

ASS. REC. BY: Tough

REF:

EQ

## 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. \_\_\_\_\_

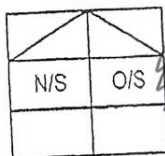
Claims No. \_\_\_\_\_

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

Date: \_\_\_\_\_ Person Contacted: Junan Vehicle: IN / OUTVeh No: SH9072R Yr Regn: 2019 Dec

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

Truck / Trailer or \_\_\_\_\_

Make: Hyundai i30 C.C. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 138728 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHCB85/CV24189822

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 \_\_\_\_\_

Tyre Size: F: 195/65R15

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Westlake

Front Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 8/12/20Survey held at Comfort Lodge

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

COR \$875, 2 days.

RED: 3477.92; 79%

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

S + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL

Report Form: \_\_\_\_\_

Lump Sum / L.S. (\$ \_\_\_\_\_)

## ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive  
Singapore 508969  
Tel: 6214 8300

*(Jumani)*

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

**EQ Insurance Company Ltd (HQ)**

Singapore

| PARTICULARS OF CLAIM |  |  |  |
|----------------------|--|--|--|
|----------------------|--|--|--|

|                               |  |                    |                   |
|-------------------------------|--|--------------------|-------------------|
| Claim Type:                   | THIRD PARTY                                | Ref. No:           |                   |
| Policy No:                    |  | Date of Loss:      | 05/12/2020        |
| Vehicle Reg. No.:             | SH9072R                                    | Driveable?         |                   |
| Party At Fault:               | UNKNOWN                                    |                    |                   |
| Make/Model:                   | HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)      | Vehicle Reg. Date: | 19/12/2019        |
| Vehicle Colour:               | BLUE                                       |                    |                   |
| Engine No:                    | G4LEKU408596                               | Chassis No:        | KMHC851CVLU189822 |
| Odometer:                     | 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) |                    |                   |

| COST OF CLAIMS           | Amount          |
|--------------------------|-----------------|
| Parts                    | 3,212.92        |
| Miscellaneous Items      | 0.00            |
| Labour                   | 1,140.00        |
| Paintwork Labour         | 0.00            |
| Towing                   | 0.00            |
| <b>Gross Total (S\$)</b> | <b>4,352.92</b> |
| <b>+ GST 7.00% (S\$)</b> | <b>304.70</b>   |
| <b>Nett Amount (S\$)</b> | <b>4,657.62</b> |

**This claim is handled by: JUMANI BIN MASUDIN**

Generated using Merimen e-Claims Internet Estimation & Adjusting System

**REPAIR DETAILS****Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 07 Dec 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/SH9072R/07/12/2020 16:39**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            | 20.00 | 0.00  | Rx *1,797.20 FL |
| 2   | 1   |          | *REAR RH DOOR ASSY           | 20.00 | 0.00  | Rx *1,789.90 FL |
| 3   | 1   |          | *FRT DOOR COMFORTDELGRO LOGO | 0.00  | 0.00  | cut - *75.00 F  |
| 4   | 1   |          | *REAR DOOR APPS LOGO         | 0.00  | 0.00  | cut - *80.00 F  |
| 5   | 1   |          | *FRT RH DOOR PROTECTOR       | 20.00 | 0.00  | Rx *110.00 FL   |
| 6   | 1   |          | *REAR RH DOOR PROTECTOR      | 20.00 | 0.00  | Rx *125.30 FL   |

F=Franchise part. L=ListItemDisc.

|   |                 |
|---|-----------------|
| <b>Sub Total (\$)</b>                       | <b>3,977.40</b> |
| <b>- List Item Discount on L Items (\$)</b> | <b>764.48</b>   |
| <b>Total Parts (\$)</b>                     | <b>3,212.92</b> |

ComfortDelGro Engineering Pte Ltd/SH9072R/07/12/2020 16:39. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

## Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

## Estimates on Labour

| No                             | Particulars         | Lab.Type | Amount          |
|--------------------------------|---------------------|----------|-----------------|
| <b>Labour Items</b>            |                     |          |                 |
| 1                              | PANEL BEATING       | New      | 320 400.00      |
| 2                              | SPRAYPAINT          | New      | 400 500.00      |
| 3                              | TRANSFER DOOR PARTS | New      | X 240.00        |
| <b>Gross Labour Cost (S\$)</b> |                     |          | <b>1,140.00</b> |

ComfortDelGro Engineering Pte Ltd/SH9072R/07/12/2020 16:39. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

&lt; END OF ESTIMATES &gt;

Tanpin 97495749 02 days  
'WP' 8/12/2020 5pm  
~~Repair~~ after repair  
LKK Auto Consultants.  
We/He

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:



Date/Time: 07.12.2020 15:55

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305437684

OWNER

AS COMFORT TRANSPORTATION PTE LTD  
OWNER NO 7010045  
RESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)  
(P)

OUNT CARD NO.

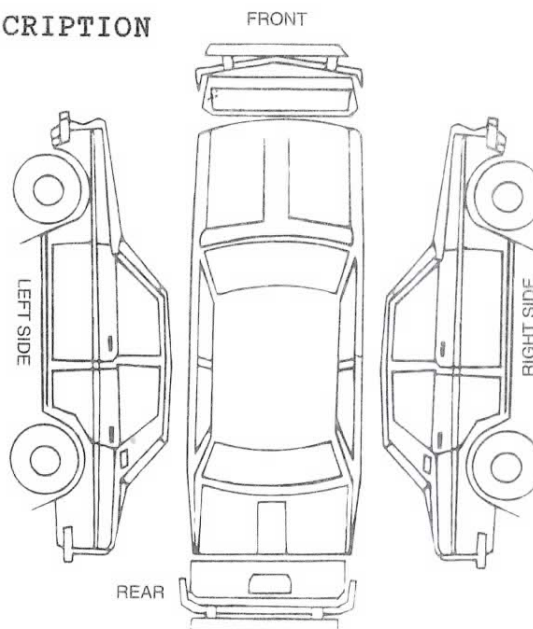
|                                |                               |
|--------------------------------|-------------------------------|
| REGN NO: SH 9072R              | MILEAGE                       |
| MAKE: HYUNDAI                  | FUEL<br>E.....1/2.....F       |
| MODEL IONIQ(G3)                | DATE/TIME IN 05.12.2020 23:50 |
| YR OF MANU. 19.12.2019         | TARGET DATE                   |
| CHASSIS CODE KMHC851CVLU189822 | COMPLETION DATE/TIME:         |

### JOB DESCRIPTION

Accident Date: 05.12.2020

NATURE: 3P 05.12.202

3/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Settlement Slip

Exit Pass

No.: SH 9072R JU EQ

Vehicle No.: SH 9072R

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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 Submission              | 07/12/2020 14:42 (SGT)     |
| Date of Accident                | 05/12/2020 19:00 (SGT)     |
| Exact Location of Accident      | River Valley Rd, Singapore |
| Additional Location Information | -                          |
| Country/State of Loss           | Singapore                  |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | SH9072R |
|-----------------------------|---------|

#### INSURED/POLICYHOLDER

|                          |                                |
|--------------------------|--------------------------------|
| Is company?              | Yes                            |
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LTD |
| Company Reg No           | 1XXXXX821R                     |
| Email Address            | fleetsafety@cdgtaxi.com.sg     |
| Mobile Phone No          | (Phone) +65-65508768           |
| Alternative Phone No     | (Office) +65-65508768          |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Hyundai                   |
| Model  | Ioniq                     |
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Private hire              |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category   | Taxi                      |

#### INSURANCE COMPANY

|                           |                     |
|---------------------------|---------------------|
| Name of Insurance Company | India International |
| Type of Coverage          | ThirdPartyFireTheft |
| Fleet Policy              | Yes                 |
| Policy Number             | MCOM0015            |
| Cover Note Number         | -                   |

#### DRIVER

|                |               |
|----------------|---------------|
| Name of Driver | HWEE KAM FATT |
| NRIC No        | SXXXX859J     |
| Date Of Birth  | 21/11/1954    |
| Occupation     | Outdoor       |

|  |                       |
|--|-----------------------|
| Date Of Driving Pass   | 30/06/1981            |
| Driving experience   | 39 YEARS AND 6 MONTHS |
| Gender   | Male                  |
| Mobile Number  | (Phone) +65-91370755  |
| Alt. Phone Number  | -                     |
| Email Address  | HWEEKF@Gmail.com      |
| Address  | BLK 11 ELIAS          |
| Address complement   | #08-04                |
| Postcode   | 519964                |
| Is the driver the policyholder?                              | No                    |
| If No, Relationship of the Driver with the Insured           | Other                 |
| Does Driver Own Other Vehicles?                              | No                    |
| Vehicle Registration Number of Other Vehicle Owned by Driver | -                     |
| Insurance Company of Other Vehicle Owned by Driver           | -                     |

#### GENERAL INFORMATION OF THE ACCIDENT

|                    |            |
|--------------------|------------|
| Type of Accident   | Side Swipe |
| Weather Conditions | Clear      |
| Road Surface       | Dry        |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident?   | No  |
| Number of vehicles involved in the accident   | 2   |
| Was anybody injured in the Accident?  | No  |
| Was any injured conveyed to hospital by ambulance?  | -   |
| Was any other material or property damaged?   | Yes |
| Number of Passengers (Including Driver)   | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

#### PASSENGER 1

|        |        |
|--------|--------|
| Name   | -      |
| Gender | Female |

#### DETAILS OF POLICE ACTION

|   |    |
|---|----|
| Was the accident reported to the police?  | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom?                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO ATTACHED

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera?   | Yes |
| Was there any audio recorded?                 | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKD7785X             |
| Vehicle Manufacturer        | Peugeot              |
| Vehicle Model               | -                    |
| Vehicle Variant             | -                    |
| Vehicle Colour              | -                    |
| Vehicle Category            | Private car          |
| Name of Driver              | CHUA JIN KANG        |
| Contact Number              | (Phone) +65-91111357 |

|   |          |
|---|----------|
| Address                                 | -        |
| Address complement                      | -        |
| Postcode                                | -        |
| Insurance Company Name                  | EQ       |
| Nature Of Damage                        | SLIGHT   |
| Details of property damaged in accident | LEFT FRT |
| No. Of Passenger (Including Driver)     | -        |



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 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 to 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: Olivia Weng  
NRIC/Fin No.:

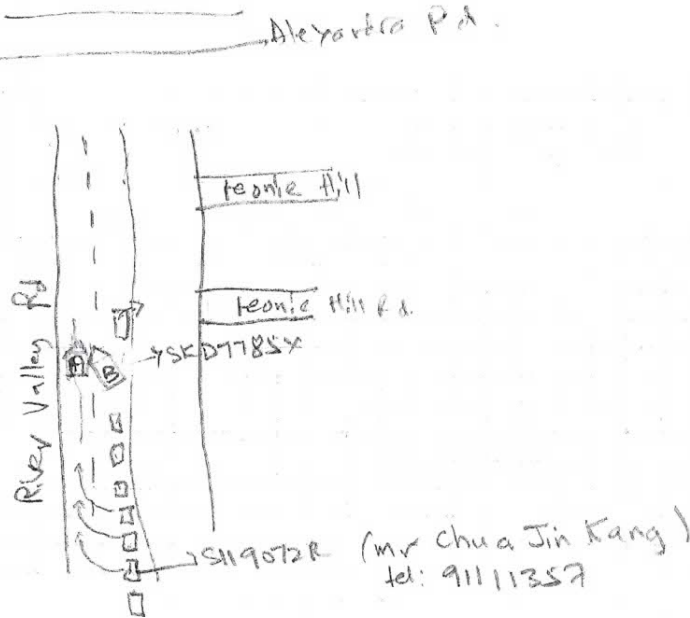
17 DEC 2020

1

### SKETCH PLAN

A 2 SH9072R.

8 = SKD 7785X  
(PEUGEOT)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 1900hrs 5 Dec 2014 (Sat) My taxi was travelling along River Valley Road towards Alexandra Road with a lady passenger on board in the back seat. There were some cars stop behind with some cars trying to turn right to Leonie Hill Road. Two cars in front of me filtered out to the left lane. I checked it was safe and followed and filter to the left lane and continued journey. However one white private car (Peugeot SKD 778 SK) tried to filter out to the left when I was very close by. I pressed my horn and the private car hit me at the right middle of my taxi. I cannot jam brake <sup>as</sup> there was a woman <sup>pass</sup> behind and cars behind me will hit my back if I did.

Passenger address: Ms Chua Gek Huay tel: 98362958

## 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:

Reporting Centre Personnel's Signature  
Name: Olivia Wendy  
NRIC/Fin No.: \_\_\_\_\_

07 JUL 2020

