

ASS. REQ. BY:

Stem

REF:

Tokio Marine

ASSIGNMENT

From:

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 Report: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SHR 2533K

Yr Regn:

6/8/22

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

Truck / Trailer or

Make:

Hyundai Tonig

c.c 1580

Colour:

P Yellow

AG: Insured / Std / NI / NA

Sp.Rending

18265

T/Radio: Insured / Std / NI / NA

Eng/No:

MIC881CVLUT84415

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD / VRim or

Tyre Size:

F: 195/65 R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

8/10/22

D.O.A.

8/10/22

Survey held at

Confide by

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

Frt RM

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Photos

Others

TOTAL

Pop. Format:

Lump Sum / L.B.L. /

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

TP INSURER:
 CCPL

Singapore

Tokio Marine Insurance Singapore Ltd (HQ)

Jumani C/P

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	08/10/2020
Policy No:		Date of Loss:	YES
Vehicle Reg. No.:	SHB2533K	Driveable?	
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS	Vehicle Reg. Date:	06/08/2020
Vehicle Colour:	DCT (A)	Gen Condition:	GOOD
Engine No:	YELLOW	Chassis No:	KMHC851CVLU184415
Odometer:	G4LEKU390381		
	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

	Amount
COST OF CLAIMS	2,516.52
Parts	11.00
Miscellaneous Items	1,300.00
Labour	0.00
Paintwork Labour	0.00
Towing	
Gross Total (\$\$)	3,827.52
+ GST 7.00% (\$\$)	267.93
Nett Amount (\$\$)	4,095.45

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

08/2020

Repairer Estimates

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 08 Oct 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/SHB2533K/08/10/2020 15:34

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
						*418.30 FL
1	1		*FRT BUMPER ASSY / <i>DR</i>	20.00	0.00	*490.70 FL
2	1		*FRT FENDER RH / <i>DR</i>	20.00	0.00	*1,993.65 FL
3	1		*HEADLAMP ASSY RH / <i>CUT</i>	20.00	0.00	*35.00 FL
4	1		*FRT BUMPER SIDE BRACKET RH / <i>DR</i>	20.00	0.00	*186.00 FL
5	1		*FRT BUMPER SIDE GRILLE RH / <i>X</i>	20.00	0.00	*22.00 FL
6	10		*FRT BUMPER CLIPS / <i>MC</i>	20.00	0.00	
Sub Total (S\$)						3,145.65
- List Item Discount on L Items (S\$)						629.13
Total Parts (S\$)						2,516.52

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHB2533K/08/10/2020 15:34. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

10/8/2020

Repairer Estimates

Estimates on Miscellaneous Items

No Qty Particulars

Amount

Miscellaneous Items

1 1 OD/TP Case (Insurer)

MC

11.00 ✓

Sub Total (S\$)

11.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1 PANEL BEATING

New

640

700.00

2 SPRAYPAINT

New

400

500.00

3 CHECK WIRING

New

30

50.00

4 TUFF KOTE

New

20

50.00

Gross Labour Cost (S\$)

1,300.00

ComfortDelGro Engineering Pte Ltd/SHB2533K/08/10/2020 15:34. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Steve (LKK) mil Pijil
8/10/20, 4.00 pm
3 days
P/P
My Bel sly

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Luyang Drive Singapore 508969 24 Serangoon Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 726717
45 Pandan Road Singapore 650286 501 Vishnu Industrial Park A Singapore 630649

Date/Time: 08.10.2020 15:19

Page : 1

Team: ARC Repair TP(CFS0)1

JOB CARD Sales Order:

JC NO.: 305427062

OWNER

AS CITYCAB PTE LTD
OWNER NO. 7010070
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)

COUNT CARD NO.

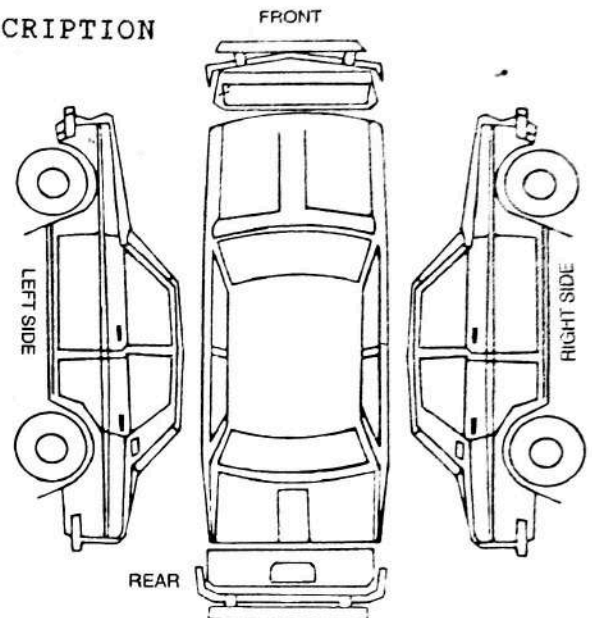
REGN NO.	SHB2533K	MILEAGE
MAKE :	HYUNDAI	FUEL
MODEL	IONIQ(G3)	DATE/TIME IN
YR OF MANU.	06.08.2020	TARGET DATE
CHASSIS CODE	KMH851CVLU184415	COMPLETION DATE/T

Accident Date: 08.10.2020
NATURE: 3P 08.10.2020

JOB DESCRIPTION

S/NO LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Edgecraft Slip

Exit Pass

No.: SHB2533K

JU TOKIO LKK

Vehicle No.:

SHB2533K

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 08/10/2020 14:33
Date Of Accident 08/10/2020 12:40
Exact Location Of Accident ALONG UBI AVE 1
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB2533K
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 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 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 LAI CHEE HEE
NRIC No SXXXX015G
Date Of Birth 04/01/1956
Occupation OUTDOOR
Date Of Driving Pass 19/09/1977
Driving Experience 43 YEARS AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91786365
Fax Number
Contact Number
Email Address LAICHEEHEE3@GMAIL.COM

421 #14-589 BEDOK NORTH ROAD

Address 460421

Is driver an employee of the Insured's Company 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

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 GBG3478A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver LEE PIN KWAN

NRIC/Passport Number

Contact Number 98806538

Address

Postcode

Insurance Company Name

Nature Of Damage FRT LEFT

No. Of Passenger (Including Driver)

421 #14-589 BEDOK NORTH ROAD

Address 460421

Is driver an employee of the Insured's Company 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

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NRIC/Passport Number

Contact Number 98806538

Address

Postcode

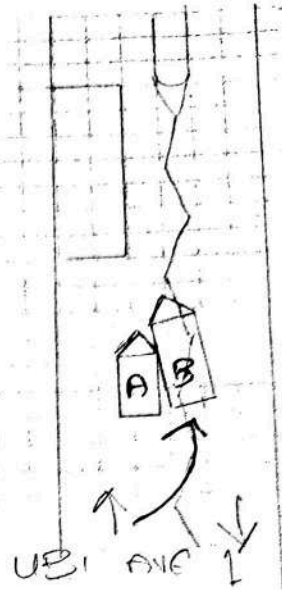
Insurance Company Name

Nature Of Damage FRT LEFT

No. Of Passenger (Including Driver)

A = SHB 2533K

B = GBG 3478A
(NISSAN)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

DECLARATION

We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD
O. REG. NO. 199502839G

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:

08 OCT 2020

Describe Circumstances of the Accident.

On the 08/10/2020 at about 12:40hrs, I was driving along Ubi Ave 1 direction with no passenger on board my taxi.

As I was driving, I saw a passenger flag my taxi so I slow down. Then suddenly a vehicle of GBG3478A was overtaking my taxi from behind and going against the traffic flow, grazed onto my taxi right front portion.


No injury at the point of accident.


Declaration

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature/Date &
Time


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


Witnessed by Reporting
Centre Personnel
Olivia Weng

08 OCT 2020