

ASS. REC. BY:

REF:

CS / TM121000646 / T19 d3.

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.

MX006708

Claims No.

M2100230

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

Date:

Person Contacted:

Vehicle: IN / OUT

Cm TS

Veh No:

SHB 288 HP

Yr Regn:

20201 Feb

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

Truck / Trailer or

Make:

Hyundai i10

C.C.

1580

Colour:

yellow

A/C: Insured / Std / NI / NA

Sp. Reading:

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMYHC8810V64184259

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:

145/65R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

13/1/21

Survey held at

Camfort Lodge

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rt N/S

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

Date / Time

Action / Instruction

Battery made

25/01/21@3.10pm revised to Telma Gomez via Merimen.

25/01/21@1.17pm Taufikh finalised with Mr Lim final fig \$882.28, 2 days (Red \$150, 15%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 25/01 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Report Form:

MER-TP

Lump Sum / L.B.I. (P)

882.28

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS. \$1

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

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

Lim Tien Siong

59 Loyang Drive
Singapore 508969
Tel: 6214 8300TP INSURER:
CCPL

Tokio Marine Insurance Singapore Ltd (HQ)

(P/P)

Singapore

LKK-Taufik

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	12/01/2021
Vehicle Reg. No.:	SHB2887P	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	13/02/2020
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	G4LEKU388842	Chassis No:	KMHC851CVLU184259
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	21.28
Miscellaneous Items	11.00
Labour	1,000.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,032.28
+ GST 7.00% (S\$)	72.26
Nett Amount (S\$)	1,104.54

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

photo survey - Betty - Tokio M.

REPAIR DETAILS**Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 13 Jan 2021)
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/SHB2887P/13/01/2021 09:05
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 FENDER BLUE-DRIVE LH	20.00	0.00	*26.60 FL
F=Franchise part. L=ListItemDisc.						
Sub Total (S\$)						26.60 <i>ml</i>
- List Item Discount on L Items (S\$)						5.32
Total Parts (S\$)						21.28

ComfortDelGro Engineering Pte Ltd/SHB2887P/13/01/2021 09:05. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Lim Tien Siong

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			✓ 11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING - FRT FENDER LH	New	350 400.00
2	SPRAY PAINTING - FRT BUMPER	New	500 600.00
Gross Labour Cost (S\$)			1,000.00

ComfortDelGro Engineering Pte Ltd/SHB2887P/13/01/2021 09:05. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tauphin 97495489
'WP' 13/1/21 @ 5pm
2 days
p/p Resing after repair.
Tauphin @ 1/1/21 w.m.

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:

OMFORTDELGRO
ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508909
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road Singapore 408649

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

Date/Time: 13.01.2021 08:17

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305447864

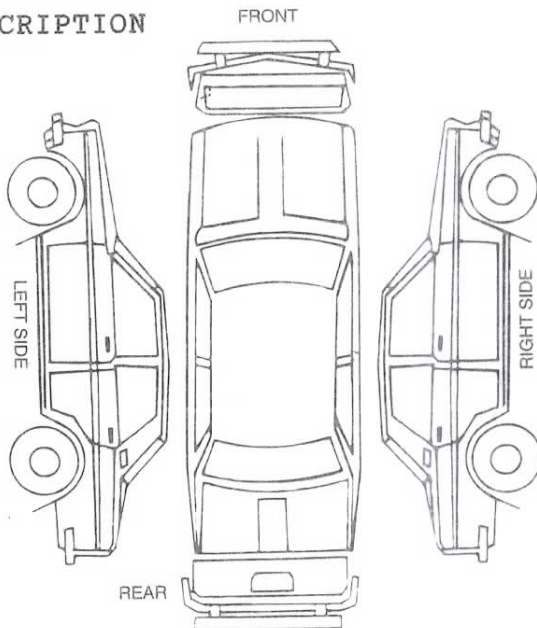
OMER	REGN NO. SHB2887P	MILEAGE
CITYCAB PTE LTD	MAKE: HYUNDAI	FUEL
7010070	MODEL IONIQ(G3)	E.....1/2.....F
OMER NO. 383 SIN MING DRIVE	DATE/TIME IN 12.01.2021 16:05	
LESS Singapore SINGAPORE 575717	YR OF MANU. 13.02.2020	TARGET DATE
65551188	CHASSIS CODE RMHC851CVLU184259	COMPLETION DATE/TIME:
(R) (O)		
(P)		

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 12.01.2021
NATURE: 3P 12.01.2021

S/NO LABOR CODE DESCRIPTION



OKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SHB2887P LIMITS

Vehicle No.: SHB2887P

f 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	12/01/2021 17:14 (SGT)
Date of Accident	12/01/2021 11:45 (SGT)
Exact Location of Accident	Thomson Rd, Singapore
Additional Location Information	THOMSON RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2887P
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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	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	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419140
Cover Note Number	-

DRIVER

Name of Driver	WONG CHEE MENG JEFFREY
NRIC No	SXXXX284D
Date Of Birth	28/11/1960
Occupation	Outdoor

Date Of Driving Pass	03/05/1983
Driving experience	37 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81131540
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	746 #02-117 YISHUN STREET 72
Address complement	-
Postcode	760746
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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 1

Vehicle Registration Number	GBC7656Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	slight
Details of property damaged in accident	rear rht
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

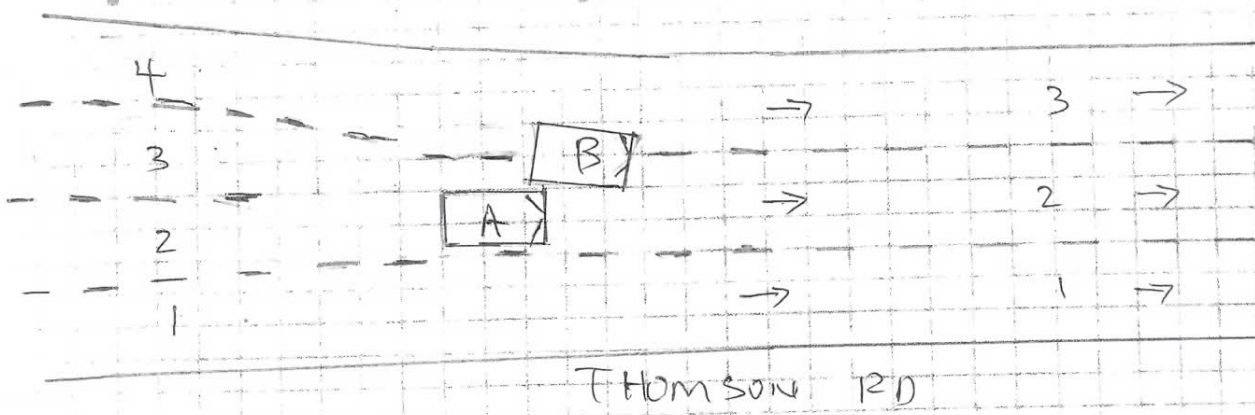
Name of injured person	WONG CHEE MENG JEFFREY
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	neck
Injured person in which vehicle?	SHB2887P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



SKETCH PLAN

Old Police Academy

A-SHB 2887P
B-ABC 7656Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

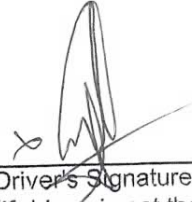
* Police report T/20210112/7018 *


DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:


Driver's Signature
(if driver is not the policyholder)
Date & Time: 12.01.2021
1625hrs


Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: Larry Ng

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. 199502839G

Policyholder's Signature
Date & Time:


Driver's Signature
(if driver is not the policyholder)
Date & Time: 12.01.2021
1625hr


Reporting Centre Personnel's Signature
Name: Larry Ng
NRIC/Fin No.:



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2021 15:30	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: WONG CHEE MENG			Address: 746 YISHUN STREET 72 #02-117 SINGAPORE 760746		
ID Type / ID No.: NRIC NO / S1427284D			Contact No.: Home/Office: Mobile: 81131540		
Nationality: SINGAPORE CITIZEN			Email: jwcm68@yahoo.com		
Sex: Male	Age: 60	Date of Birth: 28/11/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/01/2021 11:45	Type of Location: Straight Road
Location: THOMSON ROAD				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume:		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC7656Y	Lorry					0
SHB2887P	Car					0

Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



**SINGAPORE
POLICE FORCE**



T/20210112/7018

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210112/7018

CONTINUATION OF REPORT

Driver				
Name	WONG CHEE MENG		ID No.	S1427284D
Related Vehicle	SHB2887P (Car)		Contact No.	81131540
Hospital/Clinic	Y M CHAN CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/01/2021		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

On 12/01/2021 at about 1144 hours at after T Junction of Thomson Lane and Thomson Road towards Marymount Road. I was travelling on the middle lane and suddenly, a vehicle (B) from my left lane cut across into my lane without checking his blind spot and collided with my left portion of my vehicle (A) causing damages to my vehicle. After the accident, I went to consult the doctor and was awarded 3 days MC for my injury.

Vehicles involving in the situation:

- (A)SHB2887P
- (B)GBC7656Y



**SINGAPORE
POLICE FORCE**



T/20210112/7018

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210112/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
BOON YEN KIAN
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
12/01/2021 15:30

Classification Of Case: