

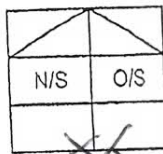
ASS. REC. BY: Taufikh REF: CS/TM/21000071/T1qd3

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. MU001607
 Claims No. M2100016
 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: 2 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Lim ME Vehicle: IN / OUT

Veh No: SAD 3697D Yr Regn: 2016 Dec.
 Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai 140 c.c. 1685
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading _____ T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHCB414644097195
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / SIRim / STD AJRim or _____
 Tyre Size: F: 205/60R16
 R: 205/60R16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 4/1/21
 Survey held at Comfort Agency
 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 Letting work

07/01/21@4.03pm revised to Clara Milah via Merimen.

27/01/21@12.13am Taufikh finalised with Mr Lim LS \$1650, 2 days. (Red \$4395.34, 73%)

Date/Time, File Pass to? ☐ : Preli. Report

1) 27/01 Typist ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: MER-TP

Lump Sum / ~~Rate~~ 1650

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee: _____
 Transportation: _____
 S + RS. \$ _____
 Photos _____
 Others _____

TOTAL

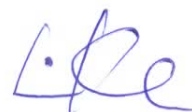
ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

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:	31/12/2020
Vehicle Reg. No.:	SHD3697D	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	15/12/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDEU461780	Chassis No:	KMHLB41UMHU097195
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	4,414.34
Miscellaneous Items	11.00
Labour	1,620.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	6,045.34
+ GST 7.00% (S\$)	423.17
Nett Amount (S\$)	6,468.51

This claim is handled by: LIM KWOK ENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 02 Jan 2021)
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/SHD3697D/02/01/2021 14:14

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 COVER	20.00	0.00	di ✓ *1,106.00 FL
2	10		*REAR BUMPER CLIPS	20.00	0.00	ni ✓ *22.00 FL
3	1		*REAR BUMPER SPONGE	20.00	0.00	? *119.50 FL
4	1		*REAR BUMPER REINFORCEMENT	20.00	0.00	? *428.40 FL
5	1		*REAR BUMPER LOWER COVER	20.00	0.00	di ✓ *228.00 FL
6	1		*REAR BUMPER REVERSE SENSOR	0.00	0.00	ni ✓ *135.70 F
7	1		*REAR BUMPER MAT	0.00	0.00	ni ✓ *50.00 F
8	1		*REAR PANEL ASSY	20.00	0.00	X *526.70 FL
9	1		*REAR PANEL TRIM-TRANSVERSE TOP	20.00	0.00	X *57.60 FL
10	1		*BOOTLID ASSY	20.00	0.00	* *2,174.90 FL
11	1		*BOOTLID LATCH ASSY	20.00	0.00	* *114.90 FL
12	1		*BOOTLID EMLEM - I40	20.00	0.00	* *67.90 FL
13	1		*BOOTLID EMLEM - CRDI	20.00	0.00	* *52.40 FL
14	1		*BOOTLID COMFORTDELGRO LOGO CTPL	0.00	0.00	X *30.00 F
15	1		*BOOTLID TEL NO STICKER CTPL	0.00	0.00	* *30.00 F
16	1		*REAR BUMPER ADVERTISEMENT LOGO	0.00	0.00	ni ✓ *50.00 F
17	1		*REAR FENDER ADVERTISEMENT LOGO LH	0.00	0.00	ni ✓ *100.00 F
18	1		*REAR FENDER ADVERTISEMENT LOGO RH	0.00	0.00	ni ✓ *100.00 F

F=Franchise part, L=ListItemDisc.

Sub Total (S\$)	5,394.00
- List Item Discount on L Items (S\$)	979.66
Total Parts (S\$)	4,414.34

ComfortDelGro Engineering Pte Ltd/SHD3697D/02/01/2021 14:14. Not valid without Reference section.
 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	280 850.00
2	SPRAY PAINTING CHARGE	New	200 650.00
3	REVE/REFIX REVERSE SENSOR	New	30 120.00
Gross Labour Cost (S\$)			1,620.00

ComfortDelGro Engineering Pte Ltd/SHD3697D/02/01/2021 14:14. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tan Jiah 9744 5749
 WP 4/1/2021 10am
 LLS Resurvey after repair
 2 days
 Tan Jiah @ 11/1/2021

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:

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305445660

OWNER

COMFORT TRANSPORTATION PTE LTD

7010045

IS

OWNER NO

383 SIN MING DRIVE

RESS

Singapore SINGAPORE 575717

65508755

(R)

(O)

(P)

QUANTITY CARD NO.

REGN NO:

SHD3697D

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

31.12.2020 23:20

YR OF MANU.

15.12.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMHU097195

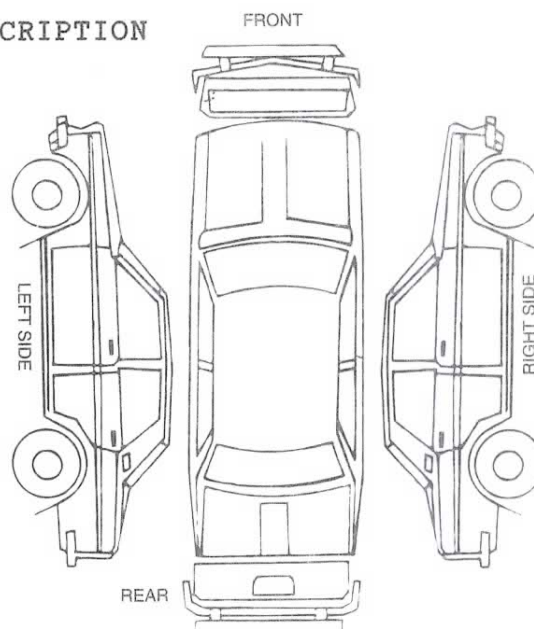
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 31.12.2020

NATURE: 3P 31.12.2020

3/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.:

SHD3697D

LKE

Vehicle No.:

SHD3697D

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

Taufik

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	02/01/2021 10:01 (SGT)
Date of Accident	31/12/2020 20:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE TUNNEL EXIT 9A TWDS OLD TAMPINES RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3697D
-----------------------------	----------

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	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-18088936MFSH
Cover Note Number	-

DRIVER

Name of Driver	ONG BENG SIONG
NRIC No	SXXXX836F
Date Of Birth	03/03/1962

Date Of Driving Pass	18/10/1982
Driving experience	38 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90299260
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 768 BEDOK RESERVIER VIEW
Address complement	#14-209
Postcode	470768
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

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	SLK9366K
Vehicle Manufacturer	Honda
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	FRT
No. Of Passenger (Including Driver)	-

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. 199303821K

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Joe Wang*
NRIC/Fin No.:

SKETCH PLAN

A = SHD 3697D

B = SLK 9366K
(AOWDA) (9)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 31/12/2008 @ 5045hrs, I was driving along KPE Tunnel Exit 9A towards Old Tampines Rd direction with 1 passenger on board my taxi.

I stop at the stopping line to check my incoming vehicle when there's an impact on my taxi rear portion.

I came out to check and found out a vehicle of SLK 9366K front portion had collided onto my taxi.

No injury at the point of accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CC. 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:
NRIC/Fin No.:

12/1