

22/03/2020

ASS. REC. BY:

REF: CS/TMI20004761/Ftd3

Special Instruction:

Surveyor: Ramy

Mentmen

ASSIGNMENT (Office)

From (Person): Dillen Genthilan

of

TMIDate/Time: 1/4/2020 12:14pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 3333 J

Insured:

SJC 5441T

at Workshop m/s

Comfort Delgro

Tel:

62148300

of

59 Loyang DrivePolicy No: MT000878

Claim No:

M2002246

Sum Insured:

Excess:

Make of Veh:

D.O.A. 31/03/2020

(Client's Record)

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time: 12:31pm 1/4/2020

Person Contacted:

jumaniVehicle IN / OUT

Date/Time	Action/Instruction	Estimate	
	SHC 3333 J - CC4/III.18016096/ Ngb 352		D.O.A: 1/9/2018
	SJC 5441 T - X		

ASS. REC. BY:

Ran

REF:

CS/TMI 20004761/ P4d3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect 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: SHC33335 Yr Regn: 01/02/2019Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai ionyq C.C. 1580Colour: blue A/C: Insured / Std / NI / NASp. Reading: 171968 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB51CVKUI34060Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65 R15

R: _____

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

TOYO / YOKO or

DAVANT

Front

Rear

R/Bal. 7 mm R/Bal. 8 mmL/Bal. 7 mm L/Bal. 8 mmD.O.A. 31/03/2020 D.O.I. 1/04/2020Survey held at Comfortdelgro (Layang)Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

TMI
P/P

Date / Time Action / Instruction

NO Policy

P/P: \$2656.68/= with 2 repair days

confirm on 24/4/2020 with LKE

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS: \$

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Report Format: _____

Lump Sum / LPH: \$

Our Job Ref No 305391302Date : 23.04.20ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156**FINALIZATION FORM**To : LKK

Fax :

Attn : Mr RAMVehicle Reg No. SHC3333J CTPL31.03.20

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

1. The repair job shall bill to: TOKIO MARINE --- SJC5441T

2. The finalized amount shall be:

(a) Spare Parts after List discount

\$1,611.00

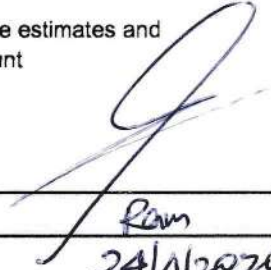
(b) Labour Charges

\$1,051.00**Total for Part-By-Part Repair Cost**\$2,662.00

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%**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 amountSignature : Name : LIM KWOK ENGTel : 62148316Fax : 65468156Signature : Name : RAMDate : 24/4/2020**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		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305391302
 REGN NO : SHC3333J
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 01.02.2019
 DATE/TIME IN : 31.03.2020 14:10
 ACCIDENT DATE : 31.03.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-0573-G	IONIQVC PANEL-FENDER RH#	1 L	588.80	20.00	471.04	BVL
0002 04-01-0104-3913-G	IONIQ EMBLEM-BLUE DRIVE R	1 N	26.60	2.00-	26.60	na
0003 04-01-0104-2538-G	IONIQV2 MIRROR ASSY-OUTSI	1 L	1,391.70	20.00	1,113.36	Br
					SUB-TOTAL : 1,611.00	

JOB NATURE

0000 L	MERIMEN CHARGE	11.00
0001 L	PANEL BEATING (repair frt WS pillar R	480.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	480.00
0003 17-01	CHECK ALL LIGHTING	30.00
0004 20-00	TUFF COAT ON AFFECTED PARTS.	50.00
		SUB-TOTAL : 1,051.00

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
Policy No:
Vehicle Reg. No.: SHC3333J
Party At Fault: UNKNOWN

Ref. No:
Date of Loss: 31/03/2020
Driveable? YES

Make/Model: HYUNDAI IONIQ HYBRID, 1.6 GLS
DCT (A)
Vehicle Colour: BLUE
Engine No: G4LEJU167569
Odometer: 0 KM

Vehicle Reg. Date: 01/02/2019
Gen Condition: GOOD
Chassis No: KMHC851CVKU134060

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	1,685.73
Miscellaneous Items	11.00
Labour	1,150.00
Paintwork Labour	0.00
Towing	0.00

Gross Total (S\$)	2,846.73
+ GST 7.00% (S\$)	199.27
Nett Amount (S\$)	3,046.00

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: 31 Mar 2020)**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/SHC3333J/31/03/2020 17:43**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		*FRT FENDER RH <i>Bil</i>	20.00	0.00	*588.80 FL
2	1		*FRT FENDER EMBLEM -BLUE DRIVE RH <i>nee</i>	0.00	0.00	*26.60 F
3	1		*RR VIEW MIRROR ASSY RH <i>Br</i>	20.00	0.00	*1,391.36 FL
4	1		*FRT DOOR COMFORTDELGRO LOGO RH <i>xnn</i>	0.00	0.00	*75.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	2,081.76
- List Item Discount on L Items (S\$)	396.03
Total Parts (S\$)	1,685.73

ComfortDelGro Engineering Pte Ltd/SHC3333J/31/03/2020 17:43. 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)	11.00
Sub Total (S\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING (repair frt WS pillar Rh)	New	\$480 500.00
2	SPRAY PAINTING CHARGE	New	\$480 550.00
3	WIRING CHARGE	New	\$30 50.00
4	TUFF KOTE	New	\$4 50.00
Gross Labour Cost (S\$)			1,150.00

ComfortDelGro Engineering Pte Ltd/SHC3333J/31/03/2020 17:43. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Ram (122)
 1/04/2020 1200hrs
 Parasuram@ukruto.com
 84622728
 (P/P)
 Ref paint photo
 and after repair photo
 28 repair days

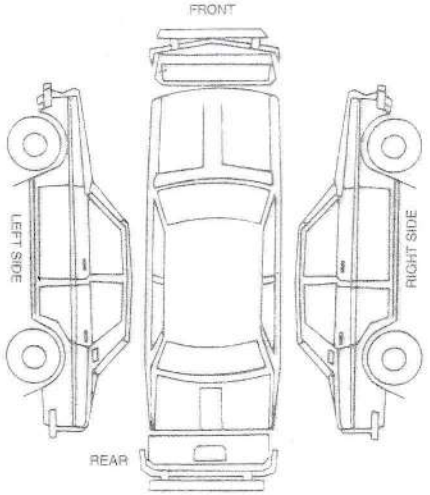
Date/Time: 31.03.2020 15:47 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305391302

CUSTOMER MS CUSTOMER NO. ADDRESS (R) (P) IDENTIFICATION CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	(O) <i>Tokio Marine</i>	REGN NO.: SHC3333J	MILEAGE
			MAKE : HYUNDAI	FUEL E.....1/2.....F
			MODEL IONIQ(G2)	DATE/TIME IN 31.03.2020 14:10
			YR OF MANU. 01.02.2019	TARGET DATE
			CHASSIS CODE KMHC851CVKU134060	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 31.03.2020
NATURE: 3P 31.03.2020

S/NO	LABOR CODE	DESCRIPTION
		

WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip		Exit Pass	
No.: SHC3333J	LKE	Vehicle No.: SHC3333J	
<i>Ram</i>			
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 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	31/03/2020 15:10
Date Of Accident	31/03/2020 11:00
Exact Location Of Accident	ALONG LOYANG AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3333J
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@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	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	LEE KIM ENG
NRIC No	SXXXXX371Z
Date Of Birth	14/11/1970
Occupation	OUTDOOR
Date Of Driving Pass	12/04/1991
Driving Experience	28 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97428155
Fax Number	
Contact Number	
EEmail Address	LEE_KIMENG@HOTMAIL.COM

Address	479 02-437 PASIR RIS DRIVE 4
Postcode	510479
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?	YES
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: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES N NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	SJC5441T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW YOONG PING
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

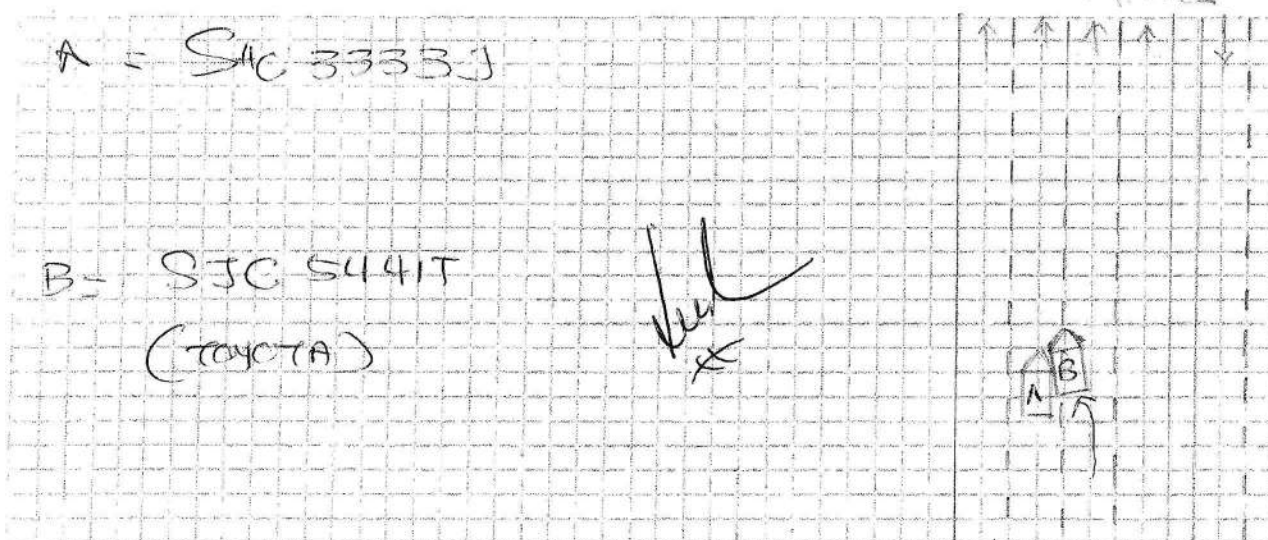
Nature Of Damage

LEFT WING MIRRIR

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEE KIM ENG
Approximate Age	50
Injuries Sustain	RIGHT WRIST AND SHOULDER PAIN
Injured person in which vehicle?	SHC3333J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per Police Report @

T120200331/2040

DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 192391921R

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 31 MAR 2020



**SINGAPORE
POLICE FORCE**



T/20200331/2040

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

1 of 3

Report No. T/20200331/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/03/2020 12:54	Vide Report No.:	Station Diary No.: 13
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LEE KIM ENG		Address: APT BLK 479 PASIR RIS DRIVE 4 #02-437 SINGAPORE 510479	
ID Type / ID No.: NRIC NO / S7041371Z		Contact No.:	Mobile: 97428155
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 14/11/1970	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 31/03/2020 11:00	Type of Location:
Location: Along Road 1 PASIR RIS DRIVE 1 LOYANG AVENUE Pasir ris dr 1 towards airport near Loyang avenue				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3333J	Car					1
SJC5441T	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200331/2040

2 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20200331/2040

CONTINUATION OF REPORT

Driver			
Name	LEE KIM ENG	ID No.	S7041371Z
Related Vehicle	SHC3333J (Car)	Contact No.	97428155
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	31/03/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	LOW YOONG PING	ID No.	S9603850Z
Related Vehicle	SJC5441T (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location I was driving my vehicle turning into Loyang ave from third lane of pasir ris dr 1 and while on Loyang avenue, the other vehicle from second lane attempt to enter into my lane and hit with the right of my vehicle causing damage to the front right bumper, side mirror and parts of the door. The said vehicle did not stop even I horned him, I followed him all the way to tampines ave 7 ESSO before he stopped, when I questioned him he said that he was stopping for me at this ESSO.



**SINGAPORE
POLICE FORCE**



T/20200331/2040

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20200331/2040

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 GAN JIAN CAI, DARREN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/03/2020 12:54

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

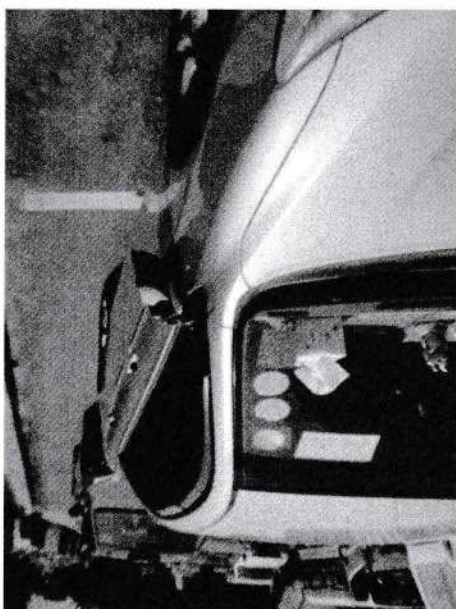
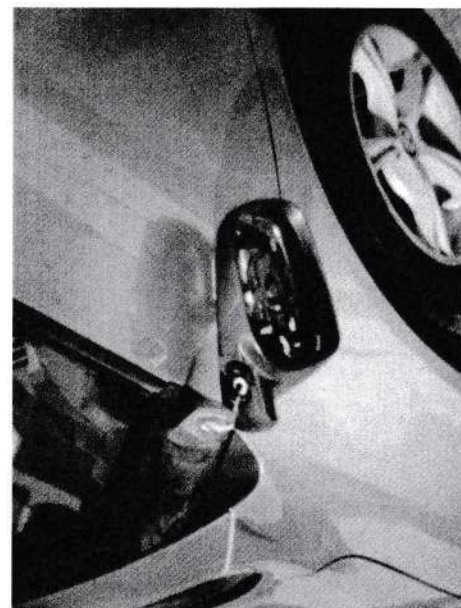
Contact No.: 65476151

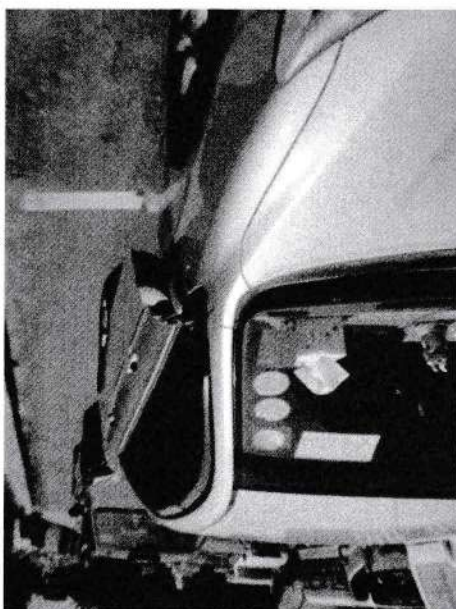
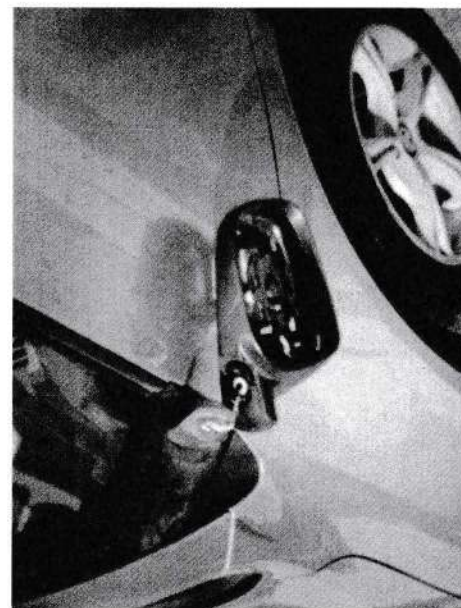
Classification Of Case:

Authentication Stamp

NP168







> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

PQP Paid:

COE Rebate Amount:

Total Rebate Amount:

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 02 Apr 2020

Company

821R

SHC3333J

No

02 Apr 2020

HYUNDAI

AE IONIQ HEV 1.6 DCT

Blue

2018

G4LEJU167569

KMHC851CVKU134060

103.6 kW (138 bhp)

\$25,131.00

01 Feb 2019

01 Feb 2019

0

\$12,184.00

Yes

31 Jan 2027

\$9,138.00

31 Jan 2027

A - Car up to 1600cc & 97kW (130bhp)

8

\$20,582.00

\$17,566.00

\$26,704.00

OK