

ASS. REC. BY:

SPK

REP:

T-KIN MORIN

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP / WS / TP RES / OD RES / EVA / INV / MY
 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

Rat. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Cum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH 7718A Yr Regn: 21/7/19
 Type: M.Car / M.Cycle / Bus / Van / Lorry (Tax) / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Traq c.c. 1589
 Colour: Blue A/C: Insured / Std / NI /
 Sp. Rending: 202153 T/Radio: Insured / Std / NI /
 Eng/No: _____
 C/No: KMHIC 8S1CVK4164421
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brakes: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD / Rim or
 Tyre Size: F: 195/65 R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA (MIC) / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front R/Bal. 5 mm Rear R/Bal. 5
 L/Bal. 5 mm U/Bal. 5
 D.O.A. 19/10/21 D.O.I. 19/10/21
 Survey held at Comfort Inn 22/10/21
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear R/L
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

2/11/20-Typist

Pop. Formas: Merimen

Lump Sum / L.E.I. #: \$1348.12

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Private

Others

TOTAL

ComfortDelGro Engineering Pte Ltd (Co Reg No 199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

Lim Tien Siong

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

Singapore

CP(P)

LKK - Steve

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	19/10/2020
Vehicle Reg. No.:	SH7718A	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	02/07/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU296075	Chassis No:	KMHC851CVKU164422
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	Amount
Parts	818.72
Miscellaneous Items	11.00
Labour	1,690.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,519.72
+ GST 7.00% (S\$)	176.38
Nett Amount (S\$)	2,696.10

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Lim Tien Strong

Reference

Part Source: MRM-SG **Version:** 1.0 (Last Synchronised: 20 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/SH7718A/20/10/2020 10:42
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 X R ! NN	20.00	0.00	*459.40 FL
2	1		*REAR BUMPER SIDE BRACKET RH	20.00	0.00	*33.10 FL
3	1		*REAR WHEEL CAP RH / CUT	20.00	0.00	*346.40 FL
4	1		*REAR DOOR APPS STICKER RH /	0.00	0.00	*80.00 F
5	10		*REAR BUMPER CLIPS X NN	20.00	0.00	*22.00 FL
6	1		*REAR BUMPER MAT X NN	0.00	0.00	*50.00 F
Sub Total (S\$)						990.90
- List Item Discount on L Items (S\$)						172.18
Total Parts (S\$)						818.72

F=Franchise part. L=List/ItemDisc.

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 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			11.00

Estimates on Labour

No	Particulars	Lab. Type	Amount
Labour Items			
1	PANEL BEATING (REAR FENDER RH ETC)	New 329	700.00
2	SPRAY PAINTING (REAR DOOR RH ETC)	New 609	750.00
3	R/I REVERSE SENSOR	New X	120.00
4	WHEEL ALIGNMENT	New 60	120.00
Gross Labour Cost (S\$)			1,690.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Store (LKK) WTL PL
29/10/20 11.00am
2 dys
P/P
My Bel SLY

- 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

number of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

305 Bras Basah Road Singapore 179701

Mobile : 85 8381 0200 Facsimile : 85 0280 9755

Workshops

581 Upper Macao Road Singapore 508988

381 Macao Road Singapore 575717

45 Macao Road Singapore 575718

24 Serangoon Road Singapore 556156

7 Sungei Road Singapore 120701

801, Calan Industrial Park A Singapore 696732

Date/Time: 20.10.2020 08:23

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305428892

FROMER
AS COMFORT TRANSPORTATION PTE LTD
7010045
FROMER NO 383 SIN MING DRIVE
RESS Singapore SINGAPORE 575717
65508755 (P) (C)

REG NO SH 7718A	MILEAGE
MAKE HYUNDAI	FUEL E 1/2 F
MODEL IONIQ (G2)	DATE/TIME IN 19.10.2020 14:00
YR OF MANU 02.07.2019	TARGET DATE
CHASSIS CODE KMHCB51CVKU164422	COMPLETION DATE/TIME

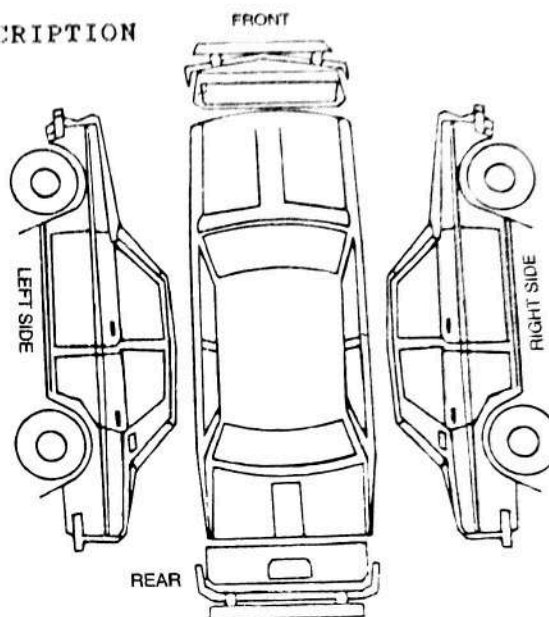
COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 19.10.2020
NATURE: 3P 19.10.2020

S/NO LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Damage Slip

Exit Pass

SH 7718A

LIMITS

Vehicle No.:

SH 7718A

Service Advisor

Signature/Date

Name of Service Advisor

Date

to be kept by Security Guard

Address 436B #08-174 FERNVALE ROAD
Postcode 792436
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 -
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

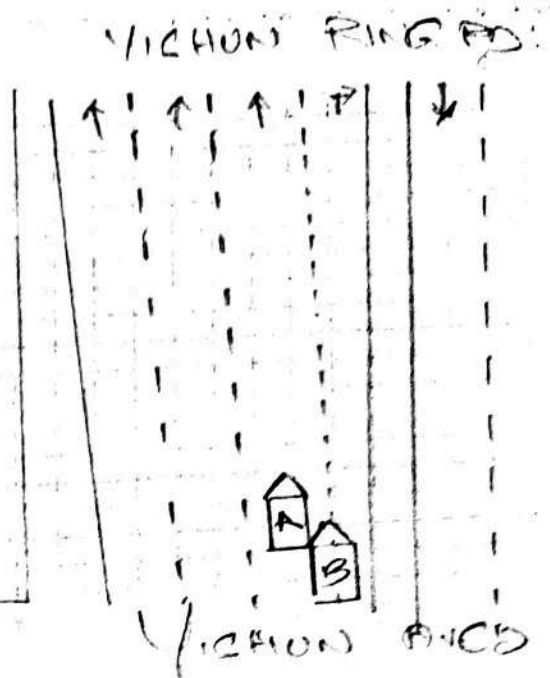
Vehicle Registration Number SLX1698L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage FRT LEFT
No. Of Passenger (Including Driver)

SKETCH PLAN

A = SATHISA

B = SLX 1698L
(toyota)

know
net
[Signature]



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

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: 19 OCT 2020
NRIC/Fin No.:

Describe Circumstances of the Accident.

On the 19/10/2020 at about 10:25hrs, I was driving along Yishun Ave 2 towards Yishun Ring Rd Direction with no passenger on board my taxi.

I stop before the traffic light junction just beside the Khatib MRT station when suddenly there's a jerk on my taxi right rear portion. I step out to checked and found out a vehicle of

SLX1698L left front portion had grazed onto my taxi.

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


Witnessed by Reporting
Centre Personnel

Olivie Weng

19 OCT 2020