

22/03/2021

ASS. REC. BY:

REF: CS/TMI20004761/Ftd3

Special Instruction:

Supervisor: Raim

Menmen

ASSIGNMENT (Office)

From (Person): Dillen Senthilan

of

TMI

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

Estimated Cost:

Bill to:

OD ~~TF~~ / WS / TR 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 Drive

Policy No: MT000878

Claim No:

M2002246

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

31/03/2020

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

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

Person Contacted:

menmen

Vehicle 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 | |
| | | | |
| | | | |
| | | | |
| | | | |

COMFORTDELGRO ENGINEERING

Our Job Ref No 305391302

Date : 23.04.20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr RAM

Vehicle Reg No. SHC3333J CTPL

31.03.20

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 _____

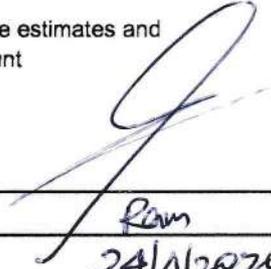
3. Estimated normal period for repairs: 2 working days.

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 amount

Signature : 

Signature : 

Name : LIM KWOK ENG

Name : RAM

Tel : 62148316

Date : 24/4/2020

Fax : 65468156

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 | BVC |
| 0002 | 04-01-0104-3913-G | IONIQ EMBLEM-BLUE DRIVE R | 1 | N | 26.60 | 2.00- | 26.60 | nc |
| 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

L.K.E

PARTICULARS OF CLAIM

| | | | |
|-------------------------------|--|--------------------|-------------------|
| Claim Type: | THIRD PARTY | Ref. No: | |
| Policy No: | | Date of Loss: | 31/03/2020 |
| Vehicle Reg. No.: | SHC3333J | Driveable? | YES |
| Party At Fault: | UNKNOWN | | |
| Make/Model: | HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A) | Vehicle Reg. Date: | 01/02/2019 |
| Vehicle Colour: | BLUE | Gen Condition: | GOOD |
| Engine No: | G4LEJU167569 | Chassis No: | KMHC851CVKU134060 |
| 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 | 1,685.73 |
| Miscellaneous Items | 11.00 |
| Labour | 1,150.00 |
| Paintwork Labour | 0.00 |
| Towing | 0.00 |
| Gross Total (S\$) | \$2847.00 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 Blue <i>Blue</i> | 20.00 | 0.00 | *588.80 FL |
| 2 | 1 | | *FRT FENDER EMBLEM -BLUE DRIVE RH <i>Red</i> | 0.00 | 0.00 | *26.60 F |
| 3 | 1 | | *RR VIEW MIRROR ASSY RH <i>Br</i> | \$1391.70 20.00 | 0.00 | *1,391.36 FL |
| 4 | 1 | | *FRT DOOR COMFORTDELGRO LOGO RH <i>Blue</i> | 0.00 | 0.00 | *75.00 F |

F=Franchise part. L=ListItemDisc.

| | |
|--------------------------------------|-----------------|
| Sub Total (\$) | 2,081.76 |
| - List Item Discount on L Items (\$) | 396.03 |
| Total Parts (\$) | 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 |
|----------------------------|-----|----------------------|--------------|
| Miscellaneous Items | | | |
| 1 | 1 | OD/TP Case (Insurer) | 11.00 |
| Sub Total (S\$) | | | 11.00 |

Estimates on Labour

| No | Particulars | Lab.Type | Amount |
|--------------------------------|---|----------|-----------------|
| Labour Items | | | |
| 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 | \$ 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 (142)
 1/04/2020 1200hrs
 Parasuram@tkauto.com
 84622728 (P/P)
 Bef paint photo
 and ~~after repair photo~~
 28 repair days

member of COMFORTDELGRO

Date/Time: 31.03.2020 15:47 Page : 1

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

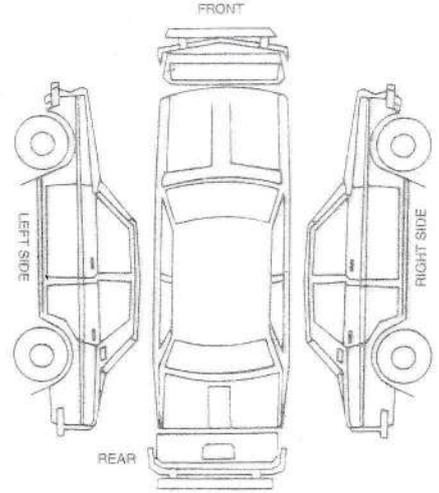
| | | | |
|--|---|--|---|
| CUSTOMER MS CUSTOMER NO. ADDRESS (R) (P) IDENTIFICATION CARD NO. | COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 | REGN NO.: SHC3333J | MILEAGE |
| | | MAKE : HYUNDAI | FUEL E.....1/2.....F |
| | | MODEL IONIQ(G2) | DATE/TIME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

Tokio Marine

JOB DESCRIPTION

Accident Date: 31.03.2020
NATURE: 3P 31.03.2020

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Confirmation Slip
No.: **SHC3333J** **LKE**
Ram
Signature/Date

Exit Pass
Vehicle No.: **SHC3333J**
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 | SXXXX371Z |
| 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 | |

TAMPINES

A = SAC 3333J

B = SJC 5441T
(TOYOTA)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LOYANG AVE

Statement as per Police Report @

T1 202003312040

DECLARATION

We declare the foregoing particulars are true in every respect.

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

Olivia Wendy

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.: 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

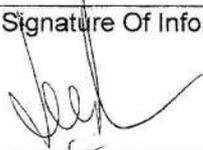
Report No. T/20200331/2040

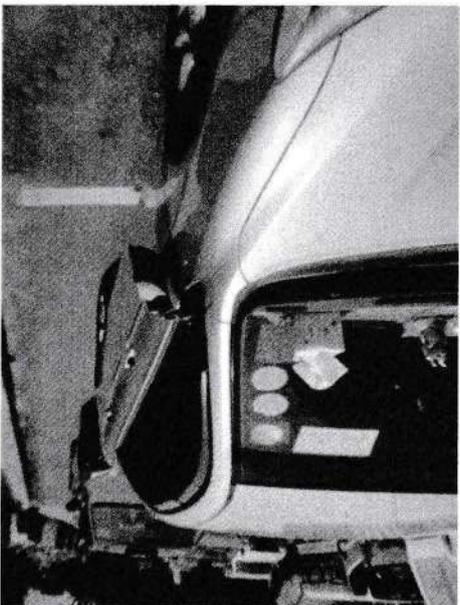
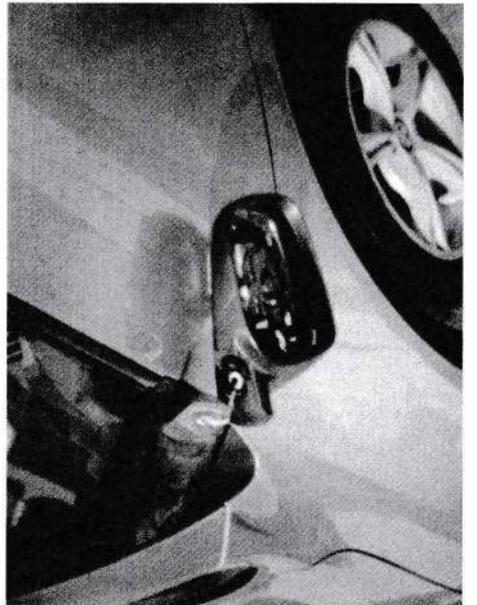
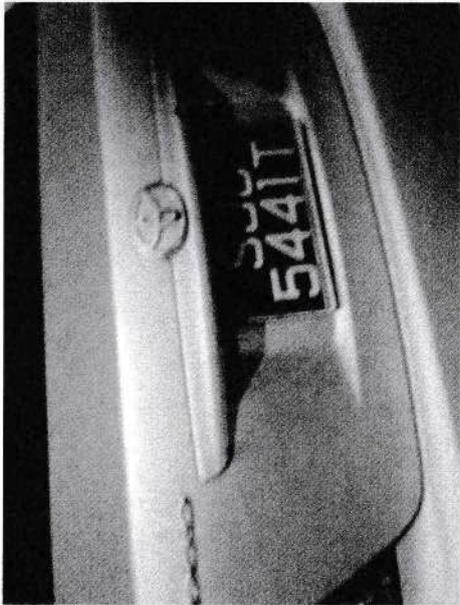
CONTINUATION OF REPORT

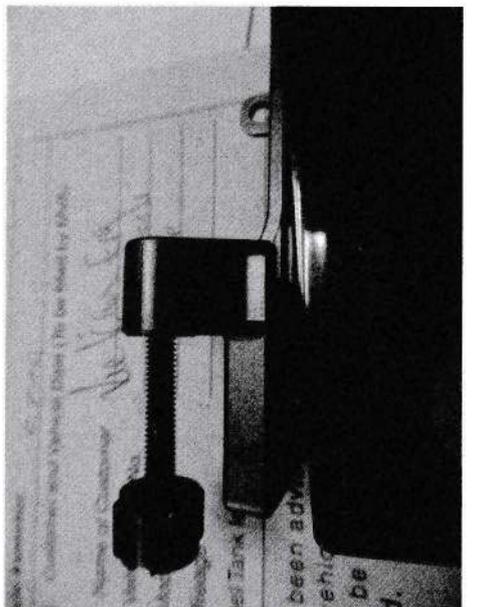
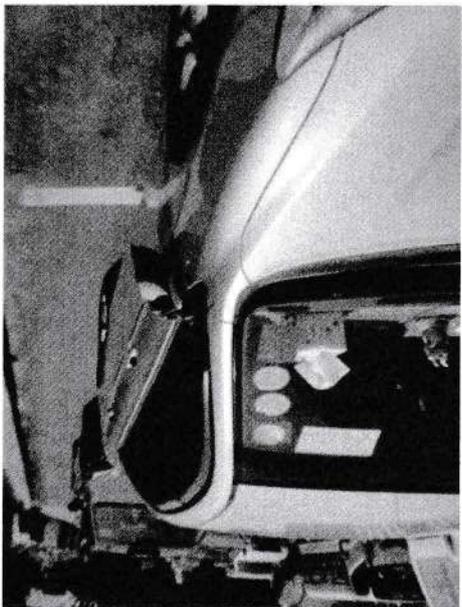
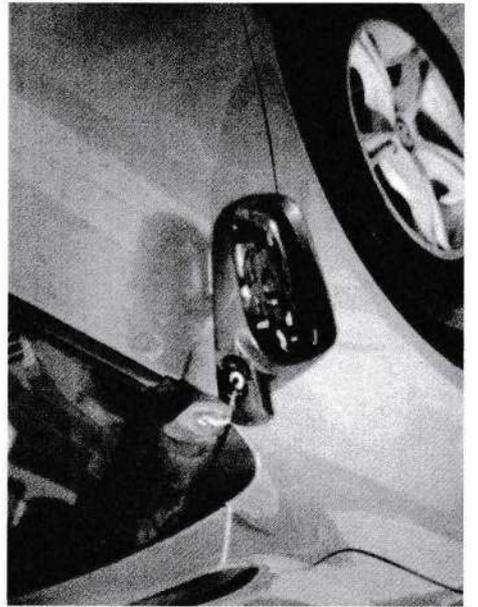
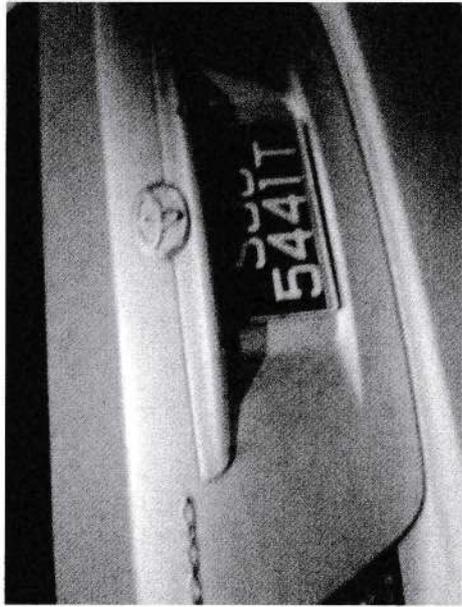
Sketch Plan

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