

ASS. REC. BY:

REF: CS/TM119614602/Klyf352

Special Instruction:

Surveyor: Kalin

ASSIGNMENT (Office)

From (Person): Telma Gomez

of TM2

Date/Time: 21.8.19 9.039.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 2817L

Insured:

SLK 2069P

at Workshop m/s

Comfadaigna

Tel:

6214 8300

of 59 Iyang Drive

Policy No: MC000573

Claim No: M1906399

Sum Insured:

Excess:

Make of Veh:

D.O.A. 12.8.19

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 21.8.19 9.429.m

Person Contacted:

Jumadi

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 2817L - (S) PFI 15012233/69612
	SLK 2069P - X

D.O.A. - 21/07/2015

(08/11/13)

REF:

Surveyor: Kalvin

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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: SHC2817L Yr Regn: Mar, 2019Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai-Zenit C.C. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 51977 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB51CVK4141237Gen. Cond: Good / ~~Fair~~ / Poor / BurntSteering: Insured / Jammed / Leaked / Burnt orBrake: Insured / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MO / OHTSU / PIR / SUMI /TOYO / YOKO or Michelin

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 18/8/19 D.O.I. 20/8/19Survey held at C DGE (Loyang)

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

n/s Run

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

Date / Time	Action / Instruction
23/8/19	<u>Liberal P/P \$3600-28 / 3 Dgs. (Red = 2751-08, 43%) Toke</u>
	<u>AP</u>

RECEIVED 03 SEP 2019

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 2/9/19 Typist

Report Format:

Lump Sum / I.B.I. (\$) _____

P/P = \$3600-28

Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Survey Fee: 250

Transportation:

S + RS, SI

Photos

Others

TOTAL

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	20 Aug 2019 11:02 Sendback Est	20 Aug 2019 11:13 S\$6,351.36	21 Aug 2019 09:03 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:	LION CITY RENTALS PTE LTD, Co. Reg. No.: 201504621K								
Main Claimant:	CTPL								
Vehicle Reg. No.:	SHC2817L	Date of Loss:	18/08/2019 09:00 - :59 [0 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1906399	Policy/Cover Note No.:	MK000573 (Third Party Only) Coverage: 25/06/2019 - 24/02/2020						
Vehicle Reg. No. (Insured):	SLK2069P	Policy No. (Claimant):							
		Excess:	S\$1,600.00						
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 Telma Gomez - 65926402]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 30/08/2019]								
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.									

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)
 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CTPL

Singapore

Tyre - Michelin

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	18/08/2019
Vehicle Reg. No.:	SHC2817L	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	18/08/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEJU191245	Chassis No:	KMHC851CVKU141237
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	6		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	3,930.36
Miscellaneous Items	11.00
Labour	2,410.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	6,351.36
+ GST 7.00% (\$\$)	444.60
Nett Amount (\$\$)	6,795.96

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

6996

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
----	-----	-------------	--------

Miscellaneous Items

1	1	OD/TP Case (Insurer)	11.00
---	---	----------------------	-------

Sub Total (S\$)			11.00
------------------------	--	--	--------------

11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
----	-------------	----------	--------

Labour Items

1	PANEL BEATING	New	800.00 600
2	SPRAYPAINT	New	900.00 800
3	WIRING	New	50.00 X 22
4	TUFF KOTE	New	50.00 X 22
5	REMOVE/REFIX CUSHION & REAR UPHOLSTERY	New	150.00 50
6	REMOVE/REFIX REAR WINDSCREEN GLASS	New	120.00 X 22
7	REMOVE/REFIX REVERSE SENSOR	New	100.00 X 22
8	TRANSFER DOOR PARTS	New	120.00 X 22
9	REAR WHEEL ALIGNMENT	New	120.00 X 22

Gross Labour Cost (S\$)	2,410.00
--------------------------------	-----------------

11450

ComfortDelGro Engineering Pte Ltd/SHC2817L/20/08/2019 11:13. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kah 16/11/19

20/8/19 1145L

3 Pys.

P/P

A/Ho P/P p Lts
Before Paint

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before spray painting
- To display damaged part(s) during resurvey
- Paint prices are subject to confirmation
- Third party liability is on "without Prejudice" basis
- No Regret in the event of a survey and
- Survey is subject to the Repairer's approval

Acknowledged by Repairer

Signature:

Date:

Date/Time: 19.08.2019 17:21

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305325775

TOMER

AS COMFORT TRANSPORTATION PTE LTD
TOMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (R) (O)
(P)

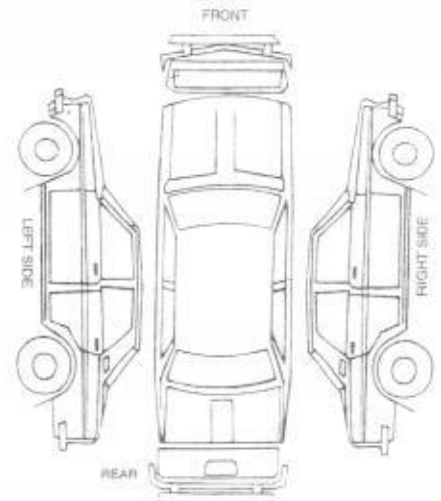
OUNT CARD NO.

REGN NO.	SHC2817L	MILEAGE
MAKE :	HYUNDAI	FUEL E.....1/2.....F
MODEL	IONIQ(G2)	DATE/TIME IN 19.08.2019 11:35
YR OF MANU	01.03.2019	TARGET DATE
CHASSIS CODE	KMH851CVKU141237	COMPLETION DATE/TIME:

Accident Date: 18.08.2019
NATURE: 3P 18.08.19

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHC2817L JU TOKIO

Vehicle No.: SHC2817L

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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 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	19/08/2019 16:53
Date Of Accident	18/08/2019 09:50
Exact Location Of Accident	BLK 922 TAMPINES ST 91 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2817L
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ

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	LIM ENG CHUAN
NRIC No	S0229290D
Date Of Birth	22/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	14/09/1972
Driving Experience	46 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98532255
Fax Number	
Contact Number	
Email Address	ECLIM10@HOTMAIL.COM

Address	220 02-230 SERANGOON AVENUE 4
Postcode	550220
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 - MAJOR/MINOR RD
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)

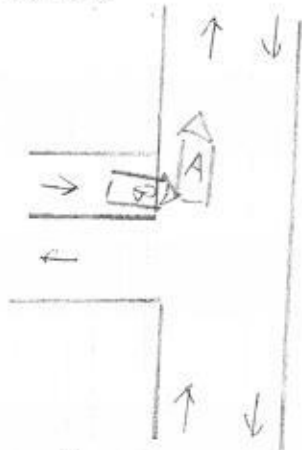
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK2069P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEAH THUAN HIANG
NRIC/Passport Number	S6920896G
Contact Number	82661442
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



Along Tampines St 91 Open Air Car Park

A-SHC 2817L

B-SLK 2069P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/8/2019 @ about 09:50hrs.I was travelling along Tampines St 91 open air car park.

With no passenger onboard.

While travelling straight, Suddenly veh (B) dashed out on my left with the stop white lane, without giving way to me and hit onto my taxi (A) Rear left portion.

Veh (B) SLK 2069P was driven by Mr Sam.H/P:8266 1442.

No injury in this accident .

I had company video and scene of picture as evident to support my claims.

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: 19/8/2019

Driver's Signature
(if driver is not the policyholder)
Date & Time: 19/8/2019

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

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.

UMF001 TEL: 1800 222 2222
CORE SITE: 1800 222 2222

Policyholder's Signature
Date & Time:

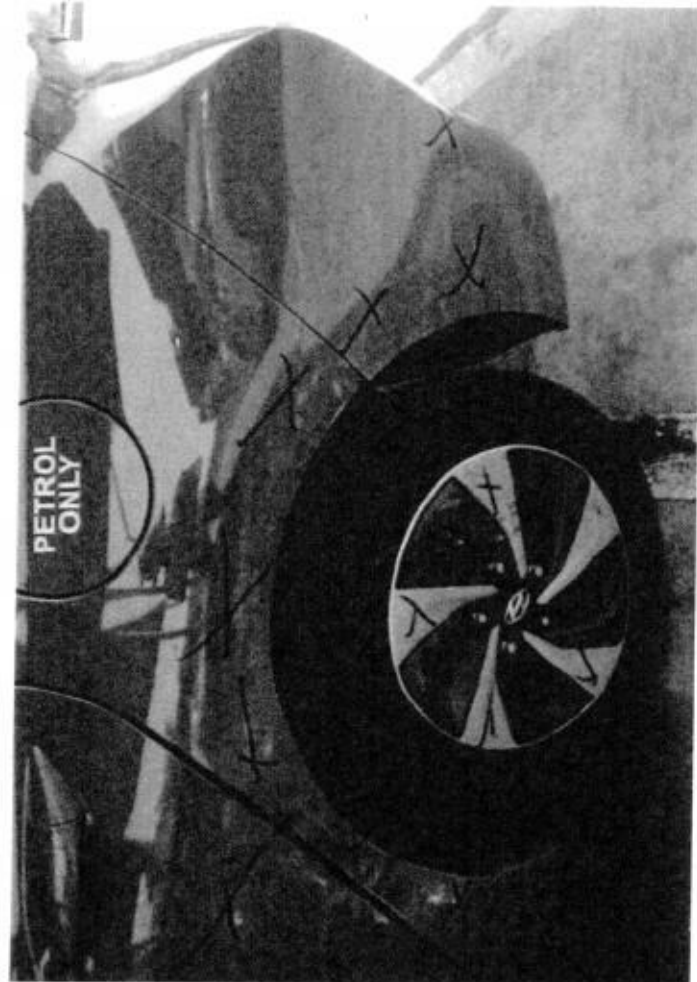
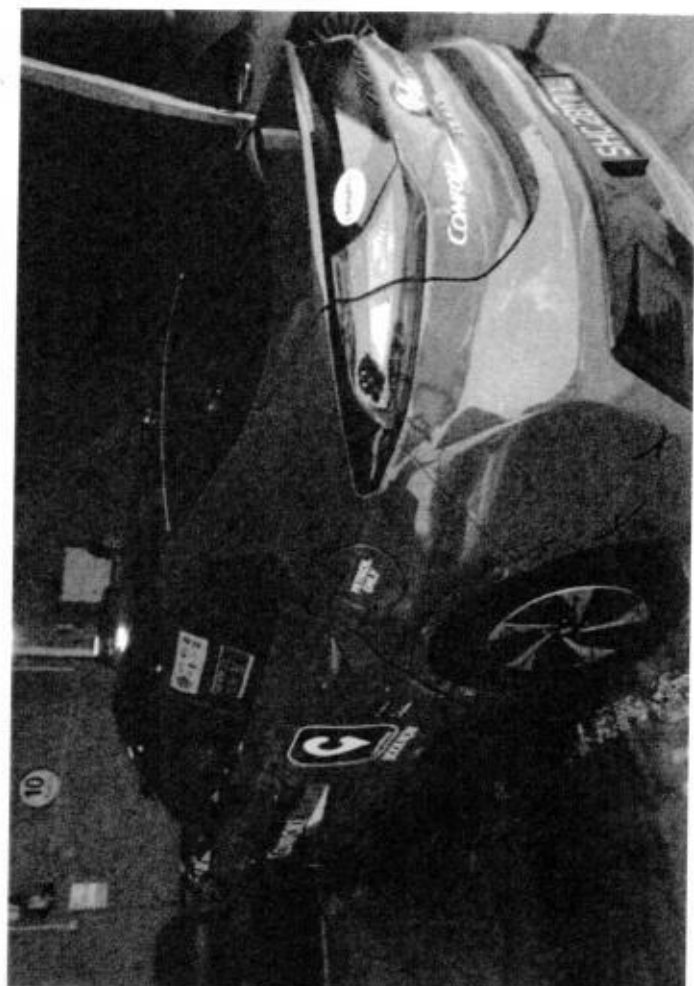
Driver's Signature
(If driver is not the policyholder)
Date & Time:

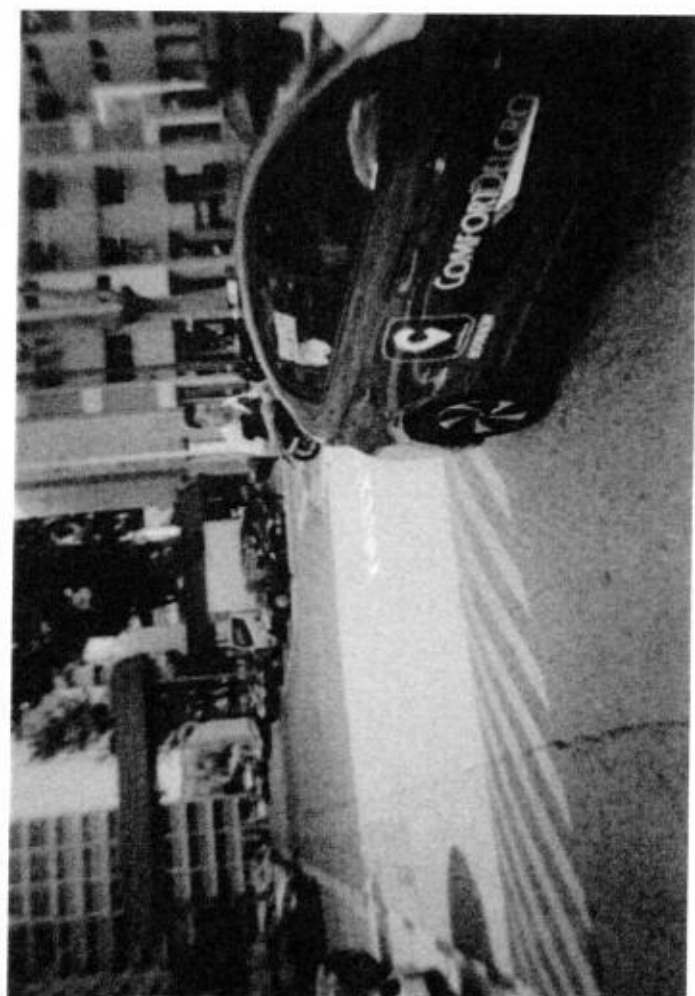
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

19/8/19
Loke Wei Yeng

QWAME Sketch Plan Form V3







COMFORTDELGRO ENGINEERING

Our Job Ref No 305325775

Date 23/08/2019

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

FINALIZATION FORM

To LKK

Fax :

Attn KALVIN

SHC2817L

Date of Accident : 18/08/2019

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

1. The repair job shall bill to: TOKIO --- SLK2069P
###
2. The finalized amount shall be:

(a) Spare Parts after List discount			\$2139.28
(b) Labour Charges	###		\$1461.00
Total for Part-By-Part Repair Cost			\$3600.28
(c) Lumpsum Repair (if applicable)			
Total for Lumpsum repair cost after Less: 20%			
Final Lumpsum Repair cost			

3. Estimated normal period for repairs: 3 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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature :

Name : Kalvin

Date : 23/8/19

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: