

Ass. Made By: 662

CSI/TM 21003370/Gvf3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Comfort layout
 of _____
 Insured: SKP 7659P
 Policy No. MX008840
 Claims No. M2101234
 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 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: SHR66284 Yr Regn: 30 Oct 2019
 Type: M.Cdr / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai / ONV / C.C. 1580
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 134/110 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMH C 85 / CV 6 U T 875-17
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: ☒ Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65 R15
 R: H
 BS / DUN / EXNOVA / GY / FS / LIZA / MJC / 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. 11/3/21 D.O.I. 15-03-21
 Survey held at w/s
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or 4pm
 The U/C / Chassis frame / Body/Structure affected due to collision.

Date / Time	Action / Instruction
5/4/21	Final fig \$1030.48 confirmed (Red 150,13%)

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

1) ☐ : Final Report

Date/Time, File Return to?

2) 5/4/21-Typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp. (\$

☐ : Misc. (\$

Survey Fee:

Transportation:

☐ : 3 + RS. \$

Photos

Other:

TOTAL

Report Prepared: Merimen
 Final Sum / Value: \$1030.48

REPAIR DETAILS**Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronized: 15 Mar 2021)

Parts: 192 HYUNDAI IONIQ HYBRID 1.6 GLS DCI (A) (Catalogue Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHB6628U/15/03/2021 11:14

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		*FRT BUMPER ASSY <i>cut</i>	20.00	0.00	*430.90 FL
2	1		*FRT BUMPER FOG LAMP GARNISH RH <i>cut</i>	20.00	0.00	*93.45 FL
Sub Total (S\$)						524.35
- List Item Discount on L Items (S\$)						104.87
Total Parts (S\$)						419.48

*Franchise part L=ListItemDisc

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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	350 400.00
2	SPRAYPAINT	New	250 300.00
3	CHECK LIGHTING	New	50.00
Gross Labour Cost (S\$)			750.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

1030.48

2 Days.

8/P

before paint photos

and Giap

to 15/3/21

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:

14:15 (SGT))
1428212
18671

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report **correctly** the details of the accident to speed up the claims process.
This Form must be **completed by the Policyholder and/or the Authorised Driver**.
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 14:15 (SGT)
Date of Accident	11/03/2021 09:10 (SGT)
Exact Location of Accident	New Industrial Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6628U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	XXXXXXX21R
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/P2419138
Cover Note Number	-

DRIVER

Name of Driver	LIM SHYH PEN
NRIC No	SXXXX576B
Date Of Birth	17/05/1962
Occupation	Outdoor



26/01/1985
36 YEARS AND 2 MONTHS
Male
(Phone) +65-96609080

-
fleetsafety@cdgtaxi.com.sg
BLK 870 WOODLANDS STREET 81
#09-304
730870
No
Other
No

der
complement
e
driver the policyholder?
o, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
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

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	SKP7659P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Name
Age
Property damaged in accident
Danger (Including Driver)

-
-
-
Tokio Marine
NOT SURE
LEFT REAR
-

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 Authorized 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 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.

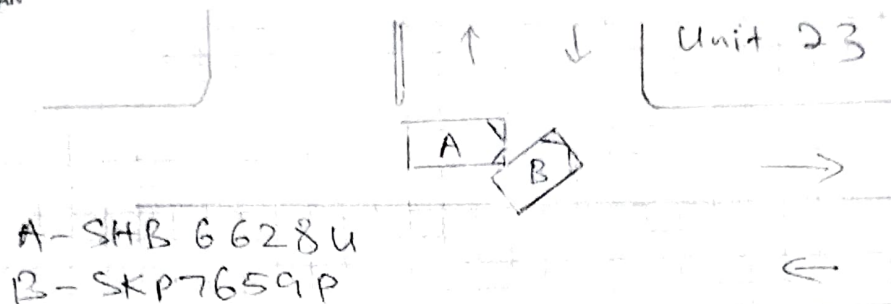
COMFORT TRANSPORTATION PTE LTD
CO REG NO: 198303821R

Policyholder's Signature
Date & Time

Driver's Signature
(if driver is not the policyholder)
Date & Time: 11.05.2021

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

PLAN



NEW INDUSTRIAL RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Start attached

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CORPORATE NO. 199600015N

Policyholder's Signature
Date & Time:

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

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

1105h

Describe Circumstances of the Accident.

On 11.03.2021, at about 0910hrs, I was driving my Comfort taxi, SHB6628U, along New Industrial Rd with 1 male pax.

Weather was clear and quite heavy traffic. My pax asked me to let him alight at 23 New Industrial Rd. I slowed down my taxi, outside the entrance when a private car, B, which was behind me, decided to overtake my taxi, against the flow of traffic and cut in front of my slow moving taxi.

In the process, B left rear side hit my taxi right front side.

If car B had queued up behind me, this accident would not have happened.

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

Declaration

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 139303821R

Policyholder's Signature/Date &
Time

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

1105hrs

Larry Ng

Witnessed by Reporting
Centre Personnel