

REF:

ASS REC BY: Taufik

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. ME000569Claims No. M2004475

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                                 |
|     | <input checked="" type="checkbox"/> |

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: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SUA4692K Yr Regn: 2016 / Dec

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

Truck / Trailer or

Make: Hyundai 140 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 379732 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMUCS414044009736Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 105/60 R16R: ~ ~

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

TOYO / YOKO or Haruhiko

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 14/9/20Survey held at Complete Logis

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

Rear O/S

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

Date / Time Action / Instruction

15/09/20@11.35am revised to Ong Chin Kiat via Merimen.

17/09/20@10.08pm Taufikh finalised with Larry LS \$1600, 2 days (Red \$1186.22, 43%)

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

18/09 Typist

Date/Time, File Return to?

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

Survey Fee:

Transportation

Add Fee: ☐ : Site Insp (\$

9/14/2020

Repairer Estimates

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

59 Loyang Drive  
Singapore 508969  
Tel: 6214 8300

**TP INSURER:** Tokio Marine Insurance Singapore Ltd (HQ)  
**CTPL**

Singapore

**PARTICULARS OF CLAIM**

|                                  |   |                    |                   |
|----------------------------------|---|--------------------|-------------------|
| Claim Type:                      | THIRD PARTY                                       | Ref. No:           |                   |
| Policy No:                       |   | Date of Loss:      | 10/09/2020        |
| Vehicle Reg. No.:                | SHA4692B  | Driveable?         | YES               |
| Party At Fault:                  | UNKNOWN   |                    |                   |
| Make/Model:                      | HYUNDAI I40, 1.7 D CRDI F/L ABS<br>AIRBAG 4DR (A) | Vehicle Reg. Date: | 22/12/2016        |
| Vehicle Colour:                  | BLUE  | Gen Condition:     | GOOD              |
| Engine No:                       | D4FDGU695429                                      | Chassis No:        | KMHLB41UMHU097316 |
| Odometer:                        | 379724 KM   |                    |                   |
| Paint Type:                      |   |                    |                   |
| List Item Discount:              | 20.00 %   |                    |                   |
| Total Loss?                      | NO  |                    |                   |
| Est. Duration of Repair<br>(day) | 3   |                    |                   |
| Present Location:                | COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)        |                    |                   |

**COST OF CLAIMS**

|                          | Amount          |
|--------------------------|-----------------|
| Parts                    |                 |
| Miscellaneous Items      | 1,645.22        |
| Labour                   | 11.00           |
| Paintwork Labour         | 1,130.00        |
| Towing                   | 0.00            |
|                          | 0.00            |
| <b>Gross Total (S\$)</b> | <b>2,786.22</b> |
| <b>+ GST 7.00% (S\$)</b> | <b>195.04</b>   |
| <b>Nett Amount (S\$)</b> | <b>2,981.26</b> |

This claim is handled by: CHIANG LIAT CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

**REPAIR DETAILS****Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 14 Sep 2020)**Parts:** 143 HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHA4692B/14/09/2020 15:13**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 COVER             | 20.00 | 0.00     | de ✓ *1,106.00 FL |
| 2   | 1   |          | *REAR BUMPER BRACKET - LH / RH | 20.00 | LHX 0.00 | RH-? *35.60 FL    |
| 3   | 1   |          | *REAR BUMPER REVERSE SENSOR    | 0     | 0.00     | x *135.70 FS      |
| 4   | 1   |          | *REAR BUMPER MAT               | 0     | 0.00     | nei ✓ *50.00 FS   |
| 5   | 1   |          | *REARBUMPER ADVERTISEMENT      | 0     | 0.00     | nei ✓ *100.00 FS  |
| 6   | 1   |          | *TAILLAMP RH ASSY              | 20.00 | 0.00     | nei ✓ *557.80 FL  |

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

Sub Total (\$)

1,985.10

- List Item Discount on L Items (\$)

339.88

Total Parts (\$)

1,645.22

ComfortDelGro Engineering Pte Ltd/SHA4692B/14/09/2020 15:13. Not valid without Reference section.  
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  | 450.00   |
| 2                       | SPRAY PAINTING                | New 200  | 500.00   |
| 3                       | CHECK LIGHTING                | New 30   | 60.00    |
| 4                       | REMOVE /REFIX REVERSE SENSOR. | New 30   | 60.00    |
| 5                       | TUFF COATING                  | New X    | 60.00    |
| Gross Labour Cost (S\$) |                               |          | 1,130.00 |

ComfortDelGro Engineering Pte Ltd/SHA4692B/14/09/2020 15:13. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tan/lin 97495749  
WP 14/9/2020 4pm  
- 2 days  
H/S Resurvey after repair.  
Herbath.

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 member of COMFORTDELGRO

**ComfortDelGro Engineering Pte Ltd**  
 205 Braddell Road Singapore 579701  
 Mainline + 65 6383 6280 Facsimile + 65 6280 9755  
**Workshops**  
 59 Loyang Drive Singapore 508969 24 Serangoon Loop Singapore 758156  
 383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791  
 45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 768731  
 320 Kallang Road Singapore 349499

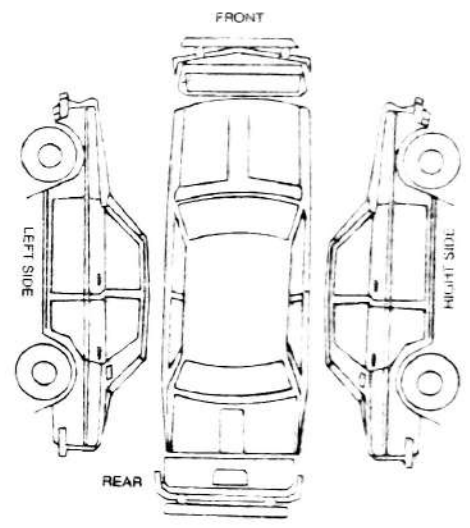
Date/Time: 14.09.2020 14:27 Page : 1

|                                    |  |                                |                               |                   |
|------------------------------------|--|--------------------------------|-------------------------------|-------------------|
| Team: ARC Repair TP(CLSO)1         |  | JOB CARD Sales Order:          |                               | JC NO.: 305422411 |
| STOMER                             |  | REGN NO.: SHA4692B             | MILEAGE                       |                   |
| /MS COMFORT TRANSPORTATION PTE LTD |  | MAKE: HYUNDAI                  | FUEL                          |                   |
| STOMER NO. 7010045                 |  | MODEL I-40                     | E.....1/2.....F               |                   |
| DRESS 383 SIN MING DRIVE           |  | YR OF MANU. 22.12.2016         | DATE/TIME IN 14.09.2020 11:30 |                   |
| Singapore SINGAPORE 575717         |  | CHASSIS CODE KMHLB41UMHU097316 | COMPLETION DATE/TIME:         |                   |
| 65508755 (P) (O)                   |  |                                |                               |                   |
| COUNT CARD NO.                     |  |                                |                               |                   |

Accident Date: 10.09.2020  
 NATURE: 3P 10.09.2020

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



|   |                |                              |      |
|---|----------------|------------------------------|------|
| CHECKED & PASSED OUT BY:                      |                | CUSTOMER'S SIGNATURE         |      |
| SERVICE ADVISOR                               |                |                              |      |
| Judgement Slip                                |                | Exit Pass                    |      |
| SHA4692B                                      | CHIANG         | Vehicle No.: SHA4692B        |      |
| 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             | 11/09/2020 12:57         |
| Date Of Accident           | 10/09/2020 20:55         |
| Exact Location Of Accident | SIMS AVE X LOR 1 GEYLANG |
| Country/State of Loss      | SINGAPORE                |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHA4692B                       |
| <b>Insured/Policyholder</b> |                                |
| 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  | 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 | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT         |
| Fleet Policy              | YES                                   |
| Policy Number             | MCOM0015                              |
| Cover Note Number         |                                       |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | PANG SHEI LIM        |
| NRIC No              | SXXXX103A            |
| Date Of Birth        | 14/08/1970           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 15/02/2018           |
| Driving Experience   | 2 YEARS AND 6 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-82285274 |
| Fax Number           |                      |
| Contact Number       |                      |
| EMail Address        | VALEN_JENO@YAHOO.COM |

|   |                     |
|---|---------------------|
| Address   | BLK 150 SIMEI ST 1  |
|   | #09-23              |
| Postcode  | 520150              |
| 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         | PA6117M              |
| Vehicle Make/Model/Colour           |                      |
| Details Of Properties               |                      |
| Vehicle Category                    | COMMERCIAL VEHICLE   |
| Name of Driver                      | JASTTI VEERA VENKATA |
| NRIC/Passport Number                |                      |
| Contact Number                      | 93377271             |
| Address                             |                      |
| Postcode                            |                      |
| Insurance Company Name              |                      |
| Nature Of Damage                    | LEFT FRONT           |
| 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) 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, 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:

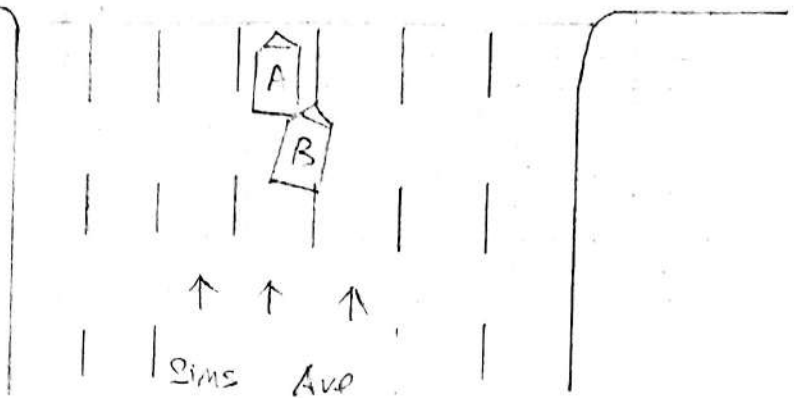
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

11/9/2020



## SKETCH PLAN

A: SHA 4692B.  
B: PA 6117M.



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 10/9/2020 at about 20:55 hrs, I veh A was driving at above said location without pax. I veh A applied brake to stop upon seeing traffic light turned to red from amber. A split second later, Veh B came from behind hit n grazed onto the rear right portion of my taxi. Scene photo taken and exchange particulars. 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 Yeng  
NRIC/Fin No.: 11/9/2020

