T. It A M REF:	
	IGNMENT
<u>A33</u>	CHC 2 2457 V 200 2017 1 Day
From: Date:	Veh No: $\frac{1}{2}$ Veh No: $1$
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxt) Prime Mover /
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Mywely 140. c.c. 1685
at Workshop m/s	Colour A/C: Insured / Std / NI / NA
of	Sp.Reading 46965 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: KM HLB41V/M H4100069
Claims No.	Gen. Cond: Good/ Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inforder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / 8/Rim / STD A/Rim or
	Tyre Size: F: VOT/LONIG
(Policy Condition)	R: ~ ~ .
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Duraturn
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. L/Bal. mm
Est. Repairs: days Res.: Yes or No	D.O.A. 9.0.1. 10/9/20
Lum Sum: % 3 Val.: Yes or No	Survey held at Confidence Together
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	T-+ >   5
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Date/Time, File Pass to? : Preli. Report Da	
	sys Of Repair:
Date/Time, File Return to?	Survey No. of Trip: Survey Fee:
Add Fee:	Transportation:
	: Site Insp (\$ )_s+Rs_si
Peter Formai :	: Interview (\$ ) Photos
Lung Sun [ LB J: C:	: Tech, Invs (\$ ) Others

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

59 Loyang Drive Singapore 508969 Tel: 6214 8300 Hone

TP MSURER:

This claim is handled by: JUMANI BIN MASUDIN

Tokio Marine Insurance Singapore Ltd (HQ)

CUPL.

Singapore

THIRD PARTY  SHC7345Z  UNKNOWN  HYUNDAI I40, 1.7 D CRDI (A)  YELLOW  D4FDHU730647  0 KM	Ref. No: Date of Loss: Driveable?  Vehicle Reg. Date: Gen Condition: Chassis No:	10/09/2020 YES 15/12/2017 GOOD KMHLB41UMHU100069
UNKNOWN  HYUNDAI I40, 1.7 D CRDI (A) YELLOW D4FDHU730647 0 KM	Vehicle Reg. Date: Gen Condition:	YES 15/12/2017 GOOD
UNKNOWN  HYUNDAI I40, 1.7 D CRDI (A) YELLOW D4FDHU730647 0 KM	Vehicle Reg. Date: Gen Condition:	15/12/2017 GOOD
HYUNDAI I40, 1.7 D CRDI (A) YELLOW D4FDHU730647 0 KM	Gen Condition:	GOOD
YELLOW D4FDHU730647 0 KM	Gen Condition:	New Action Control of the Control of
YELLOW D4FDHU730647 0 KM	Gen Condition:	GOOD
0 KM		
0 KM	Ondoors No.	NWITEB4TOWNO TOUGOS
20.00.%		
20.00 %		
200 PM (100 PM)		
4		
COMFORTDELGRO ENGINEERIN	NG PTE LTD (LOYANG)	
		A
		Amount
		2,480.64
		11.00
		1,200.00
		0.00
Gra	oss Total (St)	0.00
		3,691.64
+ 63	51 7.00% (S\$)	258.41
	OMFORTDELGRO ENGINEERIN  Gre + GS	AND TOTAL TOTAL CONTROL OF THE PARTY OF THE

Nett Amount (S\$)

Generaled using Merimen e-Claims Internet Estimation & Adjusting System

3,950.05

# REPAIR DETAILS

### Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 10 Sep 2020)

Porta:

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/SHC7345Z/10/09/2020 15:47

These issimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with

150 SND OF ESTIMATES marker on the last estimate page

Further the at Items/val. es not in reference catalogue are prefixed with an asterisk \*.

#### Estimates on Parts

No.	Qty Part No.	Particulars	%Disc	%Depr		Amount
1	1	*FRONT BUMPER	20.00	0.00	RY	*1,025.20 FL
2	1	*FRONT FENDER RH	20.00	0.00	0.1	*663.00 FL
3	1	*HEADLAMP ASSY RH	20.00	0.00	aut-	₹1,388.00 FL
4	1	*FRONT BUMPER BRACKET RH	20.00	0.00	×	*24.60 FL
F=Fra	nchise part. L=ListItem	Disc.				
		Sub Total (S\$)				3,100.80
		- List Item Discount on L Items (S\$)				620.16
		Total Parts (S\$)				2,480.64

ComfortDelGro Engineering Pte Ltd/SHC7345Z/10/09/2020 15:47. Not valid without Reference section. Generated using Merimen e-Claims IEAS

# Estimates on Miscellaneous Items

No City Particulars

Amount

1. See Harrings Items

1 00/TP Case (Insurer)

- 11.00

Sub Total (S\$)

Gross Labour Cost (S\$)

11.00

Estimates on Labour  No Particulars	Lab.Type	An	nount
Labour items 1 PANEL BEATING 2 SPRAY PAINTING	New New	5 6	230 500.00 500.00
3 CHECK WIRING	New New		50.00 50.00
4 TUFF KOTE	Gross Labour Cost (S\$)		200.00

ComfortDelGro Engineering Pte Ltd/SHC7345Z/10/09/2020 15:47. Not valid without Reference section. Generated using Merimen e-Claims IEAS

#### < END OF ESTIMATES >

Taylor 97445749 10/9/20 05/m plp, Resiney now parts, after nepris.

2 degs

tenffic (Mantown.

> 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

A men ber of COMFORDELGRO

ComfortDelGro Engineering Pte Ltd

205 Bladdell Fload Singapore 579701 Murring + 65 6383 6280 Facsanule + 65 6280 9755

CHASSIS CODE KMHLB41UMHU100069

Workshops Workshops
Sil Loyang Circle Singapore 508969
381 Sin Miraj Drive an japore 575/17
45 Pars for Pland Strong entry 729786

24 Senoku Loop Singapore 758156 7 Sunger Kadut Way Singapore 728791 501 Yishua Industral Park A. Singapore 76

Date/Time: 10.09.2020 15:21

Page: 1

COMPLETION DATE/TIMI

JC NO.: 305421795 Sales Order: JOB CARD Team: ARC Repair TP(CFSO)1 MILEAGE REGN NO SHC7345Z CUSTOMER CITYCAB PTE LTD MAKE: HYUNDAI FUEL MR/MS 7010070 E.....1/2..... CUSTOMER NO. 383 SIN MING DRIVE 10.09.2020 12:35 MODEL I-40 Singapore SINGAPORE 575717 65551188 YR OF MANU. 15.12.2017 TARGET DATE TEL. (R) (P)

JOB DESCRIPTION

Accident Date: 10.09.2020

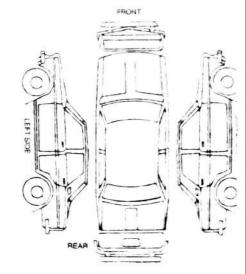
NATURE: 3P 10.09.2020

S/NO

DISCOUNT CARD NO.

LABOR CODE

DESCRIPTION



HECKED & PASSED OUT BY: SERVICE ADVISOR CUSTOMER'S SIGNATURE owledgement Slip Exit Pass 0: Vehicle No.: SHC7345Z HONG-VAC le No. SHC7345Z of Service Advisor Signature/Date Name of Service Advisor Date returned to Service Reception upon collection

To be kept by Security Guard

Salamak Sala Kata Kata Mar Kanana

The second second second

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- Pain 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 witholding of material facts may allow insurance companies to repudence 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

10/09/2020 14:16

Date Of Accident

10/09/2020 10:20

**Exact Location Of Accident** 

1 SHIPYARD CRESCENT CANTEEN CARPARK

Country/State of Loss

SINGAPORE

#### II DETAILS OF OWN VEHICLE ID

Vehicle Registration Number

SHC7345Z

Insured/Policyholder

Name Of Registered Owner

CITYCAB PTE LTD

Co Reg No

1XXXXX839G

Email Address

FLEETSAFETY@CDGTAXI.COM.SG

Mobile Phone No

Alternative Phone No.

OFFICE-65508768

Vehicle Particulars

Manufacturer

**HYUNDAI** 

Model

140

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

ONG TECK HO

NRIC No

SXXXX284I

Date Of Birth

16/05/1954

Occupation

OUTDOOR

Date Of Driving Pass

09/10/1973

Driving Experience

46 YEARS AND 11 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-86832264

Fax Number

Contact Number

**EMail Address** 

Mail Address

NOEMAIL

Address 474 04-337 SEMBAWANG DRIVE Postcode 750474 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 RAINING Road Surface WET Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident 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 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 180" Vehicle Registration Number

YN8315U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

NOT SURE

No. Of Passenger (Including Driver)

1 1			Ca	rn tea	en			
				4	pirked lum	>		
	7	7	7	$\tau$	TAB	٦	7	

+ statent	attales &	

### **DECLARATION**

I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD J. REG. NO. 1995028390

Policyholder's Signature Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time: (0.39.2020

(300m

Reporting Centre Personnel's Signature

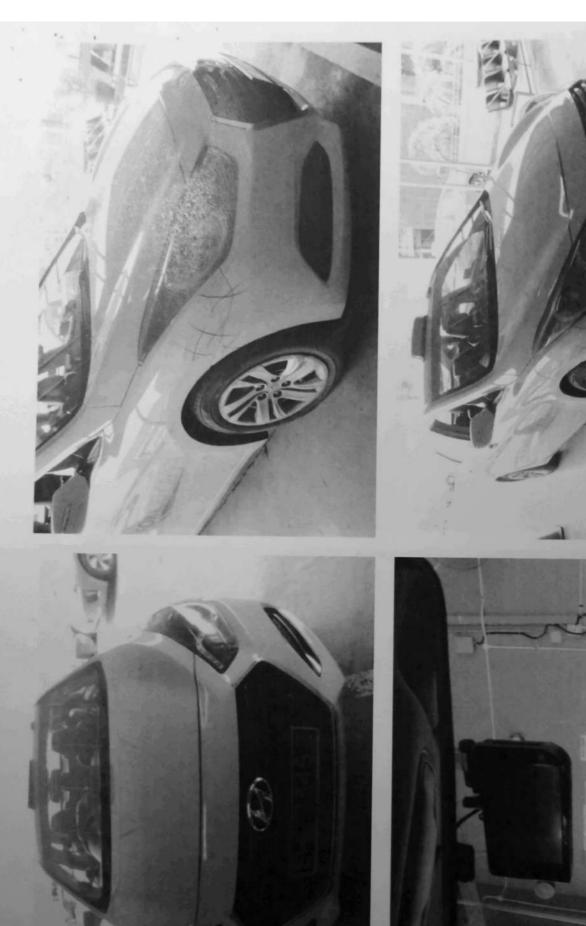
Name:

NRIC/Fin No.:

Larry Ng

# Sketch Plan Pg. 2

Describe Circumstances	of the Accident.	
On 10.09.2020, at about	1020hrs, I parked my Citycab, SHC7345Z, in a pa	arking lot
at 1 Shipyard Crescent o	pen carpark.	
I was inside the taxi, taki	ing a break due to the heavy rain.	
While stationary for quit	e some time, a parked lorry, B, which was on m	y right started
to move out. There was	a parked lorry in front of me.	
As B was slowly moving o	out, its left side hit my taxi right front side. Afte	er the accident,
3 did not stop and drove	away.	
gave chase and manage	d to overtake him along Shipyard road and mad	e him stop.
offered to settle the ma	tter with the male driver but he refused.	
o pax in my taxi and no	injury.	
claration		
c seciale the foregoing parti	culars are true in every respect.	
	TTa	
CAB PTE LTD CEG. NO. 1005028300	- Men	Larry Ng
yholder's Signaturé/Daté &	Driver's Signature(If driver is not the policyholder)/Date & Time (0.04.2020)	Witnessed by Reporting Centre Personnel
	1300~	





ComfortDefGro Engineering Pte Ltd

ComfortDefGro En

