

CS/TMI20006879/T1qf3

ASS. REG. BY: Taufik

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: M2003249Policy No. ML000183

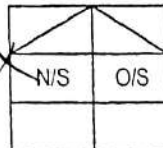
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: Lim UE Vehicle: IN / OUTVeh No: SH19 1746A Yr Regn: 2016, NovType: 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: 356854 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MMHLCB410MH 4096539Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModi: Nil / ☒ Rim / STD A/Rim orTyre Size: F: 205/60R16R: 1 -

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

TOYO / YOKO or Davanti

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 1/7/2012Survey held at ConfidentialDes. 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

02/07/20@12.26pm revised to Ong Chin Kiat via Merimen.

07/07/20 Taufik confirmed with Mr Lim LS \$800, 2 days (Red \$422, 35%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 07/07 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$Report Form: MER-TPLump Sum 800

30/06/2020

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)

Mr/Taufik

Singapore

Lke

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	30/06/2020
Vehicle Reg. No.:	SHA1746A	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	24/11/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU690461	Chassis No:	KMHLB41UMHU096539
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	2		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	611.00
Miscellaneous Items	11.00
Labour	600.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,222.00
+ GST 7.00% (S\$)	85.54
Nett Amount (S\$)	1,307.54

This claim is handled by: LIM KWOK ENG

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 30 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/SHA1746A/30/06/2020 17:26**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 VIEW MIRROR LH	20.00	0.00	*670.00 FL
2	1		*FRT DOOR COMFORTDELGRO LOGO LH	0.00	0.00	*75.00 F
Sub Total (S\$)						745.00
- List Item Discount on L Items (S\$)						134.00
Total Parts (S\$)						611.00

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHA1746A/30/06/2020 17:26. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	1 140 300.00
2	SPRAY PAINTING CHARGE	New	200 250.00
3	WIRING CHARGE	New	30 50.00
Gross Labour Cost (S\$)			600.00

ComfortDelGro Engineering Pte Ltd/SHA1746A/30/06/2020 17:26. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Taufik 97495749
WP

Lumpsum 01-02 days

Resurvey after repair

1/7/20 @ 11am

at day 2

taufik@lkkauto.com

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 ENGINEERING

Head Office: COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Address: 383 Sin Ming Drive, Singapore 575717
 Telephone: +65 6383 6280 Fax: +65 6383 6285

Workshops

383 Sin Ming Drive, Singapore 575717 24 Tanjong Pagar Road, Singapore 088156
 401 Pasir Ris Road, Singapore 509706 401 Pasir Ris Road, Singapore 509706
 401 Pasir Ris Road, Singapore 509706 401 Pasir Ris Road, Singapore 509706

Date/Time: 30.06.2020 16:00

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO: 305408285

OWNER: COMFORT TRANSPORTATION PTE LTD
 COMED NO: 7010045
 REGS: 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 (P) 65508755
 (P)

REGN NO SHA1746A	MILEAGE
MAKE HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 30.06.2020 14:00
YR OF MANU. 24.11.2016	TARGET DATE
CHASSIS CODE KMHLB41UMHU096539	COMPLETION DATE/TIME

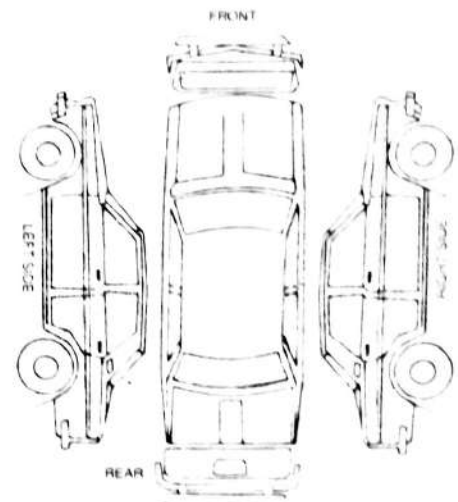
(O) Tokio Marine

JUNT CARD NO

JOB DESCRIPTION

Accident Date: 30.06.2020
 NATURE: 3P 30.06.2020

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

to SHA1746A

LKE

Vehicle No.

SHA1746A

Signature/Date

Name of Service Advisor

Date

Noted by 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	30/06/2020 15:04
Date Of Accident	30/06/2020 13:15
Exact Location Of Accident	SIMS AVE TWDS PAYA LEBAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1746A
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	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	TNG THIAM HENG
NRIC No	SXXXX139J
Date Of Birth	03/01/1968
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1988
Driving Experience	31 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93692907
Fax Number	
Contact Number	
E-Mail Address	TNGTHIAMHENG65@GMAIL.COM

Address	636 05-100 YISHUN STREET 61
Postcode	760636
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?	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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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

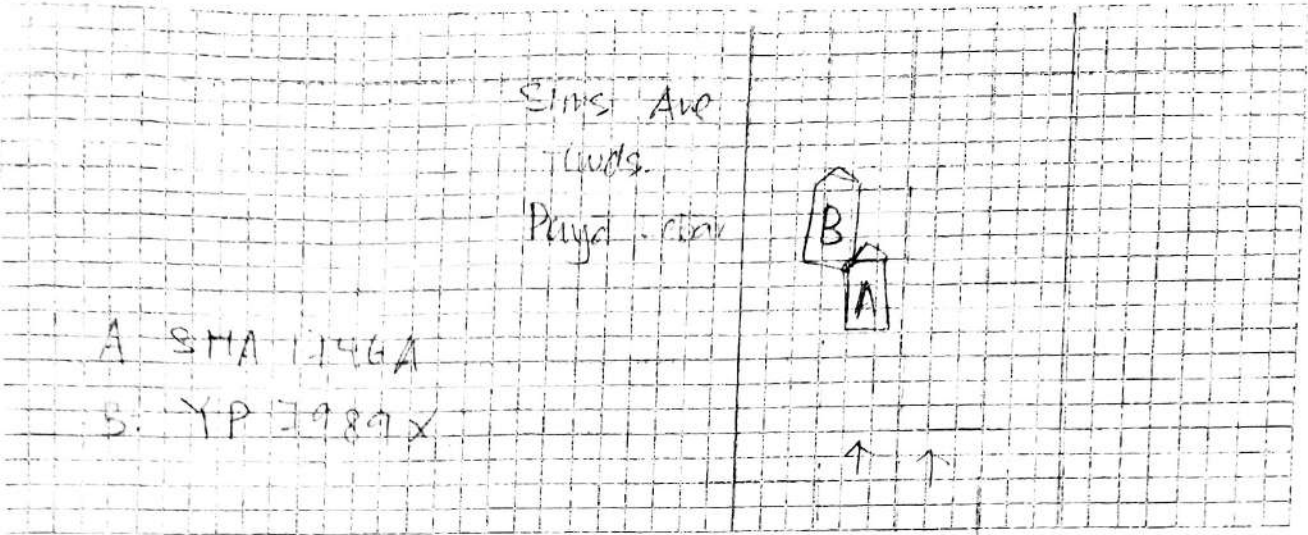
DETAILS OF OTHER VEHICLE PROPERTY(1)

Vehicle Registration Number	YP7989X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HUANG YICHUN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMGAE

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was a passenger inside cabby towards Lor 37 geylang, before Lor 37 geylang the lorry cut in and hit my left side mirror.

Accident Date & Time: 30/6/2020 13:15 hrs

Veh B driver Name: Huang Yichun

DECLARATION

We declare the foregoing particulars are true in every respect

COMFORT TRANSPORTATION LTD
CO REG NO 199302621P

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:

Loke Wei Yang

30/6/2020

Sketch Plan Pg. 2

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 lodging 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)


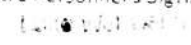
I understand, acknowledge, agree and consent that:

- (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.

IMPORT TRANSPORTATION PTE LTD
CO. REG. NO. 10970421R

Policyholder's Signature
Date & Time


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

 30/6/2020
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.

