

ASS. REC BY: Taufikh

REF:

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: _____

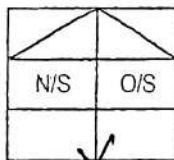
Policy No. MS000595Claims No. M2004498

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

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: Chiang

Vehicle: IN / OUT

Veh No: SMD 3366J Yr Regn: 2016, JulyType: M.Car / M.Cycle / Bus / Van / Lorry (Tax) / Prime Mover /

Truck / Trailer or

Make: Hyundai 140 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 520711 T/Radio: Insured / Std / NI / NAEng/No: 1KM HCR54UMH4092217

C/No: _____

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: 205 / 60R16R: 205 / 60R16

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

TOYO / YOKO or Durakon

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

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

Date / Time Action / Instruction

15/09/20@11.46am revised to Jeffrey Tay via Merimen.

18/09/20@11.45am Taufikh finalised with Mr Chiang LS \$1500, 2 days (Red \$1164.38, 44%)

Date/Time, File Pass to?

1) 18/09 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report☐ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)

\$ + RS \$

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)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	11/09/2020
Vehicle Reg. No.:	SHD3366J	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Vehicle Reg. Date:	21/07/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU660010	Chassis No:	KMHLB41UMGU092217
Odometer:	520711 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	
Miscellaneous Items	1,753.38
Labour	11.00
Paintwork Labour	900.00
Towing	0.00
	0.00
Gross Total (S\$)	2,664.38
+ GST 7.00% (S\$)	186.51
Nett Amount (S\$)	2,850.89

This claim is handled by: CHIANG LIAT CHOON

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 12 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/SHD3366J/12/09/2020 11:09

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	alt ✓ *1,106.00 FL
2	1		*REAR BUMPER REINFORCEMENT	20.00	0.00	? *428.40 FL
3	1		*REAR BUMPER UNDER COVER	20.00	0.00	de ✓ *228.00 FL
4	1		*REAR BUMPER CLIPS	20.00	0.00	net ✓ *2.20 FL
5	2		*REAR BUMPER BRACKET LH/RH	20.00	0.00	? *70.00 FL
6	1		*REAR BUMPER REVERSE SENSOR	0	0.00	1 net ✓ *135.70 FS
7	1		*REAR BUMPER MAT	0	0.00	net ✓ *50.00 FS
8	1		*REAR BUMPER ADVERTISEMENT	0	0.00	net ✓ *100.00 FS

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

Sub Total (\$\$) 2,120.30

- List Item Discount on L Items (\$\$) 366.92

Total Parts (\$\$) 1,753.38

ComfortDelGro Engineering Pte Ltd/SHD3366J/12/09/2020 11:09. 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	CD/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	280 480.00
2	SPRAY PAINTING	New	200 300.00
3	REMOVE /REFIX REVERSE SENSOR	New	30 60.00
4	TUFF COATING	New	X 60.00
Gross Labour Cost (S\$)			900.00

ComfortDelGro Engineering Pte Ltd/SHD3366J/12/09/2020 11:09. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tanpha 97495740
WP' 14/9/20 @ 3pm
2 days Duration.
1/3 Resurvey after repair
Tanpha 14/9/20.

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 9759

Workshops

59 Loyal Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 772786

220 L...

24 Sengkang Loop Singapore 758156

7 Sengkang Way Singapore 757791

501 Yishun Industrial Park A Singapore 768108

Date/Time: 12.09.2020 10:45

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.: 305422142

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

IR/MS 7010045

CUSTOMER NO. 383 SIN MING DRIVE

ADDRESS Singapore SINGAPORE 575717

TEL (R) 65508755

(O)

(P)

DISCOUNT CARD NO.

REGN NO:

SHD3366J

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN 12.09.2020 08:05

YR OF MANU.

21.07.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU092217

COMPLETION DATE/TIME:

JOB DESCRIPTION

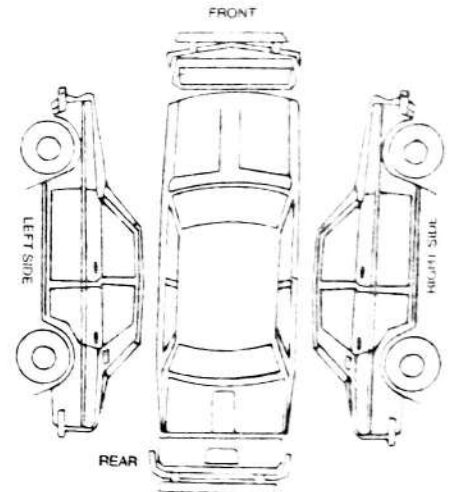
Accident Date: 11.09.2020

NATURE: 3P.11.09.2020

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHD3366J

Signature/Date: CHIANG

Exit Pass

Vehicle No.: SHD3366J

Signature of 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 12/09/2020 09:13
Date Of Accident 11/09/2020 18:20
Exact Location Of Accident ROCHOR ROAD X BEACH ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number SHD3366J
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 THEN NGIAN FAH
NRIC No SXXXX059I
Date Of Birth 30/01/1956
Occupation OUTDOOR
Date Of Driving Pass 14/11/1977
Driving Experience 42 YEARS AND 9 MONTHS
Gender MALE
Mobile Number
Fax Number (LOCAL) +65-91478358
Contact Number
E Mail Address NOEMAIL

Address	272 #08-46 BANGKIT RD
Postcode	670272
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	RAINING
Road Surface	WET

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)	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 1

Vehicle Registration Number	SKG6801Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG WEI LIANG
NRIC/Passport Number	
Contact Number	93879283
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

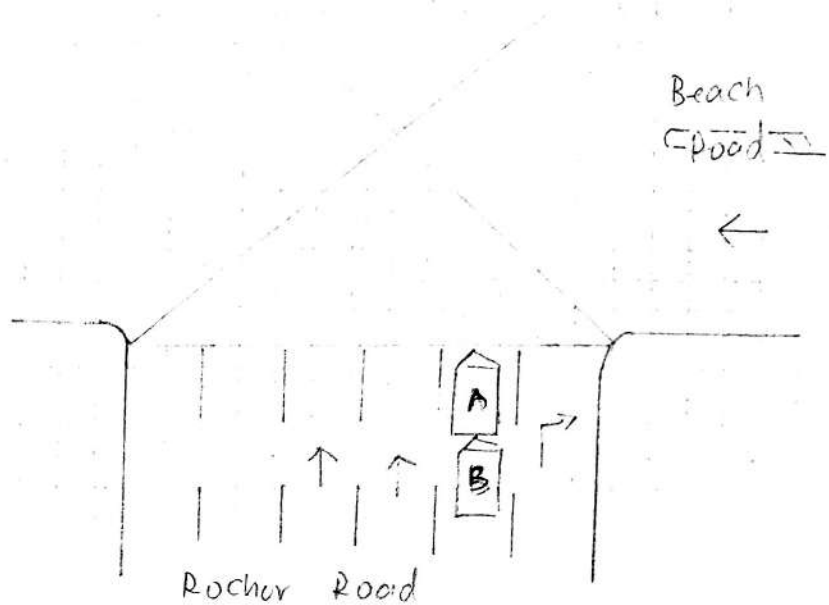
DETAILS OF INJURED PERSON 1

Name	THEN NGIAN FAH
Approximate Age	64
Injuries Sustain	NECK,CHEST
Injured person in which vehicle?	SHD3366J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

A: SHD 3366J.

B: SKG 6801Z.





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/9/2020 at about 18:20 hrs, I Veh A was
driving at above said location without pax. While I approaching
Beach Road junction traffic light turn to red, so I applied
brake slow down to stop. A split second later, I felt an
impact from behind. I got down to have a check and found
Veh B front portion collided onto the rear portion of my taxi
Scene photo taken and particulars exchanged. I suffered pain on
neck and chest, will consult doctor later on

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO 199303821RPolicyholder's Signature
Date & Time:

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


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

12/9/2020

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 199303621R

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.:



SEC 68012



