

ASS. REC. BY:

Stere

REF:

TOKIO MARINE

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:

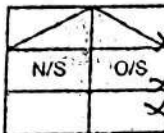
Excess:

(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 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

SHA 2110C

Yr Regn:

2/7/19

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

138516

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KMMCB81CVKU 164519

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 A/Rim or

Tyre Size:

F:

R:

195/65R15

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.

10/11/20

D.O.I.

11/11/20

Survey held at

Comfy delgry

Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

Date/Time, File Pass to?



: Prel. Report



: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Rep. Form:

Lump Sum / L.E.A. /

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

Jumani CP1P2

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type: **THIRD PARTY**
 Policy No:
 Vehicle Reg. No.: **SHA2110C**
 Party At Fault: **UNKNOWN**

Ref. No:
 Date of Loss: **10/11/2020**
 Driveable? **YES**

Make/Model: **HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)**
 Vehicle Colour: **BLUE**
 Engine No: **G4LEKU296299**
 Odometer: **0 KM**

Vehicle Reg. Date: **02/07/2019**
 Gen Condition: **GOOD**
 Chassis No: **KMHC851CVKU164519**

Paint Type:
 List Item Discount: **20.00 %**
 Total Loss? **NO**
 Est. Duration of Repair (day) **5**

Present Location: **COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)**

COST OF CLAIMS

	Amount
Parts	4,138.04
Miscellaneous Items	11.00
Labour	1,390.00
Paintwork Labour	0.00
Towing	0.00

Gross Total (\$)	5,539.04
+ GST 7.00% (\$)	387.73
Nett Amount (\$)	5,926.77

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

PAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 11 Nov 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/SHA2110C/11/11/2020 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
1	1		*FRT RH DOOR ASSY / <i>OD</i>	20.00	0.00	*1,797.20 FL
2	1		*REAR RH DOOR ASSY <i>X R</i>	20.00	0.00	*1,789.90 FL
3	1		*FRT RH SIDE MIRROR / <i>BR</i>	20.00	0.00	*1,391.70 FL
4	1		*FRT DOOR COMFORTDELGRO LOGO / <i>NC</i>	0.00	0.00	*75.00 F
5	1		*REAR DOOR APPS AND TEL. NOS STICKER / <i>NC</i>	0.00	0.00	*80.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)

5,133.80

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

995.76

Total Parts (S\$)

4,138.04

ComfortDelGro Engineering Pte Ltd/SHA2110C/11/11/2020 15:34. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

Qty Particulars

Amount

Miscellaneous Items

1 1 OD/TP Case (Insurer)

N/C

11.00

Sub Total (S\$)

11.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1 PANEL BEATING

New

320

400.00

2 SPRAYPAINT

New

450

700.00

3 CHECK WIRING

New

30

50.00

4 TRANSFER DOOR PARTS

New

50

240.00

Gross Labour Cost (S\$)

1,390.00

ComfortDelGro Engineering Pte Ltd/SHA2110C/11/11/2020 15:34. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Steve (LKK) wL M
11/11/20, 4.00pm
3 dys
P/P
My BOL sy

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:

ORIDELGRO 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 508999
383 Sin Ming Drive Singapore 575717
45 Panjan Road Singapore 604286

24 Senoko Loop Singapore 758155
7 Sungei Kadut Way Singapore 728791
301 Yishun Industrial Park A Singapore 758732

Date/Time: 11.11.2020 15:21

Page : 1

A: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305433192

COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755		REGN NO: SHA2110C MAKE: HYUNDAI MODEL: IONIQ(G2) YR OF MANU: 02.07.2019 CHASSIS CODE: KMH0851CVKU164519	MILEAGE FUEL DATE/TIME IN: 11.2020 12:10 TARGET DATE COMPLETION DATE/TIME:
--	--	--	---

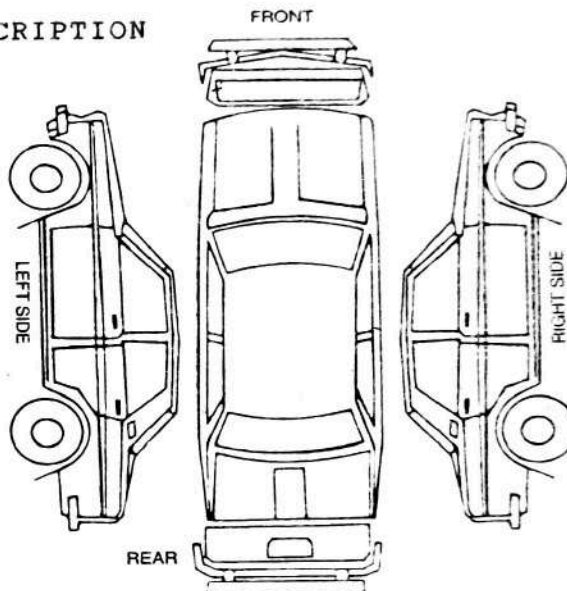
OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 10.11.2020
NATURE: 3P 10.11.2020

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Vehicle No.: **SHA2110C**

JU TOKIO LKK

Vehicle No.:

SHA2110C

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 11/11/2020 14:06
Date Of Accident 10/11/2020 16:10
Exact Location Of Accident TAKKA MARKET TAXI STAND AT RACE COURSE ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA2110C
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 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-18088936MFSH
Cover Note Number

Driver

Name of Driver SUTOHMOH BIN YAHMOH
NRIC No SXXXX703G
Date Of Birth 14/02/1948
Occupation OUTDOOR
Date Of Driving Pass 04/09/1970
Driving Experience 50 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-94361686
Fax Number
Contact Number
Email Address SUTOMOYAHMO@GMAIL.COM

495 02-96 JURONG WEST STREET 41
640495

an employee of the Insured's Company NO
Relationship of the Driver with the Insured OTHER - TAXI DRIVER
Registration Number of Driver's Own
Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - OPENING DOOR OF VEHICLE
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)

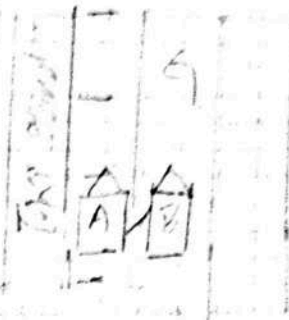
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: -
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMP1874A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number 91074545
Address
Postcode
Insurance Company Name
Nature Of Damage LEFT SIDE
No. Of Passenger (Including Driver)

A SVA 2110 C

B SMP 1874A



Takka Market Taxi Stand
at Race Course Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/11/2020 @ about 1610 hrs. i was travelling along Race Course Road towards Takka Market Taxi stand. Along the Taxi stand there was vehicle B (SMP 1874A) stop at beside taxi stand as my vehicle approached Taxi stand. B vehicle left rear passenger door suddenly open and hit my taxi right front portion. No one was injured at that moment. B vehicle passenger want to prevent settlement with me by asking my contact number. he said he will called me but until today i still not received. called from him, so i came down to lagang accident dept to report the case.

DECLARATION

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:

11/11/2020

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: *My Leong Teck*

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Authorised Driver.

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.

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

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.

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.

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: Hong Leong - A/c
NRIC/Fin No.:

