

ASS. REG. BY:

Steve

REF:

TOKIO MARK

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:

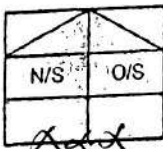
Excess:

(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 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SH 8965X

Yr Regn:

6/8/21

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

Truck / Trailer or

Make:

Hyundai Ioniq

c.c 1580

Colour:

Blue

A/C: Insured / Std / NI / N

Sp. Reading

18876

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KMHC8SKVL4 190742

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 / Rim or

Tyre Size:

F:

195/65R15

R:

7

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.

29/10/21

D.O.A.

29/10/21

Survey held at

Com flt b lgh

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?



: Prel. Report

1)

Date/Time, File Return to?



: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Rep. Formed:

Lump Sum / LEA /

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)

LKK - Steve

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	29/10/2020
Vehicle Reg. No.:	SH8965X	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	06/08/2020
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU411495	Chassis No:	KMHC851CVLU190742
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair	5		
(day)			
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	5,270.48
Miscellaneous Items	11.00
Labour	1,560.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	6,841.48
+ GST 7.00% (S\$)	478.90
Nett Amount (S\$)	7,320.38

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

Repairer Estimates

Lim Tien Siong

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 29 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/SH8965X/29/10/2020 13:16
 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 / DD	20.00	0.00	*459.40 FL
2	1		*REAR BUMPER REINFORCEMENT / OR	20.00	0.00	*294.80 FL
3	2		*REAR BUMPER REINFORCEMENT BRKT RH/LH ?	20.00	0.00	*276.20 FL
4	1		*REAR BUMPER CENTER MOULDING / OR	20.00	0.00	*451.25 FL
5	1		*REAR BUMPER LOWER MOULDING X	20.00	0.00	*155.00 FL
6	2		*REAR BUMPER SIDE BRKT RH/LH X	20.00	0.00	*111.60 FL
7	10		*REAR BUMPER CLIPS / NC	20.00	0.00	*22.00 FL
8	1		*REAR BUMPER UNDER CENTER COVER X	20.00	0.00	*225.00 FL
9	2		*REAR BUMPER SIDE COVER RH/LH X	20.00	0.00	*216.00 FL
10	1		*REAR BUMPER TOW COVER X	20.00	0.00	*5.40 FL
11	1		*REAR BUMPER REFLECTOR RH X	20.00	0.00	*31.90 FL
12	1		*REAR BUMPER FOG LAMP ?	20.00	0.00	*201.50 FL
13	1		*BOOTLID / DD	20.00	0.00	*2,480.40 FL
14	1		*BOOTLID EMBLEM-H / NC	20.00	0.00	*28.00 FL
15	1		*BOOTLID EMBLEM-HYBRID / NC	20.00	0.00	*24.30 FL
16	1		*BOOTLID EMBLEM-IONIQ / NC	20.00	0.00	*31.30 FL
17	1		*BOOTLID SPOILER X	20.00	0.00	*655.40 FL
18	1		*BOOTLID BLACK GLASS / NC ?	20.00	0.00	*384.90 FL
19	1		*BOOTLID COMFORTDELGRO & 65521111 / NC	0.00	0.00	*60.00 F
20	1		*BOOTLID APPS / NC	0.00	0.00	*40.00 F
21	1		*REVERSE SENSOR ?	0.00	0.00	*180.00 F
22	2		*WINDSCREEN GLASSES SEALANT / NC	0.00	0.00	*92.00 F
23	1		*REAR NO. PLATE WITH TRIM COVER / OR	0.00	0.00	*55.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$) 6,481.35

- List Item Discount on L Items (S\$) 1,210.87

Total Parts (S\$) 5,270.48

ComfortDelGro Engineering Pte Ltd/SH8965X/29/10/2020 13:16. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Repairer Estimates

Lim Tien Siong

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/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	640 700.00
2	SPRAY PAINTING	New	400 500.00
3	CHECK LIGHTINGS / WIRING	New	30 40.00
4	R/I BOOTLID GLASSES	New	150 200.00
5	R/I REVERSE SENSOR	New	30 120.00
Gross Labour Cost (S\$)			1,560.00

ComfortDelGro Engineering Pte Ltd/SH8965X/29/10/2020 13:16. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Steve (LKK) wL AL
29/10/20, 3-4pm

P/P
My Del SP
3 days

- 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

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

320 Road Singapore 609649

24 Senoko Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 29.10.2020 11:06

Page : 1

JOB CARD Sales Order:

JC No.: 305430681

Team: ARC Repair TP(CLSO)1

COMER

COMFORT TRANSPORTATION PTE LTD
7010045

AS 383 SIN MING DRIVE
COMER NO. Singapore SINGAPORE 575717
RESS 65508755 (O)

(R)

(P)

COUNT CARD NO.

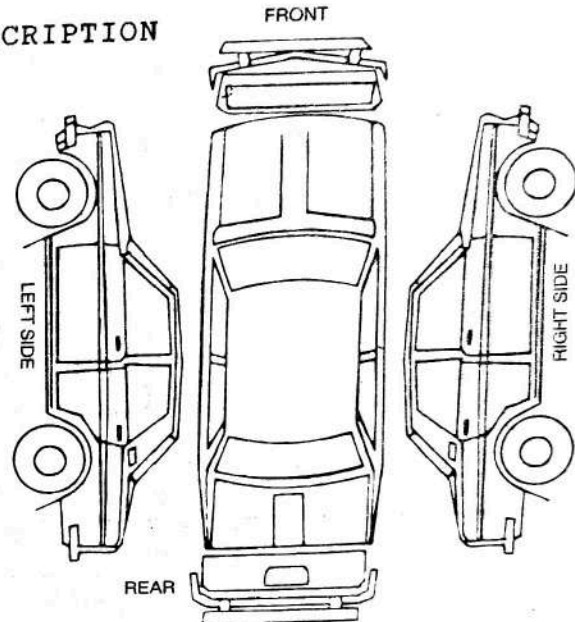
JOB DESCRIPTION

Accident Date: 29.10.2020
NATURE: 3P 29.10.2020

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SH 8965X

LIMITS

Vehicle No.:

SH 8965X

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 29/10/2020 10:32
Date Of Accident 29/10/2020 09:35
Exact Location Of Accident ALONG SIMEI ST 3
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH8965X
Insured/Policyholder
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Co Reg No 1XXXXX821R
Email Address FLEETSAFETY@CDGETAXI.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 CHIA CHENG CHYE
NRIC No SXXXX861Z
Date Of Birth 22/05/1958
Occupation OUTDOOR
Date Of Driving Pass 03/09/1979
Driving Experience 41 YEARS AND 1 MONTH
Gender MALE
Mobile Number (LOCAL) +65-91073460
Fax Number
Contact Number
EMail Address NOEMAIL

Address BLK 501 BISHAN STREET 11
#02-374
Postcode 570501
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? 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

REFER ATTACHED

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 YN1071T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver FONG KOK SEONG
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage FRONT
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1:

Name

CHIA CHENG CHYE

Approximate Age

NOT FEELING WELL

Injuries Sustain

SH8965X

Injured person in which vehicle?

YES

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

Address

Postcode

IMPORTANT NOTICE

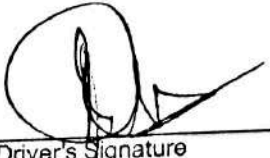
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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)
 - (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. 199303821R

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: 29 OCT 2020
NRIC/Fin No.:

SKETCH PLAN

A = SH 8965X

B = YN 1071T
LorryA
B

Sime, St 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 29/10/2020 @ 0935hrs I was driving along Sime, St 3 direction with no passenger on board my taxi.

I stop my taxi before the traffic light junction and slowly moving when the front vehicle moved.

Suddenly there's an impact from behind my taxi. I step out to check and found a lorry of YN 1071T front portion had collided onto my taxi rear portion.

I felt unwell after the impact and will consult doctor later.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 193303821R

Policyholder's Signature
Date & Time:

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

Olivia Weng

Reporting Centre Personnel's Signature
Name: 23 OCT 2020
NRIC/Fin No.: