

CS/TM120006907/T19f3

REF:

TM1

A.S.S. REC. BY:

Taufik

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.

MJ001016

Claims No.

M2003266

Sum Insured:

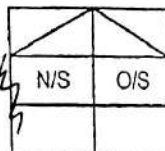
Excess:

(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

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:

Vehicle: IN / OUT

Larry

Date / Time

Action / Instruction

Veh No:

SHD 42364

Yr Regn:

2019, out

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

Truck / Trailer or

Make:

Hyundai Lorry

cc 1580.

Colour

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

128467

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMH C851 C L 4187 347

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/P / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

17

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.

2/7/20 @ 3pm

Survey held at

Confidential Lorry

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

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

03/07/20@11.21am revised to Francis Ng via Merimen.

08/07/20@11.57am Taufik finalised with Larry final fig \$1943.12, 3 days.

(Red \$4137.20, 68%)

Date/Time, File Pass to?

☐

Prel. Report

1) 08/07 Typist

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Rep. Form:

MER-TP

Lump Sum / L.B.I. (\$

1943.12

ComfortDelGro Engineering Pte Ltd (Co Reg No 199506048W)
 59 Loyang Drive
 Singapore 545069
 Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
COMFORT TRANSPORTATION PTE LTD

Singapore

Claimant Insurer: MS First Capital Insurance Ltd

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	01/07/2020
Vehicle Reg. No.:	SHD4238U	Driveable?	YES
Party At Fault:	UNKNOWN		
Driver (TP):	NG JUN JIE		
<hr/>			
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	25/10/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU400225	Chassis No:	KMHC851CVLU187347
Odometer:	127972 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	5		
<hr/>			
Description of Accident/Loss	PLS REFER TO ATTACHED / TYPE OF ACCIDENT : HEAD TO SIDE		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	3,669.32
Miscellaneous Items	11.00
Labour	2,400.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	6,080.32
+ GST 7.00% (S\$)	425.62
Nett Amount (S\$)	6,505.94

This claim is handled by: NG NYUK PHIN

Repairer Estimates

REPAIR DETAILS

Reference

Part Source: MRM-SG **Version:** 1.0 (Last Synchronised: 02 Jul 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/SHD4236U/02/07/2020 11:00
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		*FRONT DOOR - LH	20.00	0.00	*1,797.20 FL <i>Rp</i>
2	1		*REAR DOOR - LH	20.00	0.00	*1,789.90 FL <i>Rp</i>
3	1		*REAR BUMPER	20.00	0.00	*459.40 FL <i>Ly</i>
4	1		*REAR WHEEL COVER - RH	20.00	0.00	*346.40 FL <i>ait</i>
5	1		*FRONT DOOR COMFORTDELGRO STICKER	0	0.00	*75.00 FS <i>nei</i>
6	1		*REAR DOOR APP STICKER	0	0.00	*80.00 FS <i>nei</i>
Sub Total (S\$)						4,547.90
- List Item Discount on L Items (S\$)						878.58
Total Parts (S\$)						3,669.32

F=Franchise part. S=SpcNett. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHD4236U/02/07/2020 11:00. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Repairer Estimates

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	1,000.00 640
2	SPRAY PAINTING	New	900.00 800
3	WIRING CHARGE	New	100.00 30
4	TUFF KOTE	New	100.00 30
5	TRANSFER OF DOOR	New	300.00 X
Gross Labour Cost (S\$)			2,400.00

ComfortDelGro Engineering Pte Ltd/SHD4236U/02/07/2020 11:00. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Larry Ng

Tanpin 17495749
 2/7/2020 3pm
 Resurvey After repair
 Tanpin e/blank
 3 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No third party survey is allowed
- Supply of temporary parts must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO. 305408800

STOMER

MS 7010045
STOMER NO 383 SIN MING DRIVE
DRESS Singapore SINGAPORE 575717
65508755

REGN NO

SHD4236U

MILEAGE

MAKE

HYUNDAI

FUEL

E. 12

MODEL

IONIQ(G3)

DATE TIME IN 02.07.2020 09:30

YR OF MANU

25.10.2019

TARGET DATE

CHASSIS CODE

KMHC851CVLU187347

COMPLETION DATE/TIME

COUNT CARD NO

JOB DESCRIPTION

Accident Date: 02.07.2020

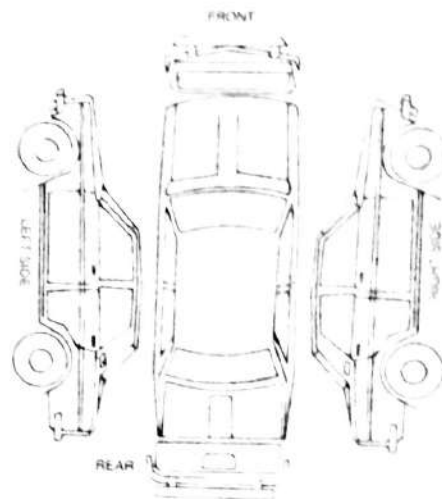
NATURE: 3P 01.07.2020

S/

LABOR CODE

DESCRIPTION

TORIO - Left Side
LKE/



CHECKED & PASSED OUT BY

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

e No.: SHD4236U

LARRY

Larry Ng

Exit Pass

Vehicle No.:

SHD4236U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

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 01/07/2020 12:01
Date Of Accident 01/07/2020 10:15
Exact Location Of Accident BLK 18 TECK WHYE LANE C/PARK
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number SHD4236U
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 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 MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy NO
Policy Number D-18088936MFSH
Cover Note Number

Driver

Name of Driver NG JUN JIE
NRIC No SXXXX896J
Date Of Birth 13/07/1987
Occupation OUTDOOR
Date Of Driving Pass 17/09/2007
Driving Experience 12 YEARS AND 9 MONTHS
Gender MALE
Mobile Number
Fax Number (LOCAL) +65-87544326
Contact Number
Email Address BEBENGJJ87@GMAIL.COM

Address BLK 218 CHOA CHU KANG CENTRAL #06-246
 Postcode 680218
 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 COLLISION - HEAD ON COLLISION
 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?
 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

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

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 SGL1494E
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver RUDY SUKARNO BIN PADILEY
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name TOKIO MARINE INSURANCE SINGAPORE LTD
 Nature Of Damage FRT
 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 insurer companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the G.A. 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 purposes 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.

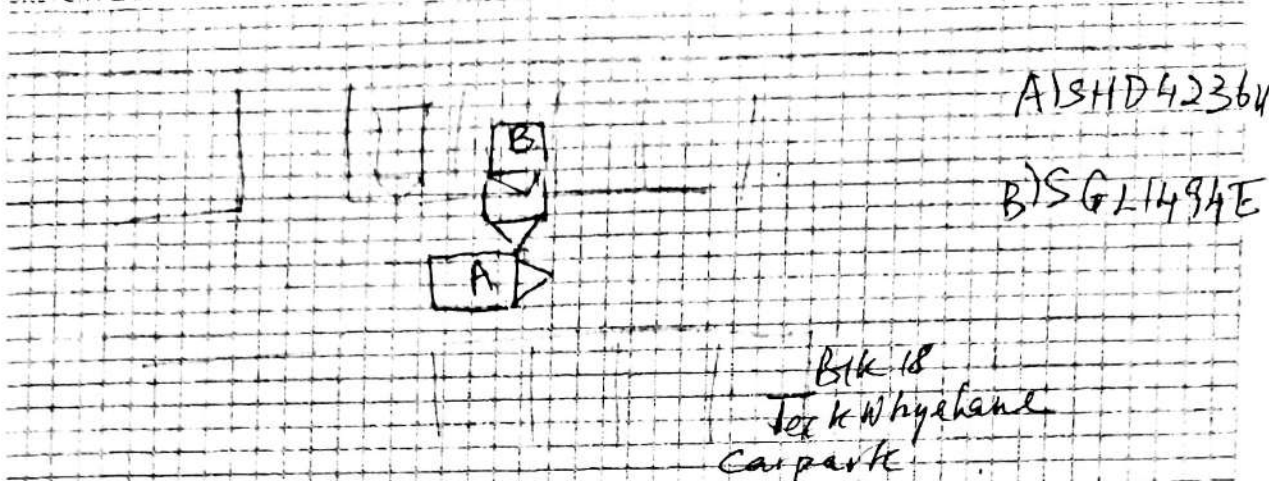
Policyholder's Signature
Date & Time

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 1/7/20 at about 1015hr when I Veh A was travelling along the carpark, Veh B exited from his parked lot and collided onto the left rear portion of my moving vehicle. The left rear door till the left rear bumper was damaged.

DECLARATION

We declare the foregoing particulars are true in every respect

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

Signature
1/7/20

