

(08/11/13)

Surveyor: Pam

REF:

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.

X	
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: SHA 7871G Yr Regn: 30/06/2015Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or _____

Make: Hyundai 140 c.c 1685Colour: blue A/C: Insured / Std / NI / NASp.Reading: 800866 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLEB41UMGU015*111Gen. Cond: Good / (Fair) / Poor / BurntSteering: (Inorder) / Jammed / Leaked / Burnt orBrake: (Inorder) / Jammed / Leaked / Burnt orModi: Nil / S/Rim / (STD A/Rim) orTyre Size: F: 205/60 R16

R: _____

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

TOYO / YOKO or WeslakeFront Rear
R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 19/05/2020 D.O.I. 20/05/2020Survey held at comfortdelgro (loyal)Des. of Damages: Frt / Rear / O/S / (N/S) / U/C / Rooftop orN/S & J

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Report Format : _____

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

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

Photos

Others

TOTAL

4/5

TMI

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

EQ Insurance Company Ltd (HQ)

Singapore

PARTICULARS OF CLAIM			
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Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	19/05/2020
Vehicle Reg. No.:	SHA7871G	Driveable?	
Party At Fault:	UNKNOWN		
<hr/>			
Make/Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Vehicle Reg. Date:	30/06/2015
Vehicle Colour:	BLUE		
Engine No:	D4FDEU500060	Chassis No:	KMHLB41UMGU075111
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
<hr/>			
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	4,600.16
Miscellaneous Items	0.00
Labour	1,450.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	6,050.16
+ GST 7.00% (S\$)	423.51
Nett Amount (S\$)	6,473.67

This claim is handled by: CHIANG LIAT CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 19 May 2020)**Parts:** 143 HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHA7871G/19/05/2020 16:23**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		*BONNET ASSY X(R)	20.00	0.00	*2,265.90 FL
2	1		*HEAD LAMP LH SCR	20.00	0.00	*1,388.00 FL
3	1		*FRONT BUMPER ASSYH Crg/100	20.00	0.00	*1,052.20 FL
4	1		*FRONT BUMPER SIDE LH Xnn	20.00	0.00	*14.30 FL
5	1		*FRONT BUMPER TOP BRACKET LH ?	20.00	0.00	*22.40 FL
6	1		*FRONT SUPPORT PANEL Xnn	20.00	0.00	*907.40 FL
7	1		*FRONT ADVERTISEMENT ncc	20.00	0.00	*100.00 FL

F=Franchise part, L=ListItemDisc.

Sub Total (\$\$)

5,750.20

- List Item Discount on L Items (\$\$)

1,150.04

Total Parts (\$\$)

4,600.16

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Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	\$560 720.00
2	SPRAY PAINTING	New	\$400 500.00
3	CHECH WIRING	New	\$30 50.00
4	REMOVR/REFIX AC CONDENSER & CHARGE GAS	New	xm 120.00
5	TUFF KOTE	New	xm 60.00
Gross Labour Cost (\$\$)			1,450.00

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< END OF ESTIMATES >

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Rqm (L/S)
20/05/2020 1410
Rqm@lkkauto.com
88622778
alt repair plate
3 repair days

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	19/05/2020 14:55
Date Of Accident	19/05/2020 09:55
Exact Location Of Accident	BLK 78 REDHILL CLOSE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7871G
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Insured/Policyholder

Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	SEETOH YOKE KUAN
NRIC No	SXXXX259I
Date Of Birth	13/05/1951
Occupation	OUTDOOR
Date Of Driving Pass	06/01/1976
Driving Experience	44 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81008918
Fax Number	
Contact Number	
EMail Address	SEETOHB2B@YAHOO.COM

Address	BLK 24 TELOK BLANGAH CRESCENT #06-08
Postcode	090024
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 - HEAD TO REAR
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

REFER ATTACHED * TYPE OF ACCIDENT :- 3P REVERSE

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	SMD1856R
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALAN PHANITH
NRIC/Passport Number	
Contact Number	82868168
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR RH
No. Of Passenger (Including Driver)	

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 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.
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, investigation, 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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

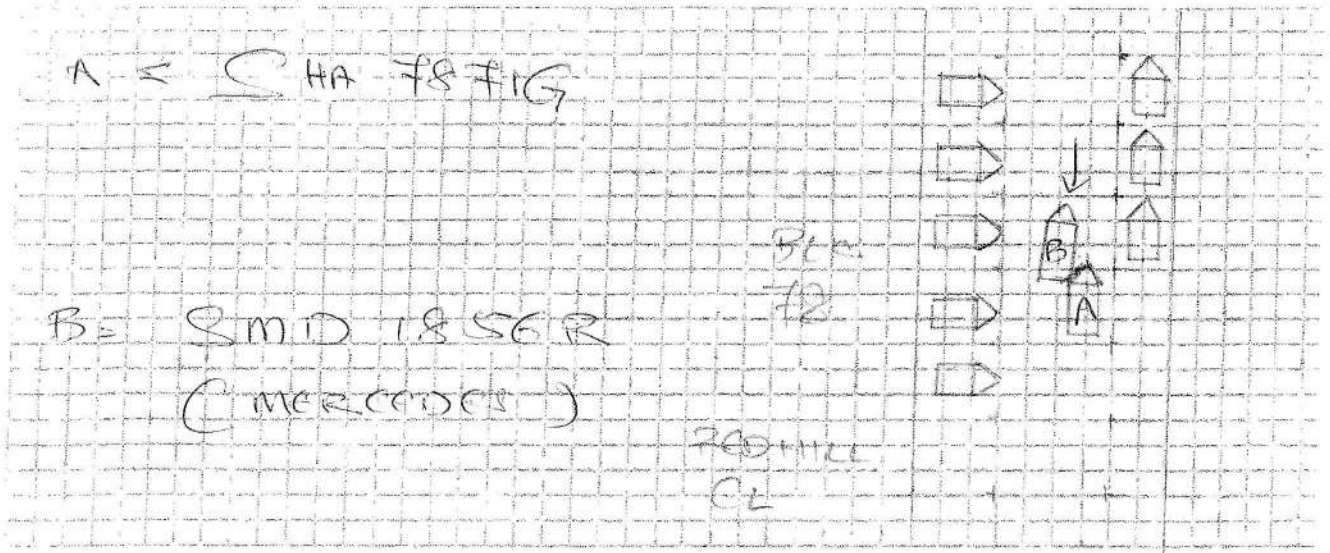
Policyholder's Signature
Date & Time:

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

Olivia Wendy

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

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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 MAY 2020

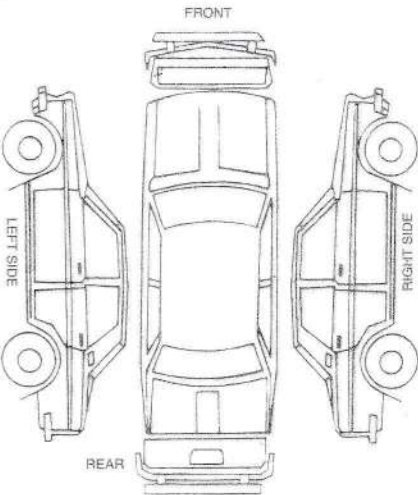
No injury at the point of accident.

Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305399952
CUSTOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.:	SHA7871G	MILEAGE
R/MS	7010045	MAKE :	HYUNDAI	FUEL
CUSTOMER NO.	383 SIN MING DRIVE	MODEL	I-40	E.....1/2.....F
ADDRESS	Singapore SINGAPORE 575717	YR OF MANU.	30.06.2015	DATE/TIME IN
TEL (R)	65508755	CHASSIS CODE	KMHLB41UMGU075111	19.05.2020 13:45
(P)				TARGET DATE
SCOUT CARD NO.				COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 19.05.2020
NATURE: 3P 19.05.2020

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA7871G CHIANG

Vehicle No.: SHA7871G

Name of Service Advisor Signature/Date Name of Service Advisor Date

Returned to Service Reception upon collection To be kept by Security Guard

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

821R

Vehicle Details

Vehicle No.:

SHA7871G

Vehicle to be Exported:

No

Intended Deregistration Date:

20 May 2020

Vehicle Make:

HYUNDAI

Vehicle Model:

I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Primary Colour:

Blue

Manufacturing Year:

2015

Engine No.:

D4FDEU500060

Chassis No.:

KMHLB41UMGU075111

Maximum Power Output:

100.0 kW (134 bhp)

Open Market Value:

\$20,014.00

Original Registration Date:

30 Jun 2015

First Registration Date:

30 Jun 2015

Transfer Count:

0

Actual ARF Paid:

\$12,520.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

29 Jun 2023

PARF Rebate Amount:

\$9,390.00

Intended COE Rebate Details

COE Expiry Date:

29 Jun 2023

COE Category:

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

COE Period(Years):

8

PQP Paid:

\$52,886.00

COE Rebate Amount:

\$20,548.00

Total Rebate Amount:

\$29,938.00

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 20 May 2020

OK