

ASS. REC. BY: Tanfer

REF:

TM  
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. \_\_\_\_\_

Claims No. \_\_\_\_\_

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: \_\_\_\_\_ 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: SH9101R Yr Regn: 2015, Oct.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: 674324 T/Radio: Insured / Std / NI / NA

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

C/No: KMHLS41114614079830Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / 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

Front 6 mm Rear 6 mmR/Bal. 6 mmL/Bal. 6 mmD.O.A. 15/9/20Survey held at Completeley Lorry

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

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

Date / Time Action / Instruction

COR 1/s \$1150, 2 days. (red: 1176.38:50%)

Date/Time, File Pass to?

☐ : Preli. Report1) \_\_\_\_\_  
Date/Time, File Return to?☐ : Final ReportDays Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)

Photos

Others

Rep. Form: \_\_\_\_\_

Lump Sum / B.B. / C.

**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:	15/09/2020
Vehicle Reg. No.:	SH9101R	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Vehicle Reg. Date:	29/10/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU625562	Chassis No:	KMHLB41UMGU079830
Odometer:	679324 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	1,245.38
Miscellaneous Items	11.00
Labour	1,070.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>2,326.38</b>
<b>+ GST 7.00% (S\$)</b>	<b>162.85</b>
<b>Nett Amount (S\$)</b>	<b>2,489.23</b>

This claim is handled by: **CHIANG LIAT CHOON**

**REPAIR DETAILS****Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 15 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/SH9101R/15/09/2020 14:55**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	✓ 1,106.00 FL
2	2		*REAR BUMPER BRACKET LH/RH	20.00 RHX	0.00 LH - ?	*71.60 FL
3	1		*REAR BUMPER REVERSE SENSOR	0	0.00	X *135.70 FS
4	1		*REAR BUMPER MAT	0	0.00	✓ 50.00 FS
5	1		*REAR BUMPER ADVERTISEMENT	0	0.00	X *100.00 FS
6	10		*REAR BUMPER CLIP	20.00	0.00	✓ 22.00 FL
				<b>Sub Total (\$\$)</b>		<b>1,485.30</b>
				<b>- List Item Discount on L Items (\$\$)</b>		<b>239.92</b>
				<b>Total Parts (\$\$)</b>		<b>1,245.38</b>

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

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## Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (\$\$)			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	60.00
4	REMOVE/REFIX REVERSE SENSOR	New 30	60.00
Gross Labour Cost (\$\$)			1,070.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tan Jiah 97495444  
WP 15/9/20 @ 5pm  
1/5 Resurvey after repair  
2 days  
Resurvey after repair  
Hankwah.

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 379701  
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

### Workshops

59 Layan Drive Singapore 508989  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609288  
320 Telok Ayer Street Singapore 064431  
24 Serangoon Loop Singapore 758156  
7 Sungei Kadut Way Singapore 128791  
501 Yishun Industrial Park Singapore 768019

Date/Time: 15.09.2020 14:40

Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 305422567

CUSTOMER  
COMFORT TRANSPORTATION PTE LTD  
IR/MS 7010045  
CUSTOMER NO. 383 SIN MING DRIVE  
ADDRESS Singapore SINGAPORE 575717  
65508755  
EL. (R) (O)  
(P)

REGN NO.: SH 9101R

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 15.09.2020 11:55

YR OF MANU. 29.10.2015

TARGET DATE

CHASSIS CODE KMHLB41UMGU079830

COMPLETION DATE/TIME:

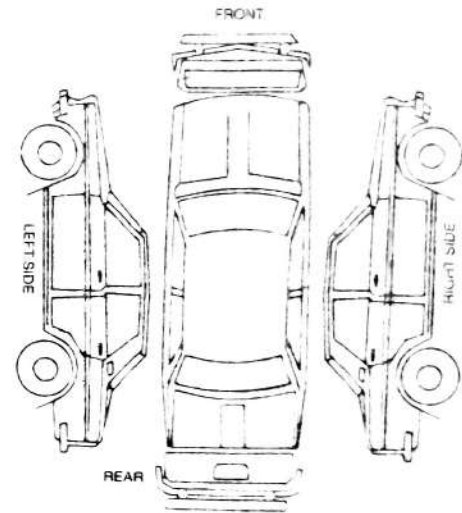
DISCOUNT CARD NO.

## JOB DESCRIPTION

Accident Date: 15.09.2020

NATURE: 3P 15.09.2020

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SH 9101R

CHIANG

Exit Pass

Vehicle No.: SH 9101R

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 15/09/2020 14:04  
Date Of Accident 15/09/2020 10:00  
Exact Location Of Accident ALONG CROSS ST AT AMOY ST JUNCTION  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SH9101R  
**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 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 CHEONG KIN WENG  
NRIC No SXXXX819A  
Date Of Birth 19/12/1953  
Occupation OUTDOOR  
Date Of Driving Pass 20/12/1974  
Driving Experience 45 YEARS AND 8 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-94500152  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address	BLK 351B ANCHORVALE ROAD #08-253
Postcode	542351
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 ON COLLISION
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: : MALE

#### 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 / Type Of Accident : HEAD TO SIDE

#### 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	SJD5618X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	FRT LEFT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1:**

Name	CHEONG KIN WENG
Approximate Age	67
Injuries Sustain	SHOULDER PAIN
Injured person in which vehicle?	SH9101R
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.
- 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.
- 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 processed 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 envelope/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/are 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.

CRASH REPORT TRANSPORTATION INTELLIGENCE  
CO. NO. 124 238214

Policyholder's Signature  
Date & Time

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

Reporting Centre Personnel's Signature  
Name: Olivia Wendy  
NRIC/FIN No.: 15 SEP 2020

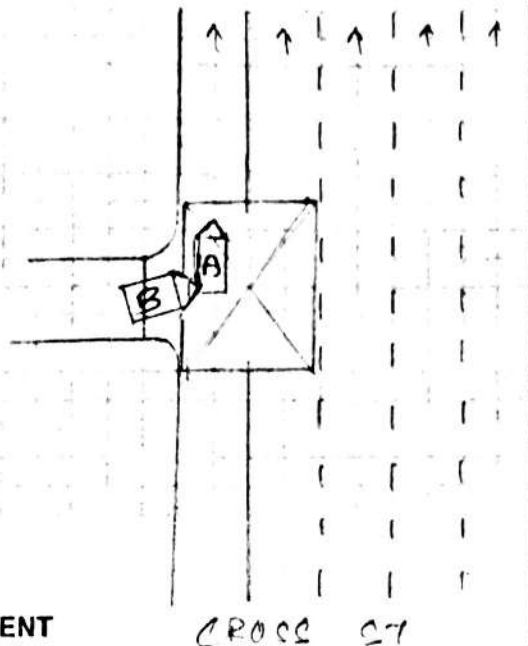
SKETCH PLAN

A = SH9101R

B = SSD 5618X  
Chowin

*[Signature]*

Army  
ST



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 15/9/2020 @ 10:00hrs I was driving along Cross ST direction with 1 passenger on board my taxi.

As I drove past the Army ST junction suddenly there's slight jerk on my taxi left rear portion.

So I slow down to check and found out a vehicle of SSD 5618X had drove out from Army ST and grazed onto my taxi.

My passenger did not suffer any injuries.

However my shoulder slightly pain from the impact and chest comfort after 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:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]*  
Reporting Centre Personnel's Signature  
Name: Olivia Wendy  
NRIC/Fin No.:

15 SEP 2020

