

ASS REC BY: Taufikh

REF:

CC3/TMI20009055/T1qf3

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. MK000836Claims No. M2004144

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: 2 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Lin TS.

Vehicle: IN / OUT

Veh No: SMA5637E Yr Regn: 2016 / AprilType: 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 631937 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414MG4087170Gen. 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: 205/60R16R: N N

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

TOYO / YOKO or Winstar

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 26/8/20Survey held at Computerplus Logon

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

27/08/20@12.50pm revised to Jeffrey Tay via Merimen.

31/08/20@12.02pm Taufikh finalised with Larry LS \$1350, 2 days. (Red \$1157.82, 46%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 16/09 Typist

☐

: Final Report

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

S + RS \$

Photos

Others

Form: MER-TP

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TS

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

C45)

Singapore

LKK-Tanfikh.

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	25/08/2020
Vehicle Reg. No.:	SHA5637E	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	14/04/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDEU41155	Chassis No:	KMHLB41UMGU087170
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	1,826.82
Miscellaneous Items	11.00
Labour	670.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,507.82
+ GST 7.00% (S\$)	175.55
Nett Amount (S\$)	2,683.37

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

@1630hrs

REPAIR DETAILS**Reference****Part Source:** MRM-SG **Version:** 1.0 (Last Synchronised: 25 Aug 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/SHA5637E/25/08/2020 16:15**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	20.00	0.00	*1,106.00 FL <i>de</i>
2	1		*REAR BUMPER UNDER COVER	20.00	0.00	*228.00 FL <i>Ry</i>
3	1		*REAR BUMPER REINFORCEMENT	20.00	0.00	*428.40 FL ?
4	1		*REAR BUMPER REINFORCEMENT STAY LH	20.00	0.00	*80.30 FL ?
5	1		*REAR BUMPER SPONGE	20.00	0.00	*119.50 FL ?
6	1		*REAR BUMPER SIDE BRACKET LH	20.00	0.00	*35.20 FL <i>ner</i>
7	1		*REAR BUMPER REFLECTOR LH	20.00	0.00	*32.00 FL <i>ant</i>
8	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL <i>nta</i>
9	1		*REVERSE SENSOR	0.00	0.00	*135.70 F <i>rw</i>
10	1		*REAR BUMPER MAT	0.00	0.00	*50.00 F <i>ny</i>

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	2,237.10
- List Item Discount on L Items (S\$)	410.28
Total Parts (S\$)	1,826.82

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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 280	300.00
2	SPRAY PAINTING	New 200	250.00
3	R/I REVERSE SENSOR	New 30	120.00
Gross Labour Cost (S\$)			670.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tanpin 9749549
-wp' 26/8/20

2 days
K/S Resurvey after repair
Tanpin 9749549

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after repair painting
- To display damaged parts during resurvey
- Parts price list for confirmation
- Third party assessment on "Prejudice" basis
- No liability for parts and labour
- Supplier of parts and labour surveyed and is subject to insurance Company

Acknowledged by repairer:

Signature:

Date:

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305418758

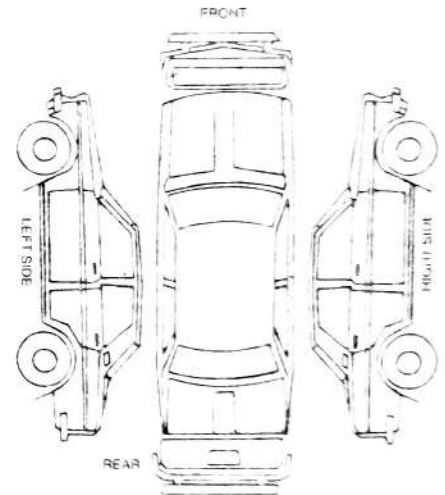
FORMER NO. 7010045 ADDRESS 383 SIN MING DRIVE SINGAPORE SINGAPORE 575717 (R) 65508755 (O) (P)		REGN NO. SHA5637E MAKE: HYUNDAI MODEL I-40 YR OF MANU 14.04.2016 CHASSIS CODE KMHLB41UMGU087170	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 25.08.2020 12:35 TARGET DATE COMPLETION DATE/TIME:
-----------------------------------------------------------------------------------------------------------	--	-------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

QUANTITY CARD NO.

JOB DESCRIPTION

Accident Date: 25.08.2020
NATURE: 3P 25.08.2020

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Accreditation Slip

Exit Pass

Vehicle No. SHA5637E

LIMITS

Vehicle No.: SHA5637E

Signature/Date

Signature/Date

Name of Service Advisor

Date

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	25/08/2020 14:58
Date Of Accident	25/08/2020 11:40
Exact Location Of Accident	MERCHANT RD TOWARDS NEW BRIDGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5637E
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	WONG GEK CHIN
NRIC No	SXXXX042B
Date Of Birth	13/05/1949
Occupation	OUTDOOR
Date Of Driving Pass	07/07/1969
Driving Experience	51 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96422177
Fax Number	
Contact Number	
Email Address	GEKCHINWONG@YAHOO.COM

Address	BLK 850 YISHUN STREET 81 #12-94
Postcode	760850
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: : 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

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 1

Vehicle Registration Number	SLT4568E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN LAY TIN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	FRT RIGHT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1:

Name	WONG GEK CHIN
Approximate Age	71
Injuries Sustain	NECK AND HEAD PAIN
Injured person in which vehicle?	SHA5637E
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.
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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:

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: 25 AUG 2020

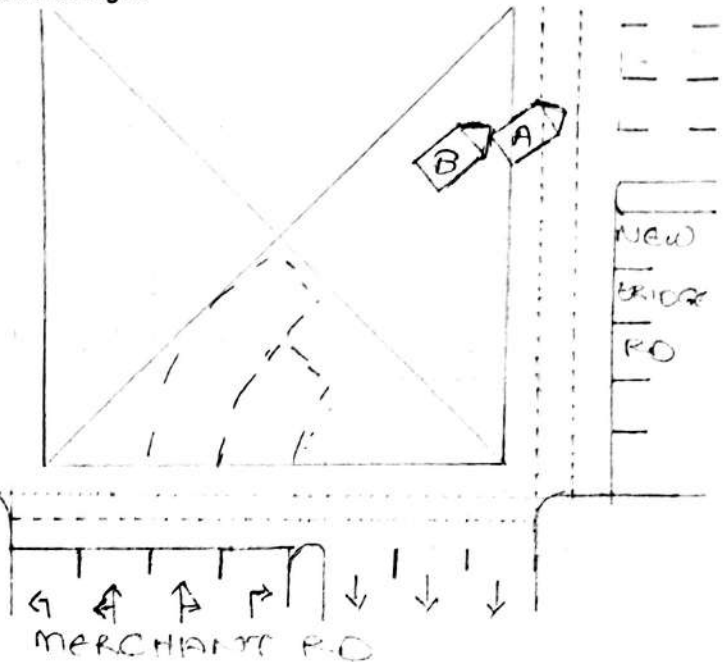
Sketch Plan Pg. 2

SKETCH PLAN

A = SHH 5637E

B = SLT 4568E

(NABR)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 25/8/2020 @ 1140hrs I was driving along Merchant Road towards New Bridge Road direction with 1 passenger on board my taxi.

As I was turning toward New Bridge Road the front vehicle stop so I brake as well.

Then suddenly there's an impact from behind my taxi. I drove aside to check and found out a vehicle of SLT 4568E front right portion had collided onto my taxi rear left portion.

My neck and head slightly pain from the impact and will consult doctor later.

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:

Olivia Wendy
Reporting Centre Personnel's Signature
Name: Olivia Wendy
NRIC/Fin No.: 25 AUG 2020