

ASS. REC. BY: AsmuREF: CS/TM/20014763/R/qd3

8356

## 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: \_\_\_\_\_

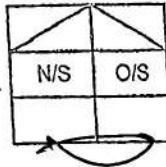
Policy No. MJ001442Claims No. M2006464

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: 2 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHA956SC Yr Regn: 2016/066

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

Truck / Trailer or

Make: Hyundai I40 1.7 c.c. 1685Colour Yellow A/C: Insured / Std / NI / NASp. Reading 515052 T/Radio: Insured / Std / NI / NA

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

C/No: KMHLE41umHu097793Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jainmed / Leaked / Burnt orBrake: In order / Jaammed / Leaked / Burnt orModi: Nil PS/Rim / STD A/Rim orTyre Size: F: 205/60R16

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

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

TOYO / YOKO or HankookFront 5 mm Rear 5 mmR/Bal. 5 mm L/Bal. 5 mmD.O.A. 30/12/2020 D.O.I. 30/12/2020Survey held at ComfortDes. 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

04/01/21 @ 12.41pm revised to Francis Ng via Merimen.

06/01/21 @ 10.28am Rasul finalised with Jumani Final Fig \$491, 2 days (Red \$1454, 75%)

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 2

1) 06/01 Typist

☐ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

Transportation:

2)

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Photos

Others

Report Format: MER-TPLump Sum / L.S. (\$ 491 )

TOTAL

## AIR DETAILS

## Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 30 Dec 2020)
Parts:	143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	ComfortDelGro Engineering Pte Ltd/SHA9565C/30/12/2020 15:50	
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 <i>repair</i>	20.00	0.00	*1,106.00 FL
2	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL
3	1		*REAR BUMPER SPONGE	20.00	0.00	*119.50 FL
4	1		*REAR BUMPER REFLECTOR LH	20.00	0.00	*32.00 FL
5	1		*REAR BUMPER UNDER COVER <i>X</i>	20.00	0.00	*288.00 FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$)	1,567.50
- List Item Discount on L Items (\$)	313.50
Total Parts (\$)	1,254.00

ComfortDelGro Engineering Pte Ltd/SHA9565C/30/12/2020 15:50. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

# Estimates on Miscellaneous Items

Qty Particulars

Amount

## Miscellaneous Items

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

200

300.00

2 SPRAYPAINT

New

200

300.00

3 REMOVE/REFIX REVERSE SENSOR

New

60?

80.00

Gross Labour Cost (S\$)

680.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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:

Rasm

Hp 90010068

2 days

4S

30/12/2020 @ 1630

Reg after repair

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

59 Loyang Drive  
Singapore 508969  
Tel: 6214 8300

TP INSURER:  
CCPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

-Jumani (CL/Sun)

## PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	30/12/2020
Vehicle Reg. No.:	SHA9565C	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	22/12/2013
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	D4FDGU673770	Chassis No:	KMHLB41UMHU097793
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	1,254.00
Miscellaneous Items	11.00
Labour	680.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (\$\$)</b>	<b>1,945.00</b>
<b>+ GST 7.00% (\$\$)</b>	<b>136.15</b>
<b>Nett Amount (\$\$)</b>	<b>2,081.15</b>

This claim is handled by: JUMANI BIN MASUDIN

**DELGRO  
ENGINEERING**

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  
220 Ulu Road Singapore 168649

24 Senoko Loop Singapore 758156  
7 Sengkang Way Singapore 728791  
501 Yishun Industrial Park A Singapore 768732

Date/Time: 30.12.2020 15:08

Page : 1

ARC Repair TP(CFSO)1

**JOB CARD** Sales Order:

JC NO.: 305441714

CITYCAB PTE LTD  
7010070  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65551188

REGN NO:	SHA9565C	MILEAGE
MAKE:	HYUNDAI	FUEL
MODEL	I-40	E.....1/2.....F
YR OF MANU.	22.12.2016	DATE/TIME IN
CHASSIS CODE	KMHLB41UMHU097793	TARGET DATE
		COMPLETION DATE/TIME:

COUNT CARD NO.

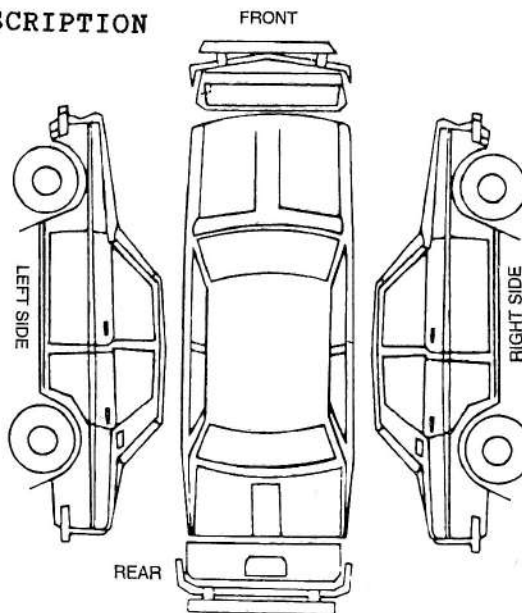
Accident Date: 30.12.2020  
NATURE: 3P 30.12.2020

JOB DESCRIPTION

3/NO

LABOR CODE

DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Receipt Slip

Exit Pass

No.: SHA9565C

JU TOKIO LKK

Vehicle No.:

SHA9565C

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 Submission	30/12/2020 14:11 (SGT)
Date of Accident	30/12/2020 09:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TWDS CHANGI EXIT TO TOA PAYOH
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA9565C

## INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768

## VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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	First Capital
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	D-18088937MFSH
Cover Note Number	-

## DRIVER

Name of Driver	SUKRI BIN ALI
NRIC No	SXXXX675D
Date Of Birth	20/04/1963
Occupation	Outdoor

ing Pass erience	19/09/1983
umber	37 YEARS AND 3 MONTHS
ne Number	Male
Address	(Phone) +65-93980746
ess	-
ess complement	fleetsafety@cdgtaxi.com.sg
stcode	819 #05-620 TAMPINES STREET 81
the driver the policyholder?	520819
if No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Hirer
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	-

#### 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 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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### 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

SEE ATTACH

#### 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

Vehicle Registration Number	SLU9852X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WENDY TAN HUI YING
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-



Damage  
Property damaged in accident  
Passenger (Including Driver)

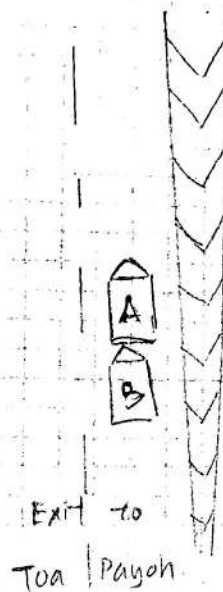
SLIGHT  
FRT

-



# SKETCH PLAN

A: SHA 9565 C  
B: SLU 9852 X



PIE Twas  
Changi

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/12/2020 at about 09:30 hrs, I Veh A was driving at above said location without pax. Suddenly I felt an impact from behind followed by a jerk. Veh B come from behind collided onto the rear portion of my taxi. Both of us then stop aside to take photo and exchange particulars. No injury at the point of accident.

## DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 1995026391

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Loke Vioi Yang  
NRIC/Fin No.: 30-12-2020

## 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.

CITYCAB PTE LTD  
CO. REG. NO. 199502839

\_\_\_\_\_  
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.: \_\_\_\_\_

30.12.2020