

ASS. REQ BY: Tanp

REF:

CC3/TM/20009421/T1vf3

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: SFL 3311ZPolicy No. MG000389Claims No. M2004325

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

GA / 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: Iman

Vehicle: IN / OUT

Veh No: SHD4849B Ys Regn: 2019 NovType: M.Car / M.Cycle / Bus / Van / Lorry Prime Mover

Truck / Trailer or

Make: Hyundai c.c. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 90462 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HC 851 CVLW 89935

Gen. 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: 195/65R15R: 4

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

TOYO / YOKO or DunlopFront 6 mm Rear 6 mmR/Bal. 6 mmL/Bal. 6 mmD.O.A. 2/9/20 D.O.I. 3/9/20Survey held at Confidential Agency

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

Rear 6/5
The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

7/9/20 Final fig \$1321.52 confirmed by email (Red 365.70, 22%)

7/9/20 Send IA via merimen

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 2

1)

☐ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

2) 7/9/20-Typist

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Wheel end (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

Per ~~Form~~ Format: MerimenLump Sum / AB In: \$1321.52

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Jumani

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	02/09/2020
Vehicle Reg. No.:	SHD4849B	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	14/11/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU408929	Chassis No:	KMHC851CVLU189935
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	896.22
Miscellaneous Items	11.00
Labour	780.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	1,687.22
+ GST 7.00% (\$\$)	118.11
Nett Amount (\$\$)	1,805.33

This claim is handled by: JUMANI BIN MASUDIN

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 03 Sep 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/SHD4849B/03/09/2020 11:26
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 BUMPER ASSY	20.00	0.00	de - *499.40 FL
2	1		*REAR BUMPER CENTRE MOULDING	20.00	0.00	de - *451.25 FL
3	1		*REVERSE SENSOR	0.00	0.00	? *135.70 F
Sub Total (S\$)						1,086.35
- List Item Discount on L Items (S\$)						190.13
Total Parts (S\$)						896.22

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHD4849B/03/09/2020 11:26. Not valid without Reference section.
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No	Qty	Particulars
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Amount

1 1 OD/TP Case (Insurer)

11.00

Sub Total (S\$)	11.00
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No Particulars

Lab.Type

Amount

1 PANEL BEATING

New

320

400.00

2 SPRAYPAINT

New

200

300.00

3 REMOVE/REFIX REVERSE SENSOR

New

30

80.00

Gross Labour Cost (S\$)	780.00
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ComfortDelGro Engineering Pte Ltd/SHD4849B/03/09/2020 11:26. Not valid without Reference section.

Generated using **Merimen e-Claims IEAS**

< END OF ESTIMATES >

Toughie 974957A

WP 3/9/204p-

• 2 days

r/p rising before point.

~~sup~~ fairylike (phantom)

Duration -

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before 14 days

- 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

COMFORTDELGRO Engineering Pte Ltd
 2001 River Valley Road, Singapore 230071
 Mainline : 6342 8833 Faxline : 6342 8833
 Workshops:
 141, Joo Koon Road, Singapore 150009 24, Tanjong Pagar, Singapore 100136
 383, Sin Ming Road, Singapore 575177 71, Ponggol Road, Singapore 110001
 45, Thomson Road, Singapore 300186 100, Marlin Industrial Estate, Singapore 100

Member of COMFORTDELGRO

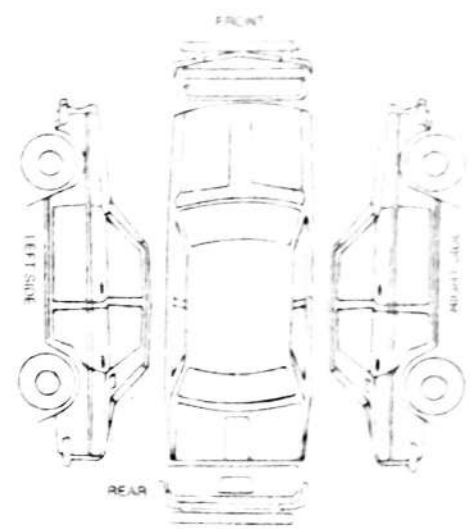
Date/Time: 03.09.2020 10:58 Page : 1

Team: ARC Repair TP(CLSO)1		JOB CARD Sales Order:		JC NO. 305420383
OWNER	REGN NO.	MILEAGE		
AS COMFORT TRANSPORTATION PTE LTD 7010045	SHD4849B			
OWNER NO. 383 SIN MING DRIVE	MAKE:	FUEL		
RESS Singapore SINGAPORE 575717	HYUNDAI	E.....1/2		
(R) 65508755 (O)	MODEL	DATE/TIME IN		
(P)	IONIQ(G3)	03.09.2020 09:25		
	YR OF MANU.	TARGET DATE		
	14.11.2019			
	CHASSIS CODE	COMPLETION DATE/TIME		
	KMHC851CVLU189935			
OUNT CARD NO.				

Accident Date: 02.09.2020
 NATURE: 3P 02.09.2020

JOB DESCRIPTION

3/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip		Exit Pass	
No. SHD4849B	JU TOKIO LKK	Vehicle No.	SHD4849B
Signature/Date		Name of Service Advisor	
Date		Date	

Turned 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	03/09/2020 10:15
Date Of Accident	02/09/2020 22:20
Exact Location Of Accident	T JUNCTION OF NEW BRIDGE ROAD AND MOSQUE ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4849B
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGETAXI.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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	ALPHONSUS LOW
NRIC No	SXXXX603Z
Date Of Birth	13/08/1961
Occupation	OUTDOOR
Date Of Driving Pass	14/10/1981
Driving Experience	38 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97399188
Fax Number	
Contact Number	
Email Address	ALPHONSUSZZGO@GMAIL.COM

Address	BLK 339 HOUGANG AVE 7 #06-415
Postcode	530339
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)	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

REFER 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	SFL3311Z
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR RICHARD
NRIC/Passport Number	
Contact Number	93874810
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRONT
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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.
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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 insured(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.

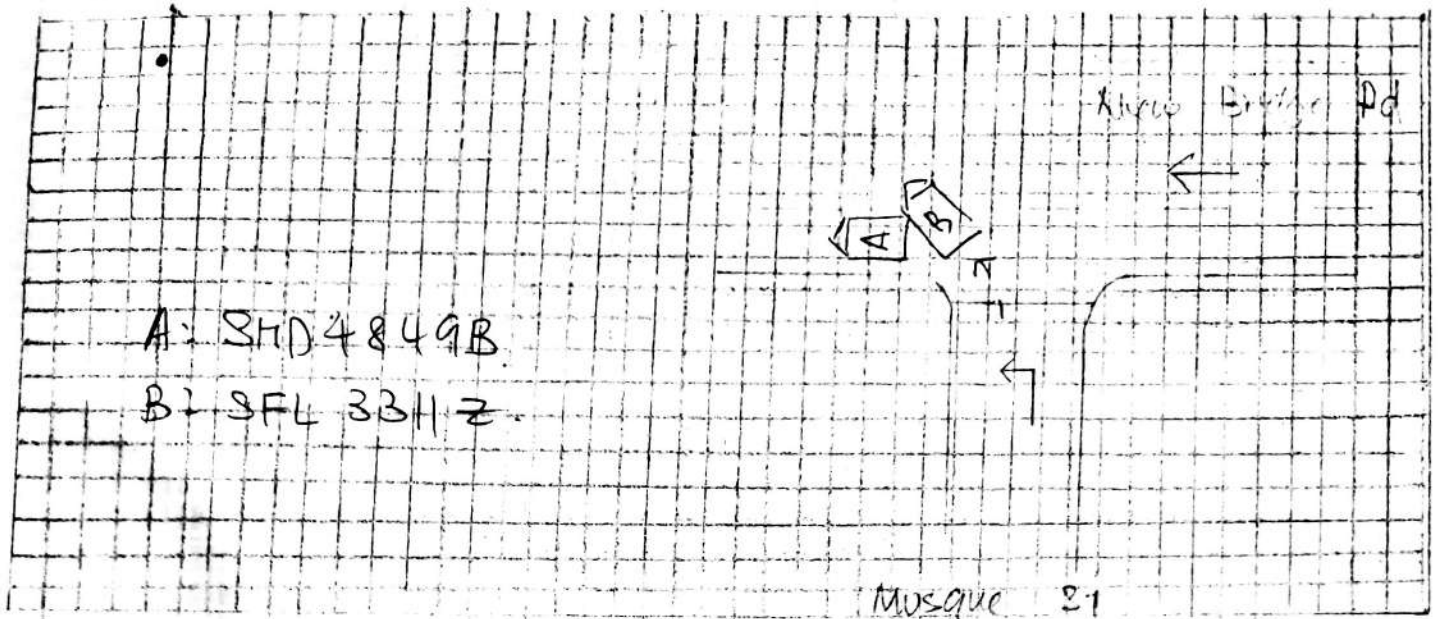
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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

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

Policyholder's Signature
Date & Time

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/9/2020 at about 22:20 hrs, I Veh A was stopped at above said location to pick passenger. Suddenly I felt an impact from behind. I got down and found Veh B drove out from Mosque St it left front portion hit onto the rear right portion of my taxi. Scene photo taken and particulars exchanged. Passenger haven't board my taxi and no injury at the point of accident.

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:

Reporting Centre Personnel's Signature
Name: Loke Wei
NRIC/Fin No.: 3/9/2020