

REF: CS/TMI 20004761/ F4d3

ASS. REC. BY: RAW

**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: \_\_\_\_\_

N/S	O/S

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

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: SHC3333J Yr Regn: 01/02/2019  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Hyundai i10 c.c. 1580  
 Colour: blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 171968 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHCB51CVKUI34060  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 195/65 R15  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or DAWANTI  
 Front Rear  
 R/Bal. 7 mm R/Bal. 8 mm  
 L/Bal. 7 mm L/Bal. 8 mm  
 D.O.A. 31/03/2020 D.O.I. 1/04/2020  
 Survey 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.

Date / Time	Action / Instruction
	<u>NO Policy</u>

TMI PR

Date/Time, File Pass to?  : Prel. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to? \_\_\_\_\_  
 2) \_\_\_\_\_  
 Report Format: \_\_\_\_\_  
 Lump Sum / L.E.H: \$ \_\_\_\_\_

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_  
 Add Fee:  : Site Insp (\$) \_\_\_\_\_  
 : Interview (\$) \_\_\_\_\_  
 : Tech. Invs (\$) \_\_\_\_\_  
 : Weekend (\$) \_\_\_\_\_

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + RS: \$ \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_

**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>Blue</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>xun</i>	0.00	0.00	*75.00 F
<b>Sub Total (S\$)</b>						<b>2,081.76</b>
- List Item Discount on L Items (S\$)						396.03
<b>Total Parts (S\$)</b>						<b>1,685.73</b>

F=Franchise part. L=ListItemDisc.

**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
<b>Miscellaneous Items</b>			
1	1	OD/TP Case (Insurer)	11.00
<b>Sub Total (\$\$)</b>			<b>11.00</b>

### Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
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
<b>Gross Labour Cost (\$\$)</b>			<b>1,150.00</b>

ComfortDelGro Engineering Pte Ltd/SHC3333J/31/03/2020 17:43. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

*Handwritten notes:*  
 Ram (1x2)  
 1/04/2020 1200 hrs  
 Parasuram@tkauto.com  
 84622728  
 (PIP)  
 Ref paint photo  
 and ~~all repair parts~~  
 28 repair days

**Workshops**

59 Loyang Drive Singapore 508969  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
320 Ubi Road 3 Singapore 409669

24 Senoko Loop Singapore 758156  
7 Sungei Kadut Way Singapore 728791  
501 Yishun Industrial Park A Singapore 768732

Date/Time: 31.03.2020 15:47

Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD**

Sales Order:

JC NO.: 305391302

CUSTOMER  
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 MANU. 01.02.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU134060	COMPLETION DATE/TIME:

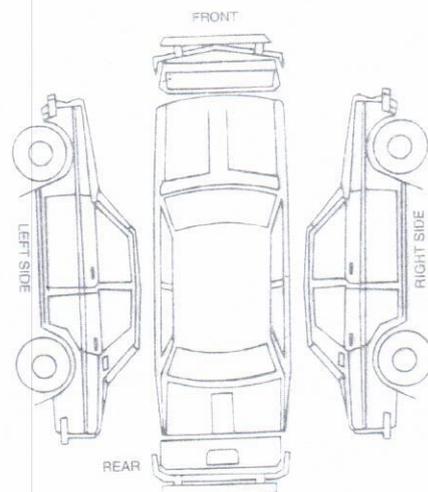
*Tofio Marine*

COUNT CARD NO.

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

Check-in/Check-out Slip

No.: SHC3333J

LKE

*Ram*

Exit Pass

Vehicle No.: SHC3333J

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle 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
<b>Insured/Policyholder</b>	
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 -  
 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 (2)

T/20200331/2040

DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 192301921R

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

1 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

**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.: Home/Office:                      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

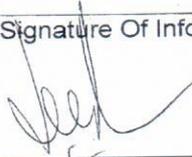
3 of 3  
Report No. T/20200331/2040

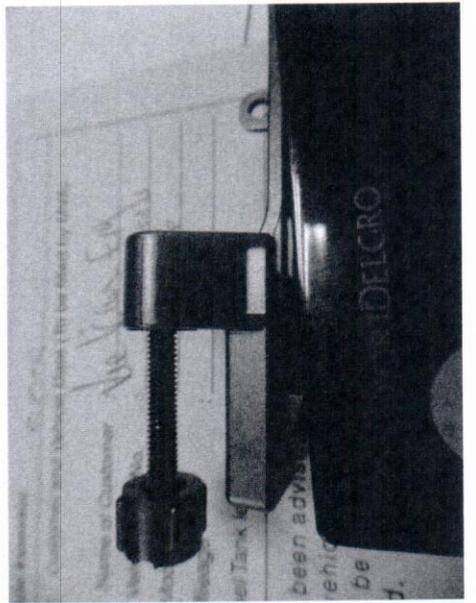
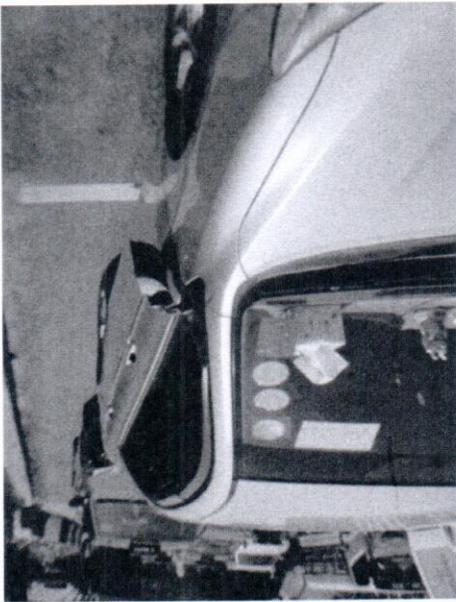
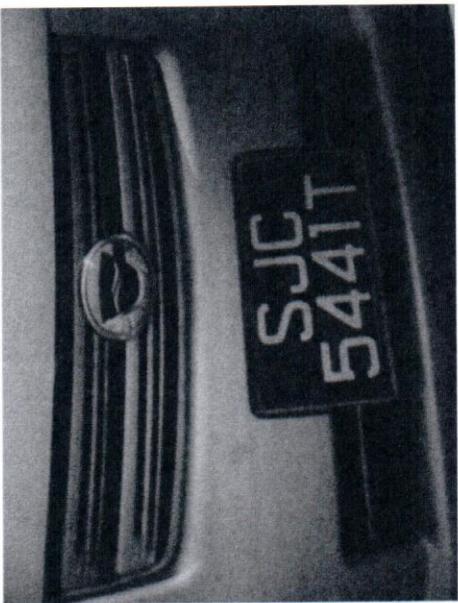
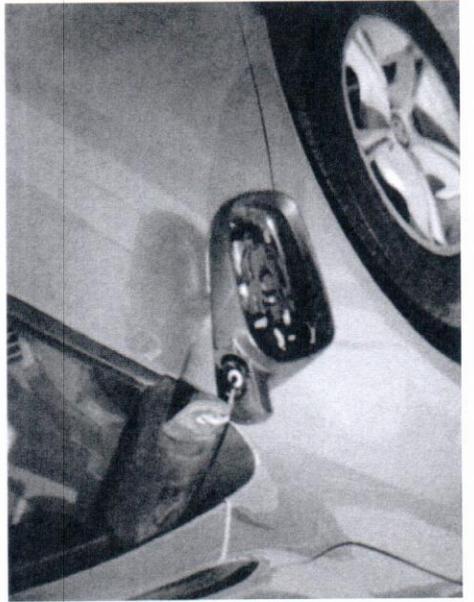
**CONTINUATION OF REPORT**

**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:	Company
Owner ID:	821R

### Vehicle Details

Vehicle No.:	SHC3333J
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Apr 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	G4LEJU167569
Chassis No.:	KMHC851CVKU134060
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,131.00
Original Registration Date:	01 Feb 2019
First Registration Date:	01 Feb 2019
Transfer Count:	0
Actual ARF Paid:	\$12,184.00

### Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	31 Jan 2027
PARF Rebate Amount:	\$9,138.00

### Intended COE Rebate Details

COE Expiry Date:	31 Jan 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$20,582.00
COE Rebate Amount:	\$17,566.00
<b>Total Rebate Amount:</b>	<b>\$26,704.00</b>

### 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

OK

**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 <del>Blue</del> <i>Blue</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>Xin</i>	0.00	0.00	*75.00 F

F=Franchise part. L=ListItemDisc.

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

**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
<b>Miscellaneous Items</b>			
1	1	OD/TP Case (Insurer)	11.00
<b>Sub Total (S\$)</b>			<b>11.00</b>

### Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
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
<b>Gross Labour Cost (S\$)</b>			<b>1,150.00</b>

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 (144)*  
 1/04/2020 1200 hrs  
 Parasuram@kumato.com  
 84622728 (P/P)  
 Bef paint photo  
~~and aft repair photo~~  
 28 repair days