

ASS. REC. BY: Tanfah

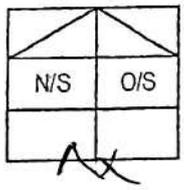
REF:

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. \_\_\_\_\_  
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.



Bal. or Market Value: \_\_\_\_\_  
IDAC Accident Rport: \_\_\_\_\_ 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: Lim TS Vehicle: IN / OUT

Veh No: 3HA2205M Yr Regn: 2019, Aug  
Type: M.Car / M.Cycle / Bus / Van / Lorry / (Tax) / Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
Make: Hyundai c.c. 1580  
Colour: Blue A/C: Insured / Std / NI / NA  
Sp. Reading: 8260 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: 1CMHC851CVK4164992  
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 195/65R15  
Tyre Size: F: \_\_\_\_\_ R: \_\_\_\_\_  
BS / DUN / EXNOVA / GY / FS / LIZA / (MIC) / OHTSU / PIR / SUMI /  
TOYO / YOKO or \_\_\_\_\_  
Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
R/Bal. 6 mm R/Bal. 6 mm  
L/Bal. 6 mm L/Bal. 6 mm  
D.O.A. \_\_\_\_\_ D.O.I. 21/9/20  
Survey held at Compuhelp Agency  
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to?  : Preli. Report  
 : Final Report

1) \_\_\_\_\_  
Date/Time, File Return to?  
2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

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

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
S + RS \$ \_\_\_\_\_  
Photos: \_\_\_\_\_

**ComfortDelGro Engineering Pte Ltd** (Co.Reg.No:199506048W)  
 59 Loyang Drive  
 Singapore 508969  
 Tel: 6214 8300

Lim Tien Siong

**TP INSURER:**  
**CTPL**

**Tokio Marine Insurance Singapore Ltd (HQ)** (UPP)

Singapore

LKK - Taufik h.

**PARTICULARS OF CLAIM**

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	20/09/2020
Vehicle Reg. No.:	<b>SHA2205M</b>	Driveable?	NO
Party At Fault:	UNKNOWN		

Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	01/08/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU298721	Chassis No:	KMHC851CVKU16499
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**

	<b>Amount</b>
Parts	1,773.12
Miscellaneous Items	11.00
Labour	720.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>2,504.12</b>
<b>+ GST 7.00% (S\$)</b>	<b>175.29</b>
<b>Nett Amount (S\$)</b>	<b>2,679.41</b>

**This claim is handled by: LIM TIEN SIONG**

Lim Tien Siong

**REPAIR DETAILS**

**Reference**

Part Source: MRM-SG      Version: 1.0 (Last Synchronised: 21 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/SHA2205M/21/09/2020 12:57**  
 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	*459.40 FL <i>Rx</i>
2	1		*REAR BUMPER REINFORCEMENT	20.00	0.00	*294.80 FL ?
3	2		*REAR BUMPER REINFORCEMENT BRACKET RH/LH	20.00	0.00	*276.20 FL ?
4	1		*REAR BUMPER UPR CTR MOULDING	20.00	0.00	*451.25 FL <i>de</i>
5	1		*REAR BUMPER LWR CTR MOULDING	20.00	0.00	*155.00 FL <i>Rx</i>
6	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL <i>all</i>
7	1		*REAR BUMPER FOGLAMP	20.00	0.00	*201.50 FL ?
8	1		*REAR BUMPER MAT	0.00	0.00	*50.00 F <i>x</i>
9	1		*REVERSE SENSOR	0.00	0.00	*180.00 F <i>all</i>
10	1		*REAR NO.PLATE WITH TRIM COVER	0.00	0.00	*55.00 F <i>com</i>

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	2,145.15
- List Item Discount on L Items (S\$)	372.03
<b>Total Parts (S\$)</b>	<b>1,773.12</b>

ComfortDelGro Engineering Pte Ltd/SHA2205M/21/09/2020 12:57. 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
<b>Sub Total (S\$)</b>			<b>11.00</b>

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	320 350.00
2	SPRAY PAINTING	New	200 250.00
3	R/I REVERSE SENSOR	New	30 120.00
<b>Gross Labour Cost (S\$)</b>			<b>720.00</b>

ComfortDelGro Engineering Pte Ltd/SHA2205M/21/09/2020 12:57. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tan Kah 97495747  
- WP' 21/9/2020 5pm  
P/P Resurvey after repair  
Tan Kah @ (WhatsApp) car  
2 days MIC

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:

**Workshops**

A member of COMFORTDELGRO

Date/Time: 21:09:2020 12:42

Page : 1

Team: ARC Repair TP(CLS0)1

**JOB CARD** Sales Order:

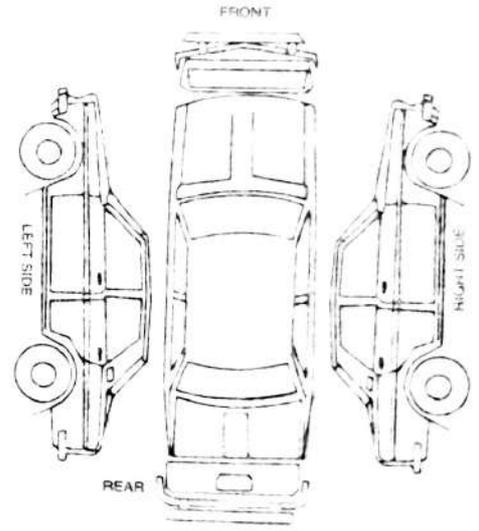
JC NO.: 305423722

CUSTOMER: AS COMFORT TRANSPORTATION PTE LTD UICOMEN NO: 7010045 ADDRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) QUIN CARD NO	REGN NO: <b>SHA2205M</b>	MILEAGE
	MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....
	MODEL: <b>IONIQ(G2)</b>	DATE/TIME IN: <b>21.09.2020 09:30</b>
	YR OF MANU: <b>01.08.2019</b>	TARGET DATE
	CHASSIS CODE: <b>KMHC851CVKU164992</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 20.09.2020  
 NATURE: 3P 20.09.2020

S/NO                      LABOR CODE                      DESCRIPTION



RECEIVED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR \_\_\_\_\_

Customer's Signature \_\_\_\_\_

Exit Pass

Vehicle No.: **SHA2205M**

**SHA2205M**      **LIMITS**

## 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	21/09/2020 11:37
Date Of Accident	20/09/2020 12:40
Exact Location Of Accident	ALONG JURONG GATEWAY RD
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SHA2205M
<b>Insured/Policyholder</b>	
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	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	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	MOHAMMED IRMAN BIN SURANI
NRIC No	SXXXX333A
Date Of Birth	29/03/1971
Occupation	OUTDOOR
Date Of Driving Pass	27/11/1999
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82221280
Fax Number	
Contact Number	
E Mail Address	IRMAN.SURANI@GMAIL.COM

Address 729 08-226 JURONG WEST AVENUE 5  
 Postcode 640729  
 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 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) 4  
 Passenger 1  
 NAME: : -  
 GENDER: : MALE  
 Passenger 2  
 NAME: : -  
 GENDER: : FEMALE  
 Passenger 3  
 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**

SEE ATTACH.

**Attachment(s)**

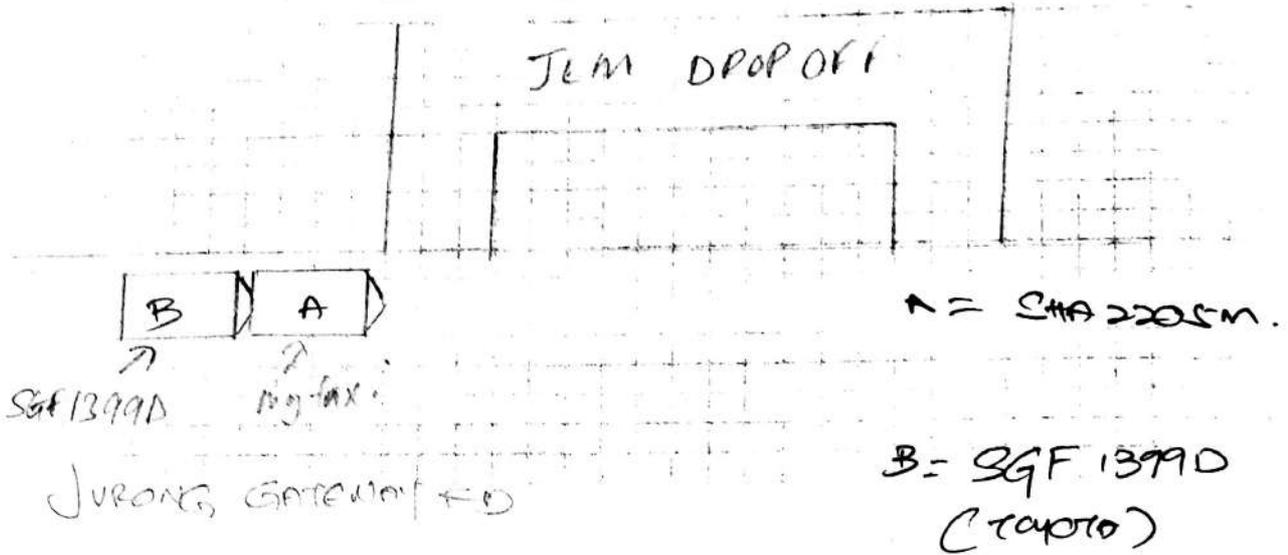
Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: -  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SGF1399D  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver MR CHEW  
 NRIC/Passport Number

Contact Number	93893111
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20<sup>th</sup> Sep 2020 at around 12:40pm, my taxi SHA 2205M was hit from the back while queuing to get into drop off point of JEM shopping mall. I have 2 passengers at the point of time, an Indian couple and their child.

DECLARATION

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

WIFORT TRANSPORTATION PTE LTD  
CC 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: Nivia Wendy  
 NRIC/Fin No:

21 SEP 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.
3. **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 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.

OMFORT TRANSPORTATION PTE LIL  
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: Wendy

21 SEP 2020