

ASS. REC. BY: TaufikhREF: TMI

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. MK000247Claims No. M2006030

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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WP

Vehicle: IN / OUT

Date: _____ Person Contacted: JumaniVeh No: SHC 2945A Yr Regn: 2019, Aug

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

Truck / Trailer or

Make: Hyundai i90 C.C. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 17196 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HC85 / CV 164 / 6 4475

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: 195/65R15R: 195/65R15

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

TOYO / YOKO or WotakeFront 6 mm Rear 6 mmR/Bal. 6 mm L/Bal. 6 mmD.O.A. 7/12/20Survey held at Comfort LodgeDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or O/S Rear

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

Date / Time Action / Instruction

10/12/20 @ 10.22am revised to Francis Ng via Merimen.

22/12/20 @ 11.11am Taufikh finalised with Jumani final fig \$946.12, 2 days (Red \$575.16, 38%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 23/12 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: MER-TP

Lump Sum / B.B. / 946.12

Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

S. + RS. \$ _____

Photos

Others

TOTAL

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

| | | | |
|-------------------------------|--|--------------------|-------------------|
| Claim Type: | THIRD PARTY | Ref. No: | |
| Policy No: | | Date of Loss: | 07/12/2020 |
| Vehicle Reg. No.: | SHC2945A | Driveable? | YES |
| Party At Fault: | UNKNOWN | | |
| Make/Model: | HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A) | Vehicle Reg. Date: | 06/08/2019 |
| Vehicle Colour: | BLUE | Gen Condition: | GOOD |
| Engine No: | G4LEKU299945 | Chassis No: | KMHC851CVKU164475 |
| 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 | 730.28 |
| Miscellaneous Items | 11.00 |
| Labour | 780.00 |
| Paintwork Labour | 0.00 |
| Towing | 0.00 |
| Gross Total (S\$) | 1,521.28 |
| + GST 7.00% (S\$) | 106.49 |
| Nett Amount (S\$) | 1,627.77 |

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/SHC2945A/07/12/2020 16:55**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 ASSY | 20.00 | 0.00 | de *459.40 FL |
| 2 | 1 | | *REAR BUMPER CLIPS | 20.00 | 0.00 | nei *2.20 FL |
| 3 | 1 | | *REAR BUMPER CENTRE GUIDE | 20.00 | 0.00 | X *451.25 FL |
| Sub Total (S\$) | | | | | | 912.85 |
| - List Item Discount on L Items (S\$) | | | | | | 182.57 |
| Total Parts (S\$) | | | | | | 730.28 |

F=Franchise part. L=ListItemDisc.

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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 | New 320 | 400.00 |
| 2 | SPRAYPAINT | New 200 | 300.00 |
| 3 | REMOVE/REFIX REVERSE SENSOR | New 30 | 80.00 |
| Gross Labour Cost (S\$) | | | 780.00 |

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tanphir 7744 5749
WP 7/12/2000 5pm
02 days
P/P Rising before paint
tanphir@khan.com

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 15:56

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305437683

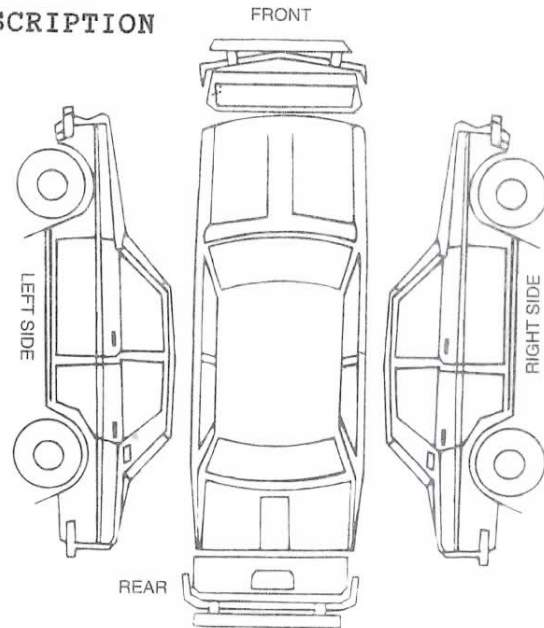
| | | |
|--|--|---|
| FORMER /S COMFORT TRANSPORTATION PTE LTD FORMER NO 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P) | REGN NO: SHC2945A MAKE: HYUNDAI MODEL IONIQ(G2) YR OF MANUF. 06.08.2019 CHASSIS CODE KMHC851CVKU164475 | MILEAGE FUEL E.....1/2.....F DATE/TIME IN 07.12.2020 11:15 TARGET DATE COMPLETION DATE/TIME: |
|--|--|---|

OUNT CARD NO.

Accident Date: 07.12.2020
NATURE: 3P 07.12.202

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

pledgement Slip

Exit Pass

No.: SHC2945A

JU TOKIO LKK

Vehicle No.:

SHC2945A

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 15:31 (SGT) |
| Date of Accident | 07/12/2020 09:10 (SGT) |
| Exact Location of Accident | Woodlands Ave 4, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHC2945A |
|-----------------------------|----------|

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 | GOH ENG BEE |
| NRIC No | SXXXX192A |
| Date Of Birth | 07/07/1949 |
| Occupation | Outdoor |

| | |
|--|---------------------------------|
| Date Of Driving Pass | 21/10/1966 |
| Driving experience | 54 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98154930 |
| Alt. Phone Number | - |
| Email Address | ROLANDGOHENG BEE@SINGNET.COM.SG |
| Address | BLK 786C WOODLANDS DRIVE 60 |
| Address complement | #07-79 |
| Postcode | 733786 |
| 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 | GBK3251R |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |

| | |
|---|--------------|
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | Tokio Marine |
| 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.

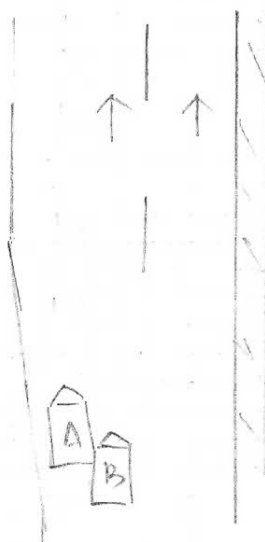
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 10930221R

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.:

A: SHC 2945A
B: GBK 3251R



On 7-12-20 at about 0908 hrs along Woodlands Ave 4 after junction of Woodlands Dr 50. I stop my taxis SAC 2945A at said place to drop passenger suddenly I heard sound saw Impick G-BK 3251 R Collided into my taxis right rear mud-guard. Passenger no injury.

GBK 3251 particular Moo Pak Loy S 2594095D

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

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.: _____ Loke Wei Yiong

