ASS REQ BY: Taufikh REF: TM1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ _____

of _____

Insured: _____

Policy No: ML000129

Claims No: M2002872

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
	X

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

G/A / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: UCF

Vehicle: IN / OUT

Veh No: SHD3462P Yr Regn: 2016 / Aug.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai I40 c.c 1685

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 128251 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TMHLB41UMG4093323

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: 205/60R16

R: " "

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

TOYO / YOKO or Westlake

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	8/6/20. 0345.

Survey held at Comfort Delgro Woking

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
	10/06/20@9.44am revised to Telma Gomez via Merimen.
	10/06/20@1.07pm Taufikh finalised with Mr Lim LS $1300, 2 days (Red $661.50, 34%)

Date/Time File Pass to? 1) 11/06 Typist

Date/Time File Return to? 2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: ___S + RS. ___SI

Photos

Others

Pay Format : MER-TP

Lump Sum / S.I.T. : 1300

Repairer Estimates

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

LKK/RAM

Like

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

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	05/06/2020
Vehicle Reg. No.:	**SHD3462P**	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	18/08/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU683911	Chassis No:	KMHLB41UMGU093323
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	1,270.50
Miscellaneous Items	11.00
Labour	680.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S$)	**1,961.50**
+ GST 7.00% (S$)	137.31
Nett Amount (S$)	**2,098.81**

This claim is handled by: LIM KWOK ENG

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 05 Jun 2020)
Parts: 143 HYUNDAI I40 1.7 D CRD (A) (Catalogue: Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: **ComfortDelGro Engineering Pte Ltd/SHD3462P/05/06/2020 18:26**
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		***REAR BUMPER COVER**	20.00	0.00	*1,106.00 FL
2	10		***REAR BUMPER CLIPS**	20.00	0.00	*22.00 FL
3	1		***REAR BUMPER UNDER COVER**	20.00	0.00	*228.00 FL
4	1		***REAR BUMPER REVERSE SENSOR**	0.00	0.00	*135.70 F
5	1		***REAR BUMPER RUBBER MAT**	0.00	0.00	*50.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S$)	**1,541.70**
- List Item Discount on L Items (S$)	271.20
Total Parts (S$)	**1,270.50**

ComfortDelGro Engineering Pte Ltd/SHD3462P/05/06/2020 18:26. Not valid without Reference section.
Generated using **Merimen e-Claims IEAS**

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 8280 Facsimile + 65 6280 9756
Workshops

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	New	280.	350.00
2	SPRAY PAINTING CHARGE	New	200	250.00
3	REMOVE/REFIX REVERSE SENSOR	New	30	80.00
	Gross Labour Cost (S$)			**680.00**

ComfortDelGro Engineering Pte Ltd/SHD3462P/05/06/2020 18:26. Not valid without Reference section.
Generated using **Merimen e-Claims IEAS**

< 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:

Tanfkin 97495749
wp'
8/1/20 @ 345
02 days
Inmygun
Resury after repair
tanfkh@lkkauto.com.

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore
7 Sungei Kadut Way Singapore
501 Yishun Industrial Park A Singapore

Date/Time: 05.06.2020 17:27 Page : 1

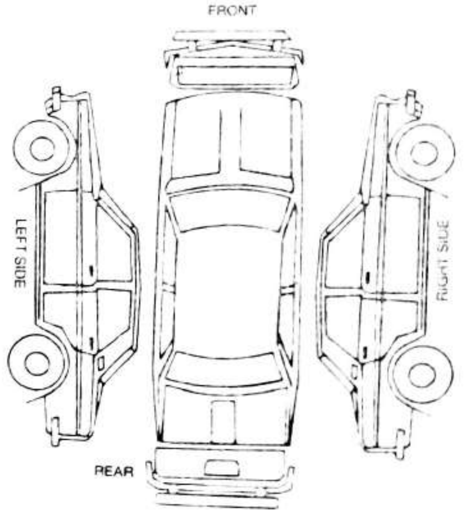
Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO. 305403033

CUSTOMER MS. COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) Tokio Marine	REGN NO.: SHD3462P	MILEAGE
	MAKE: HYUNDAI	FUEL E.......1/2.......F
	MODEL I-40	DATE/TIME IN 05.06.2020 15:20
	YR OF MANU. 18.08.2016	TARGET DATE
ACCOUNT CARD NO.	CHASSIS CODE KMHLB41UMGU093323	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.06.2020
NATURE: 3P 05.062020

S/NO	LABOR CODE	DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

No.: SHD3462P LKE

Service Advisor

Signature/Date

Returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3462P

Name of Service Advisor

Date

ENTRY DATE & TIME: 05/06/2020 16:20
SUBMITTED BY: Janet Lim Siang Gek

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 witholding 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	05/06/2020 16:20
Date Of Accident	05/06/2020 14:15
Exact Location Of Accident	ANSON ROAD X BERNAM ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3462P
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	YEO NGUAN LIANG
NRIC No	SXXXX511Z
Date Of Birth	01/11/1962
Occupation	OUTDOOR
Date Of Driving Pass	24/05/1980
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97626378
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	51 SING AVENUE
Postcode	217893
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?	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: : MALE

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

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	SLU5900S
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN TECK HENG
NRIC/Passport Number	
Contact Number	91079682
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT

No Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	VARADE JAYESH VITHAL(PAX)
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SHD3462P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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, 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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303621R

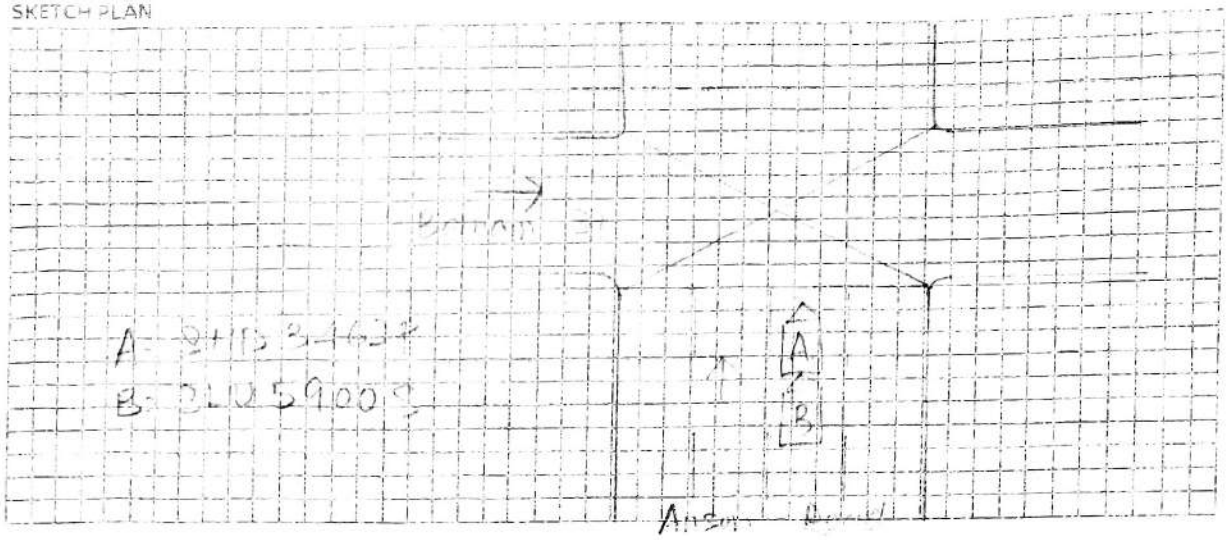
Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NRIC/FIN No

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/6/2020 at about 14:15 hrs, I Veh A was stopped at above said location waiting for traffic light change Suddenly I felt an impact from behind, Veh B came from behind collided onto the rear portion of my Silverbang taxi Scene photo taken. 01 male pax onboard my taxi, he claim suffered neck pain but refused to go hospital.

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

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

5/6/2020

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


SLW5900S


SLW5900S