

CS/TM/20008607/T/vf3

ASS. REC. BY: Taylor

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.

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: UMTS

Vehicle: IN / OUT

Veh No: SMA 7577G Yr Regn: 2019, Oct

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

Truck / Trailer or

Make: Hyundai Lavie c.c. 1580.

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

Sp. Reading: 5367 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: UMH(85)CVLH157456

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front R/Bal. 6 mm Rear R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 18/8/20

Survey held at Comfortable Guy

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

Frt o/s.

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) 26/8/20-Typist

Rep. of Form: Merimen

Lump Sum / B.I. / \$ 1074.84

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: Site Insp (\$ _____)

Interview (\$ _____)

Tech. Invs (\$ _____)

Weekend (\$ _____)

Survey Fee:

Transportation:

____ S + RS ____ \$

Photos

Others

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)

CP/P

Singapore

LKK-Taufikh.

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	14/08/2020
Vehicle Reg. No.:	SHA7577G	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	30/10/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU400500	Chassis No:	KMHC851CVLU187486
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	1,527.20
Miscellaneous Items	11.00
Labour	840.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,378.20
+ GST 7.00% (S\$)	166.47
Nett Amount (S\$)	2,544.67

This claim is handled by: **LIM TIEN SIONG**

TS

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 18 Aug 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/SHA7577G/18/08/2020 10:53
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 FENDER RH	20.00	0.00	<i>bt</i> *490.70 FL
2	1		*FRT FENDER HYBRID RH	20.00	0.00	<i>net</i> *26.60 FL
3	1		*WING MIRROR RH	20.00	0.00	<i>Rx</i> *1,391.70 FL
Sub Total (S\$)						1,909.00
- List Item Discount on L Items (S\$)						381.80
Total Parts (S\$)						1,527.20

F=Franchise part. L=ListItemDisc.

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 Generated using Merimen e-Claims IEAS

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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	<i>320</i> 400.00
2	SPRAY PAINTING	New	<i>300</i> 400.00
3	TUFF KOTE	New	<i>50</i> 40.00
Gross Labour Cost (S\$)			840.00

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 Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tan Jiah 97495749
'WP' is 8/20/20
P/P Resny before paint
02 days
tanjiah@lkk.com
4 MIC

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

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
 Mobile + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

55 Loyang Drive Singapore 508969
 383 Sin Ming Drive Singapore 575717
 43 Pandan Road Singapore 359295

24 Senoko Loop Singapore 758136
 7 Sungei Kadut Way Singapore 198791
 501 Yishun Industrial Park A Singapore 768732

Date/Time: 18.08.2020 10:42 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

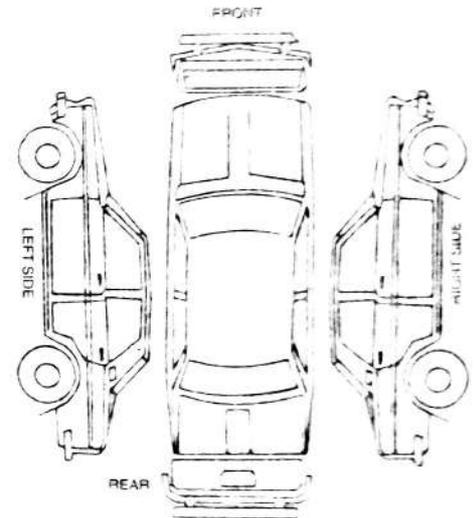
JC NO.: 305417225

OMER COMFORT TRANSPORTATION PTE LTD 7010045 OMER NO. 383 SIN MING DRIVE SINGAPORE SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO. SHA7577G	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G3)	DATE/TIME IN 18.08.2020 10:00
	YR OF MANU 30.10.2019	TARGET DATE
	CHASSIS CODE KMHC851CVLU187486	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 14.08.2020
 NATURE: 3P 14.08.2020

/NO LABOR CODE DESCRIPTION



_____ & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

_____ Payment Slip

Exit Pass

SHA7577G

LIMITS

Vehicle No.:

SHA7577G

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 14/08/2020 15:10
Date Of Accident 14/08/2020 11:25
Exact Location Of Accident KALLANG ROAD INFRONT OF ICA BLDG
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA7577G
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 YES
Policy Number D-18088936MFSH
Cover Note Number

Driver

Name of Driver MOHAMED ZAINI BIN SALLEH
NRIC No SXXXX297Z
Date Of Birth 24/10/1969
Occupation OUTDOOR
Date Of Driving Pass 01/02/1990
Driving Experience 30 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-90055087
Fax Number
Contact Number
EMail Address NOEMAIL

Address	BLK 513 BEDOK NORTH AVENUE 2 #02-257
Postcode	460513
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	DRIZZLING
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

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

Vehicle Registration Number	SDS3833X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	97930055
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	LEFT REAR
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)
 - (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

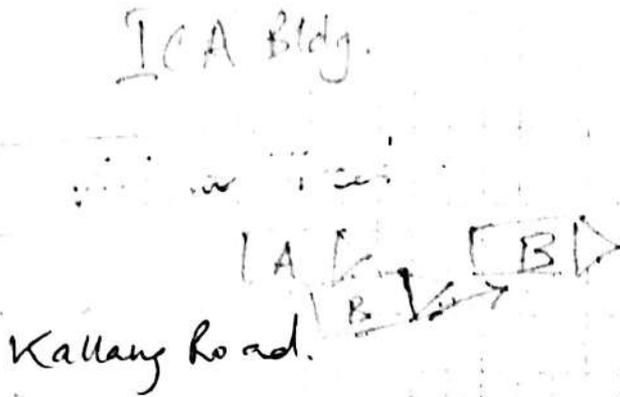
Policyholder's Signature
Date & Time:

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

S. R. WORTHY
GSO
14/8/20

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

SKETCH PLAN



A) SH1A757MG
 B) SD538332X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/8/20 at about 11:25 hrs. when I Veh A was travelling along lane 2, Veh B intercepted on my lane from lane 1 and did not stop and ran away. I managed to chase and get the 3rd party vehicle registration numbers.

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:

R. Mordant
 CSO
 14/8/20

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