

ASS. REC. BY:

REF: CS/IM2 19011834/KISD3N2

Special Instruction:

Surveyor: Kulvin

ASSIGNMENT (Office)

From (Person): Jeffre Tay of TMC Date/Time: 4.7.19 12.07p.m.

Estimated Cost: Bill to:

OD (TP) WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SHD 8843R Insured: GBC 200X

at Workshop m/s Comfortablegro Tel: 6214 8300

of 59 Jayang Bsr

Policy No: M 001454 Claim No: M 1905004

Sum Insured: Excess:

Make of Veh: D.O.A. 2.7.19

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 4.7.19 10.00p.m. Person Contacted: Junadi

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 8843R-X
	GBC 200X-X

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	04 Jul 2019 Sendback Est	04 Jul 2019 09:48 S\$971.00	04 Jul 2019 12:07 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	PAN PACIFIC VAN & TRUCK LEASING PTE LTD, Co. Reg. No.: 201511635R		
Main Claimant:	CCPL		
Vehicle Reg. No.:	SHD8843R	Date of Loss:	02/07/2019 00:00 - :59 [81 Months and 20 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1905004	Policy/Cover Note No.:	MJ001454 (Comprehensive) Coverage: 15/10/2018 - 14/10/2019
Vehicle Reg. No. (Insured):	GBG2002X	Policy No. (Claimant):	
		Excess:	S\$1,500.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Jeffrey Tay - 65926413]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 15/07/2019]		
Adj Asg. Remarks:	OI HAS NOT RPT THEACCIDENT		

ASSOCIATED MAIL RECEIVED
[View All](#)
[Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS
[View All](#)
[Search Tasks](#)
[Create New Task](#)
[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

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	03/07/2019 16:00
Date Of Accident	02/07/2019 21:50
Exact Location Of Accident	FINLAYSON GREEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8843R
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	MERC

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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	NG PENG HOCK
NRIC No	S1573446I
Date Of Birth	02/02/1963
Occupation	OUTDOOR
Date Of Driving Pass	25/03/1983
Driving Experience	36 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90476202
Fax Number	
Contact Number	
Email Address	CHOCO.RAIN@YAHOO.COM.SG

Address	267 07-09 TAMPINES STREET 21
Postcode	520267
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	SIDE SWIPE
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

SEE ATTACH.

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	GBG2002X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD MUSTAFA BIN MOHD HANIFFA
NRIC/Passport Number	S9110940I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN



A) SHD8843 R

B) GBG2002X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/7/19 at about 2150hrs while I Veh A was turning right along Finlayson Green, Veh B that was also turning on the right lane, suddenly swayed left and collided onto the right rear portion of my moving vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

CAR PIE LTD
REG NO. 1995028390

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

S R Moorthy
CSO
3/7/19

IMPORTANT NOTICE

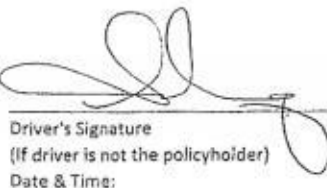
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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)**

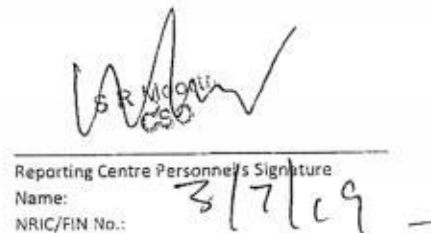
I understand, acknowledge, agree and consent that:

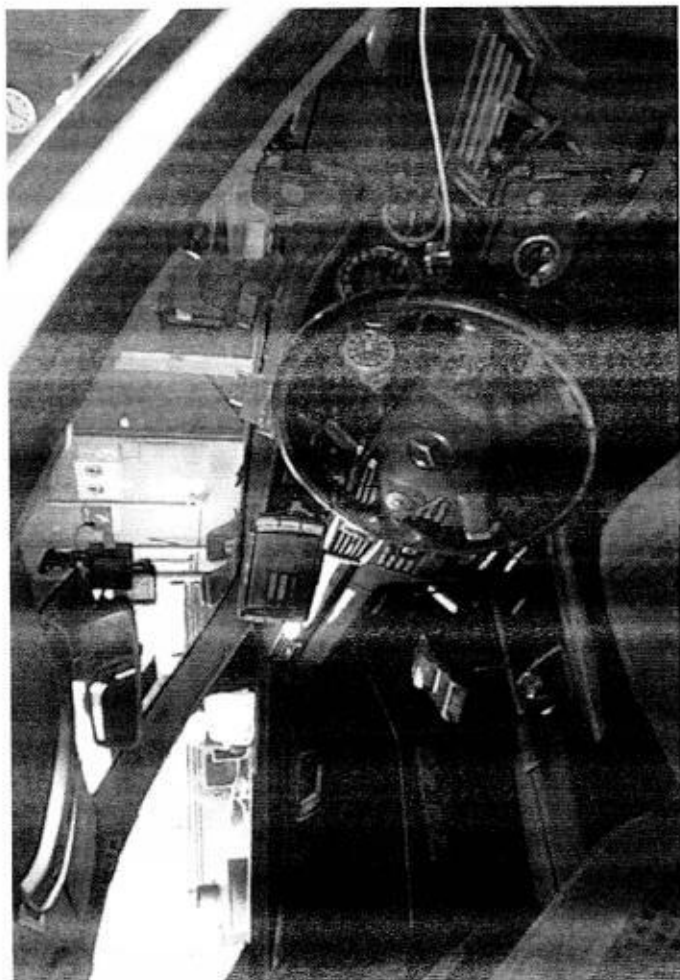
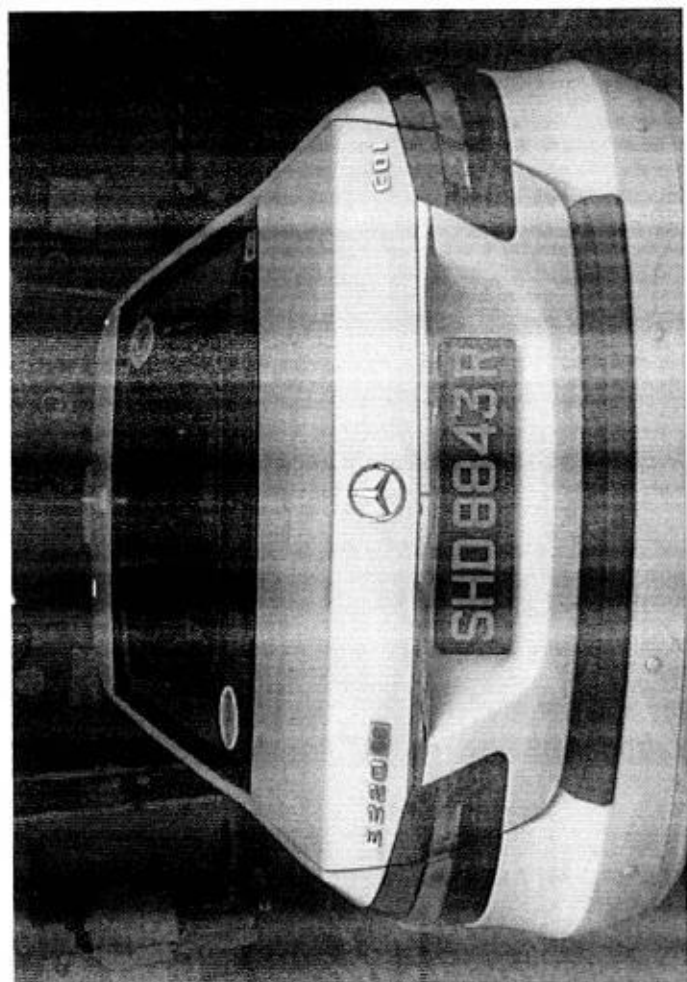
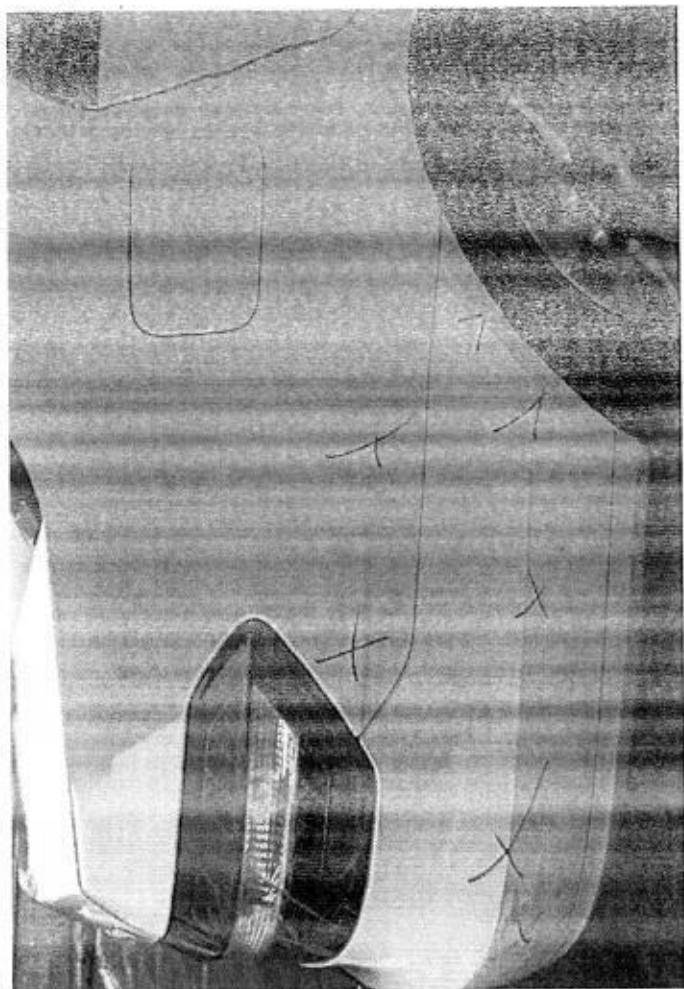
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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.

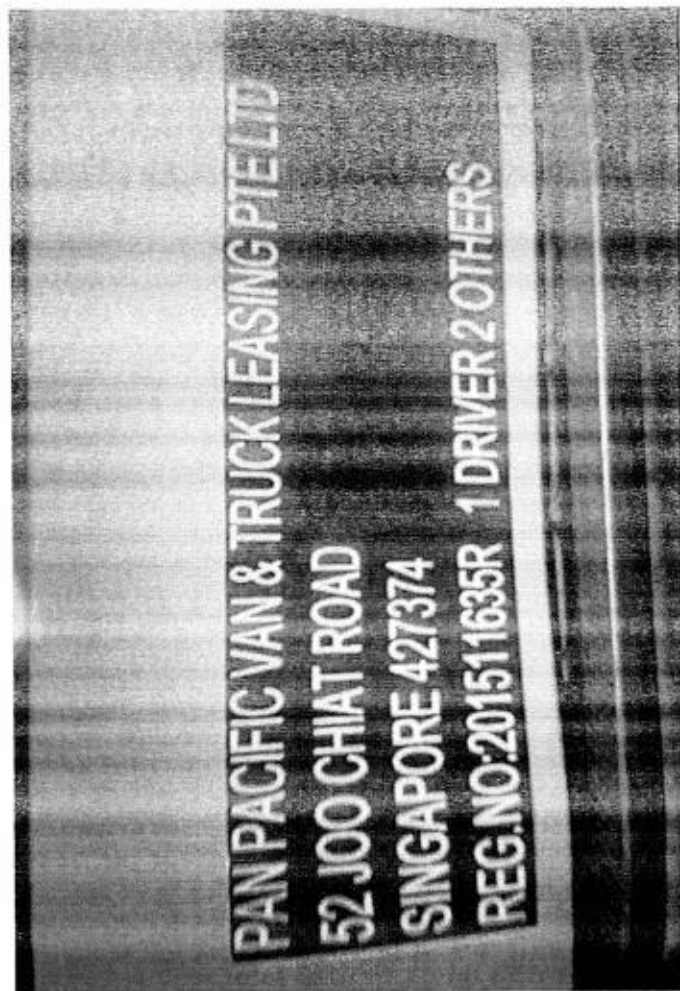
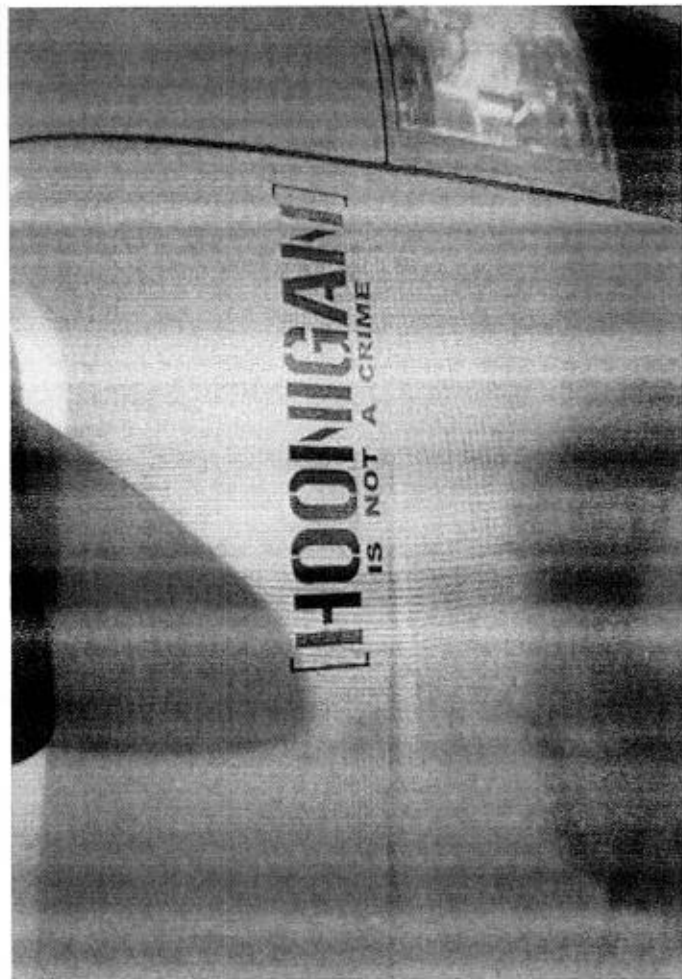
TAI CAB PTE LTD
J. REG. NO. 199502839G

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: 3/7/09
NRIC/FIN No.:





COMFORTDELGRO

Date/Time: 03.07.2019 17:01

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305308495

CUSTOMER

3/MS CITYCAB PTE LTD
CUSTOMER NO. 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L (R) 65551188 (O)
(P)

REGN NO.:

SHD8843R

MILEAGE

MAKE:

MERCEDES BENZ

FUEL

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

MODEL

E220CDI (E5)

DATE/TIME IN

03.07.2019 14:30

YR OF MANU.

12.09.2012

TARGET DATE

CHASSIS CODE

WDD2120022A679887

COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

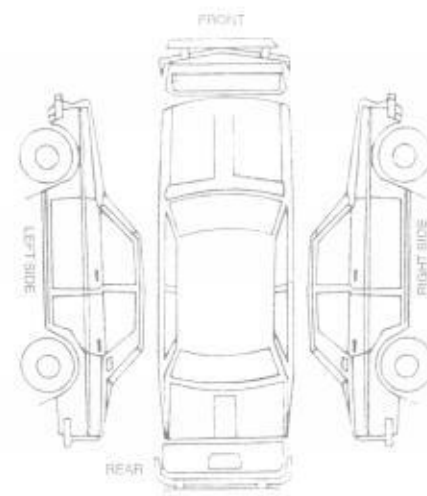
Accident Date: 02.07.2019

NATURE: 3P 02.07.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD8843R CHIANG

Vehicle No.: SHD8843R

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

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:	02/07/2019
Vehicle Reg. No.:	SHD8843R	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	MERCEDES-BENZ E220, 2.1 D CDI (W211) (A)	Vehicle Reg. Date:	12/09/2012
Vehicle Colour:	WHITE	Gen Condition:	GOOD
Engine No:	65192431769958	Chassis No:	WDD2120022A679887
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	0.00
Miscellaneous Items	11.00
Labour	960.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	971.00
+ GST 7.00% (S\$)	67.97
Nett Amount (S\$)	1,038.97

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 04 Jul 2019)
Parts: 143 MERCEDES-BENZ E220 2.1 D CDI (W211) (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: ComfortDelGro Engineering Pte Ltd/SHD8843R/04/07/2019 09:48
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

There are no new parts selected.

ComfortDelGro Engineering Pte Ltd/SHD8843R/04/07/2019 09:48. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Per Buyer x rep.
Per RH Funder x rep.

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	11.00 ✓
Sub Total (\$\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	480.00 200
2	SPRAY PAINTING	New	480.00 400
Gross Labour Cost (\$\$)			960.00

ComfortDelGro Engineering Pte Ltd/SHD8843R/04/07/2019 09:48. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kahin 1 (K1)

4/7/19 1045H

2 days

4/5

After Repair p Lto



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 05.07.2019

Time: 13:56:30

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305308495
REGN NO : SHD8843R
MILEAGE : 0000000000
MAKE : MERCEDES BENZ
MODEL : E220CDI(E5)
DATE OF REGN : 12.09.2012
DATE/TIME IN : 03.07.2019 14:30
ACCIDENT DATE : 02.07.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L	MERIMEN FEE	110.00 //
0001 PB	PANEL BEATING	200.00
0002 SP	SPRAYPAINT CHARGE	400.00

SUB-TOTAL : ~~710.00~~ //TOTAL : ~~710.00~~ //

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

T

Our Job Ref No : 305308495
 Date : 08/07/19

COMFORTDELGRO ENGINEERING

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

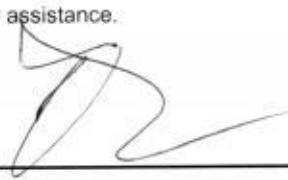
FINALIZATION FORM


To : LKK
 Attn : KALVIN
 Vehicle Reg No. : SHD8843R
 Fax :
 02/07/19

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

1. The repair job shall bill to: TOKIO GBG2002X
2. The finalized amount shall be:
- (a) Spare Parts after List discount \$ 611.00
- (b) Labour Charges
- Total for Part-By-Part Repair Cost**
- (c) Lumpsum Repair (if applicable)
- Total for Lumpsum repair cost after Less:
- 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
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
 Name : CHIANG
 Tel : 62148314
 Fax : 65468156

Signature : 
 Name : KALVIN
 Date : 9/7/19

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: CS/TMI19011834/K1SD3N2

Date: 12/07/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MJ001454
Claimant Vehicle No :	SHD8843R	Insured Vehicle No :	GBG2002X
Date of Loss:	02/07/2019	Nature of Claim:	TP
		Claim No:	M1905004

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD8843R	Engine No:	65192431769958
Make & Model:	MERCEDES-BENZ E220, 2.1 D CDI (W211) (A)	Chassis No:	WDD2120022A679887
Reg. Date:	12/09/2012 (Man. Year: 2012)	Odometer:	1330404 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:	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	0.00	0.00	0.00	
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	960.00	600.00	360.00	37.50
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	971.00	611.00	360.00	37.08
+ GST 7.00/7.00% (S\$)	67.97	42.77	25.20	37.08
Nett Amount (S\$)	1,038.97	653.77	385.20	37.08

INSPECTION

Date of Assignment:	04/07/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	04/07/2019	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: 12 Jul 2019)
Parts:	143	MERCEDES-BENZ E220 2.1 D CDI (W211) (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHD8843R)	
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 (NPA)	Repair	-	*-F
2	1		*REAR RH FENDER (NPA)	Repair	-	*-F
F=Franchise part.						
Total Parts (S\$)					0.00	0.00

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)	11.00	11.00
Sub Total (\$\$)			11.00	11.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	480.00	200.00
2	SPRAY PAINTING	New	480.00	400.00
Gross Labour Cost (\$\$)			960.00	600.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >