Ed. CS/TMI 2100 11464/GVB3

ASSIGNMENT

Date

timated Cost:

TP / WS / TP RES / OD RES / EVA / INV / MV

Inspect Vehicle No:

Workshop m/s Comfort Lagang

sured:

licy No.

aims No.

um Insured: Excess:

(Client's Record)

ake of Veh:

(Policy Condition)

N/S	O/S

emark: The veh had commenced its repair at the time of inspection.

al. or Market Value:

DAC Accident Rport Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

st. Repairs 4 days Res.: Yes or No

um Sum: 20 % 3 Val : Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date Person Contacted

Vehicle SHD3439H Reg. 11 Aug 2016

Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make Hyundai 140 i.7 cc 1685

Colour Blue A/C Insured / Std / NI / NA

Sp Reading – T/Radio Insured / Std / NI / NA

Eng/No.

C/No: KMHCB41CM-6409328

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: 205/60 R16

R: 11

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	29/1/21	D.O.I.	01-02-21

Survey held at W/S 4:30pm

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

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

☐ : Final Report

Date/Time, File Return to:

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp. (S

☐ Interview (S

Survey Fee:

Transportation

5/2/21-Typist

Merimen

$2050

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 witholding 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	30/01/2021 12:19 (SGT)
Date of Accident	29/01/2021 15:15 (SGT)
Exact Location of Accident	Bukit Batok, Singapore
Additional Location Information	SLIP ROAD FROM BUKIT BATOK EAST AVE 6 TO BUKIT BATOK AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3439H

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	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	CHANG CHOON MENG
NRIC No	SXXXX844G
Date Of Birth	12/09/1964

Occupation	Outdoor
Date Of Driving Pass	23/07/1986
Driving experience	34 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96822613
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	769 19-15 CHOA CHU KANG STREET 54
Address complement	-
Postcode	680769
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	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

SEE ATTACH

ATTACHMENT(S)

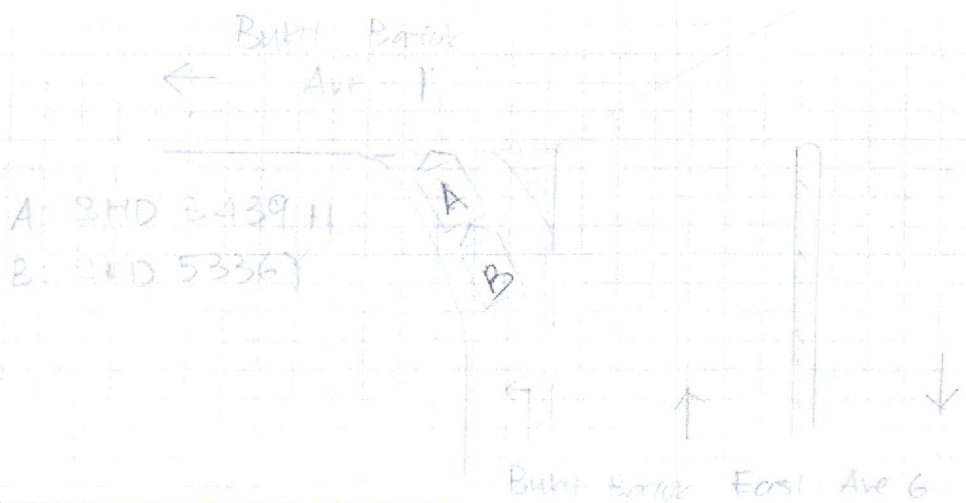
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD5336Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIM EN TING ADRINA

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MODERATE
Details of property damaged in accident	FRT
No. Of Passenger (Including Driver)	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/1/2021 at about 15:15 hrs, I veh A gradually comes to stop at above said location to check any oncoming traffic. Suddenly I felt an impact from behind. twice collision. I got down to have a check, found veh B front portion collided onto the rear portion of my stationary taxi. we have exchange particulars and take scene photo. 01 male still in my taxi and no injury at the point of accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199306231R

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.: 30/1/21

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 witholding of materi 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 th 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 Insuranc Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application b 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 o 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 setout 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 my be sited outisde 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 199[illegible]212

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.: 30/1/21

1

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717

Date/Time: 01.02.2021 09:10 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305451247

CUSTOMER

MR/MS COMFORT TRANSPORTATION PTE LTD

CUSTOMER NO. 7010045

ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

TEL. (R) 65508755 (O)

(P)

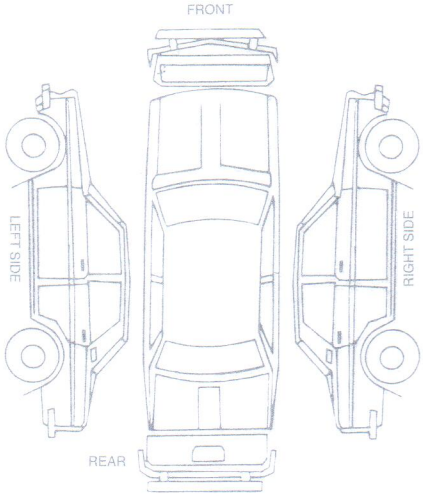
DISCOUNT CARD NO.

REGN NO.: SHD3439H	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 29.01.2021 15:15
YR OF MANU. 11.08.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU093282	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 29.01.2021
NATURE: 3P 29.01.2021

S/NO	LABOR CODE	DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

ne:

No.:

icle No.: SHD3439H CHIANG

ne of Service Advisor

Signature/Date

be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3439H

Name of Service Advisor

Date

To be kept by Security Guard

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: **Tokio Marine Insurance Singapore Ltd (HQ)**
CTPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	29/01/2021
Vehicle Reg. No.:	**SHD3439H**	Driveable?	YES
Party At Fault:	UNKNOWN		

Make/Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Vehicle Reg. Date:	11/08/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU668335	Chassis No:	KMHLB41UMGU093282
Odometer:	478918 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	2,199.40
Miscellaneous Items	11.00
Labour	1,410.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S$)	**3,620.40**
+ GST 7.00% (S$)	253.43
Nett Amount (S$)	**3,873.83**

This claim is handled by: CHIANG LIAT CHOON

*Generated using **Merimen e-Claims Internet Estimation & Adjusting System***

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 01 Feb 2021)
Parts:	143	HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	**ComfortDelGro Engineering Pte Ltd/SHD3439H/01/02/2021 09:40**	
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 / RS	20.00	0.00	*1,106.00 FL
2	2		*REAR BUMPER BRACKET SIDE LH/RH X NN	20.00	0.00	*71.20 FL
3	10		*REAR BUMPER CLIPS / MEC NN	20.00	0.00	*22.00 FL
4	1		*REAR BUMPER LOWER COVER X NN	20.00	0.00	*228.00 FL
5	1		*REAR BUMPER REINFORCEMENT X	20.00	0.00	*428.40 FL
6	2		*REAR BUMPER REINFORCEMENT STAY BRACKET LH/RH X NN	20.00	0.00	*160.60 FL
7	1		*REAR BUMPER REFLECTOR LH / CA	20.00	0.00	*32.00 FL
8	1		*BOOTLID MOULDING / SCR	20.00	0.00	*85.00 FL
9	1		*BOOTLID GARNISH / Cut	20.00	0.00	*227.00 FL
10	1		*BOOTLID CRDI PLATE /	20.00	0.00	*27.90 FL
11	1		*BOOTLID I-4 PLATE / SMC	20.00	0.00	*21.90 FL
12	1		*REVERSE SENSOR / OM	0	0.00	*135.70 FS
13	1		*BOOTLID COMFORT & TEL NO STICKER / MEC.	0	0.00	*135.70 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (S$)	**2,681.40**
- List Item Discount on L Items (S$)	482.00
Total Parts (S$)	**2,199.40**

ComfortDelGro Engineering Pte Ltd/SHD3439H/01/02/2021 09:40. Not valid without Reference section.
Generated using **Merimen e-Claims IEAS**

1793.2

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	5.6	600.00
2	**SPARY PAINTING**	New	5.0	600.00
3	**CHECK LIGHTING**	New	3.0	60.00
4	**TUFF COATING**	New	~~NN~~ X	90.00
5	**REMOVE/ REFIX REVERSE SENSOR**	New	4.0	60.00
		Gross Labour Cost (S$)		**1,410.00**

ComfortDelGro Engineering Pte Ltd/SHD3439H/01/02/2021 09:40. Not valid without Reference section.
Generated using **Merimen e-Claims IEAS**

< END OF ESTIMATES >

2564.56
20/01/2020

~~4 Days~~
4 Days.
Impact repair
After repair photos
Gna Qing
01/2/2021

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: