1,850.00		
(S\$)	3,467.12	1,850.00	1,617.12	46.64
+ GST 7.00/7.00% (S\$)	242.70	129.50	113.20	46.64
Nett Amount (S\$)	3,709.82	1,979.50	1,730.32	46.64

INSPECTION

Date of Assignment:	30/04/2019 Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	30/04/2019 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: Hiew May Fung

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: 07 May 2019)
Parts:	M1-MPV	MERCEDES-BENZ VIANO 2.2 D CDI (W639) (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHB6675H)	
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 ASSY	Deformed	1,372.00 FL	*1,372.00 FL
2	1		*TAIL GATE 2.2 LOGO	Necessary	78.00 FL	*78.00 FL
3	1		*TAIL GATE CDI LOGO	Necessary	78.00 FL	*78.00 FL
4	1		*TAIL GATE VIA NO LOGO	Necessary	78.00 FL	*78.00 FL
5	1		*TAILLAMP ASSY LOWER RH	Serviceable	622.44 FL	*- FL
6	1		*REVERSE SENSOR	Shorted	388.00 F	*388.00 FS
7	1		*TAIL GATE MAXI CAB LOGO	Not Necessary	30.00 F	*- FS
8	1		*TAIL GATE MERC STAR ; LOGO	Necessary	45.46 FL	*45.46 FL

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

Sub Total (\$\$)	2,691.90	2,039.46
- List Item Discount on L Items 20.00/20.00% (\$\$)	454.78	330.29
Total Parts (\$\$)	2,237.12	1,709.17

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	400.00	200.00
2	SPRAYPAINT	New	600.00	400.00
3	WIRING	New	50.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	30.00
5	TUFF KOTE	New	50.00	0.00
Gross Labour Cost (S\$)			1,220.00	630.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >