

CC3/TMI20006500/T1qf3

ASS. REC. BY: Taufikh

REF:

TMI

## 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: MS009935Claims No: M2003059

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 3 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: Lim KE

Vehicle: IN / OUT

Veh No: 3HA4226P Yr Regn: 246, MeriType: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) / Prime Mover /

Truck / Trailer or

Make: Hyundai I40 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 723376 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: LMHLB414M94086575Gen. 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 Wentleke

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 19/6/20Survey held at Comfortdelguy Loggy

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Est 2/3

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

Date / Time Action / Instruction

23/06/20@10.42am revised to TMI via Merimen.

24/06/20@12.55pm Taufikh finalised with Mr Lim LS \$2100, 3 days. (Red\$2048.66, 49%)

Date/Time, File Pass to?

☐ : Proli. Report

1) 24/06 Typist

☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation

\_\_\_\_ \$ + PS \_\_\_\_ \$1

Photos

Others

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)Rep. Form: MER-TPLump Sum 2100

6/19/2020

Repairer Estimates

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

LKK/Taufik  
L.Ke

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	19/06/2020
Vehicle Reg. No.:	SHA4226P	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	24/03/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDEU480446	Chassis No:	KMHLB41UMGU086575
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

Parts	Amount
Miscellaneous Items	2,767.68
Labour	11.00
Paintwork Labour	1,370.00
Towing	0.00
	0.00
Gross Total (S\$)	4,148.68
+ GST 7.00% (S\$)	290.41
Nett Amount (S\$)	4,439.09

This claim is handled by: LIM KWOK ENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

## REPAIR DETAILS

## Reference

Ref Source: MRM-SG

Version: 1.0 (Last Synchronised: 19 Jun 2020)

Parts: 143

HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's

(Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHA4226P/19/06/2020 13:56

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 BUMPER COVER	20.00	0.00 <i>de ✓</i>	*1,052.20 FL
2	1		*FRT BUMPER BRACKET UPPER RH	20.00	0.00 <i>X</i>	*22.40 FL
3	1		*FRT BUMPER BRACKET SIDE RH	20.00	0.00 <i>ni ✓</i>	*24.60 FL
4	10		*FRT BUMPER CLIPS	20.00	0.00 <i>ni ✓</i>	*22.00 FL
5	1		*FRT FENDER RH	20.00	0.00 <i>bl ✓</i>	*663.00 FL
6	1		*FRT FENDER SHIELD RH	20.00	0.00 <i>de ✓</i>	*174.90 FL
7	1		*HEADLAMP ASSY RH	20.00	0.00 <i>X</i>	*1,388.00 FL
8	1		*FRT WHEEL HUB CAP RH	20.00	0.00 <i>nt ✓</i>	*112.50 FL

F=Franchise part, L=ListItemDisc.

Sub Total (S\$)

3,459.60

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

691.92

Total Parts (S\$)

2,767.68

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Generated using Merimen e-Claims IEAS

## Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1		OD/TP Case (Insurer)	11.00
Sub Total (\$)			11.00

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	420 700.00
2	SPRAY PAINTING CHARGE	New	400 450.00
3	WIRING CHARGE	New	30 50.00
4	TUFF KOTE	New	30 50.00
5	ADJUST FRT WHEEL ALIGNMENT	New	80 120.00
Gross Labour Cost (\$)			1,370.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tanjin 97495749  
-wp'

Impson

Resurvey after repair

03 days

tanjin@tharbo.com

19/6/20 @ 340pm

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:

COMFORTDELGRO

Date/Time: 19.06.2020 11:33 Page : 1

ACCIDENT REPORT TP (CL80)1

JOB CARD Sales Order:

JO NO. 305406040

COMFORT TRANSPORTATION PTE LTD  
 7010042  
 553 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65536755

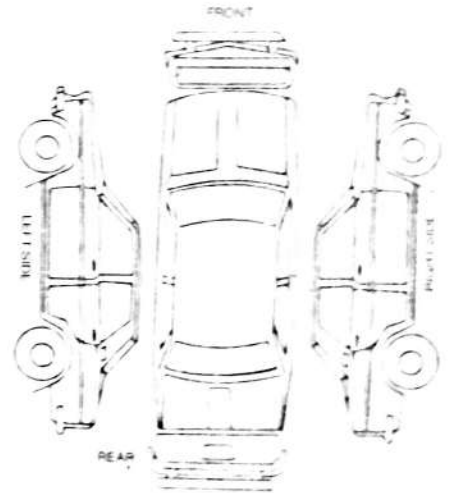
REGN NO	SHA4226P	MILEAGE
MAKE	HYUNDAI	FUEL E 1/2 F
MODEL	I-40	DATE/TIME IN 19.06.2020 09:10
YR OF MANU	24.03.2016	TARGET DATE
CHASSIS NO	KMHLB41UMGU086575	COMPLETION DATE/TIME

Tokio Marine

Accident Date: 19.06.2020  
 Nature: SP 19.06.2020

JOB DESCRIPTION

NO LABOR CODE DESCRIPTION



REC & PASSED OUT BY

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Exit Pass

Vehicle No

SHA4226P

SHA4226P

LX2

Signature of Service Advisor

Signature

To be kept by the company

## 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	19/06/2020 10:23
Date Of Accident	19/06/2020 04:30
Exact Location Of Accident	COMMONWEALTH AVE WEST X CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4226P
<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	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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	GAN ANN PENG
NRIC No	SXXXX989H
Date Of Birth	30/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	19/07/1979
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87002345
Fax Number	
Contact Number	
Email Address	ANNPENGGAN3030@YAHOO.COM

Address 293 11-234 CHOA CHU KANG AVENUE 3  
Postcode 680293  
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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
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 3  
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

SEE ATTACH.

#### 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 GBH7047D  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage NOT SURE  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBF3434G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR LEFT

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 lodgment 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.

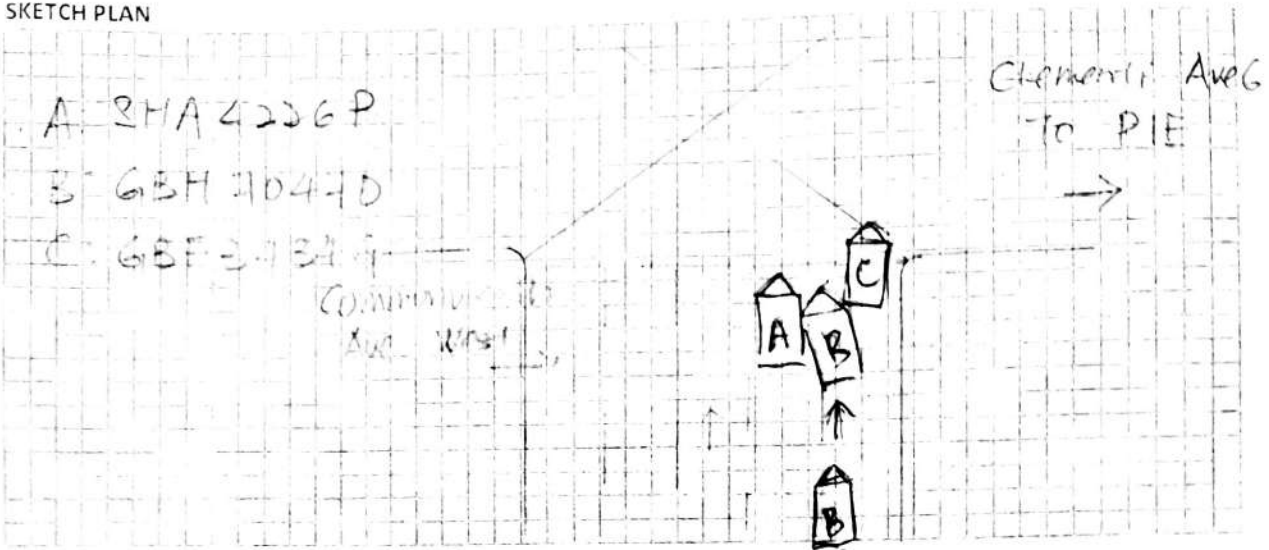
COMFORT TRANSPORTATION PTE LTD  
 Policyholder's Signature: 199301871R  
 Date & Time:

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

Reporting Centre Personnel's Signature  
 Name: Loke Wei Yiang  
 NRIC/FIN No:

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/6/2020 at about 04:30 hrs, I Ven A was stopped at above said junction waiting for traffic light change. Suddenly Ven B coming from behind hit onto Ven C then collided onto my taxi right front portion. Ven B driver ran into accident and flee away. Luckily a private car passing managed to captured plate number of Hit in Bus Van and he volunteer be witness. Traffic police and ambulance came to scene. No one convey on commotion. No pain in my taxi.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO REG. NO. 199202821R

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name  
NRIC/HIN No:

19/6/2020

