

ASS. REC. BY: Taufikh

REF:

CS/TMI21003300/T1qf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHD 3446Lat Workshop m/s ComfortDelGro Engineering

of _____

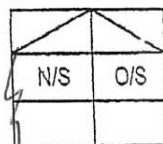
Insured: SKB 2620GPolicy No. MT002120Claims No. M2101210

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: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Chiang

Vehicle: IN / OUT

Veh No: S.HD 3446L Yr Regn: 2006.1 July

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

Truck / Trailer or _____

Make: Hyundai 140 c.c. 1688Colour Blue A/C: Insured / Std / NI / NASp. Reading 728107 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB414MG 4093286

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: 205/60K16R: 205/60K16

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

TOYO / YOKO or Woot Woot

Front

Rear

R/Bal. 0 mm R/Bal. 0 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 12/3/21Survey held at Comfort DelGro

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

19/03/21 @12.02PM REVISED IA TO FRANCIS NG VIA MERIMEN.

20/04/21 @11.21pm Taufikh finalised with Mr Chiang LS \$1150, 3 days. (Red \$3410.44, 75%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 23/04 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Rep. Formel: MER-TPLump Sum / LS / TP 1150

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:	11/03/2021
Vehicle Reg. No.:	SHD3446L	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Vehicle Reg. Date:	28/07/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDFU561526	Chassis No:	KMHLB41UMGU093256
Odometer:	728107 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	2,899.44
Miscellaneous Items	11.00
Labour	1,650.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,560.44
+ GST 7.00% (S\$)	319.23
Nett Amount (S\$)	4,879.67

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: 12 Mar 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/SHD3446L/12/03/2021 13:10**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	*1,106.00 FL
2	1		*REAR DOOR COMFORT APP	0	0.00	*80.00 FS
3	1		*REAR DOOR PANEL LH	20.00	0.00	*2,201.10 FL
4	1		*REAR WHEEL CAP	20.00	0.00	*217.20 FL

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

Sub Total (\$\$)**3,604.30****- List Item Discount on L Items (\$\$)****704.86****Total Parts (\$\$)****2,899.44**

ComfortDelGro Engineering Pte Ltd/SHD3446L/12/03/2021 13:10. 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	420. 700.00
2	SPRAY PAINTING	New	750. 800.00
3	TUFF COATING	New	X 60.00
4	REMOVE/REFIX REAR DOOR PART.	New	X 90.00
Gross Labour Cost (S\$)			1,650.00

ComfortDelGro Engineering Pte Ltd/SHD3446L/12/03/2021 13:10. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tanpin 97495749
'wp' 12/3/21 @ 430pm
k/s Resurvey after repair
Tanpin @ 1 handover
2-3 days

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: 12.03.2021 12:44 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305458094

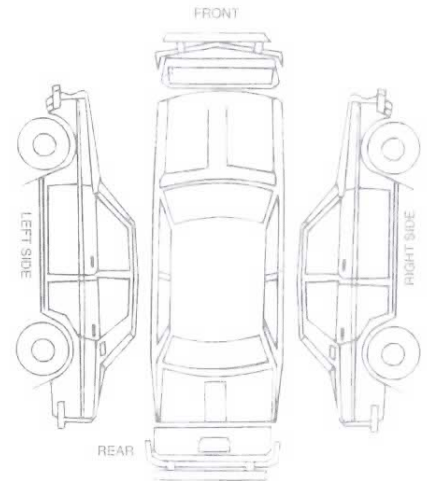
STOMER
V/MS COMFORT TRANSPORTATION PTE LTD
STOMER NO. 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (R) (O)
(P)
COUNT CARD NO.

REGN NO.: SHD3446L	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 12.03.2021 11:10
YR OF MANU. 28.07.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU093256	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 11.03.2021
NATURE: 3P 11.03.2021

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------



ECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: SHD3446L CHIANG

Vehicle No.: SHD3446L

Signature/Date

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	11/03/2021 14:35 (SGT)
Date of Accident	11/03/2021 10:15 (SGT)
Exact Location of Accident	E Coast Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3446L
-----------------------------	----------

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	CHIA YONG KWANG
NRIC No	SXXXX883F
Date Of Birth	05/10/1962
Occupation	Outdoor

Date Of Driving Pass	30/05/1980
Driving experience	40 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94896670
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 141 YISHUN RING RD
Address complement	#05-10
Postcode	760141
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	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
Type of accident : 3P REVERSE

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	SKB2620G
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	RIGHT 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 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 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.

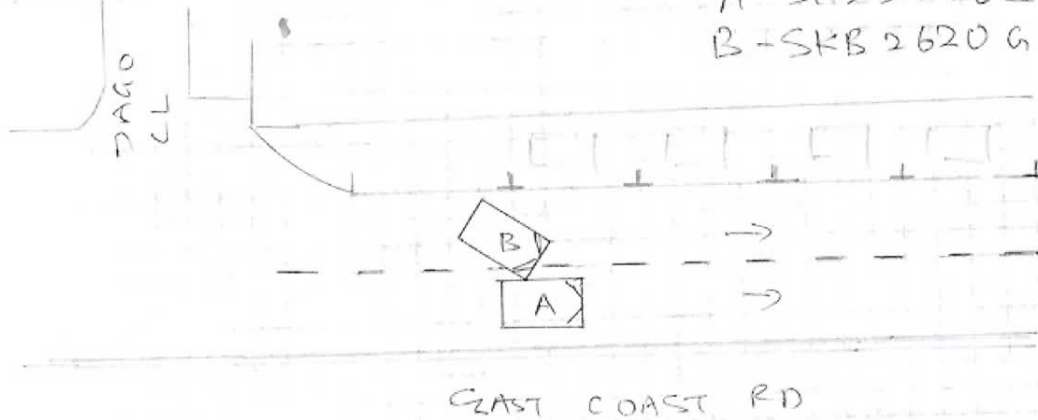
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 11.03.2021
1155h

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: 90, 39

KETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

→ statement attached

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REC. NO. 10303221R

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 11.03.2021
1155m

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: 123456789

Describe Circumstances of the Accident.

On 11.03.2021, at about 1015hrs, I was driving my Comfort taxi, SHD3446L, along

East Coast Rd with 1 male pax.

Weather was clear and light traffic. Somewhere after the T junction with Jago Cl,

a private car, B, which was stationary on the left lane, suddenly reversed.

As B reversed, its right front side hit my taxi left rear side.

I was driving my taxi in my own lane on the right lane.

I have a video recording of the accident. No injury at the time of accident.

Photos taken after the 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

Larry Ng
Witnessed by Reporting
Centre Personnel

[Signature]
11.03.2021
1158hrs

