

ASS. REC. BY:

Tanjiluh

REF:

C/1M121003484/7033

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

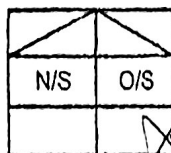
Excess:

(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: 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:

SHD6990L

Yr Regn:

2021, Feb

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

Truck / Trailer or

Make:

Hyundai i30 c.c. 1580

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

8843

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMH851CVL4192881

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size:

F:

19x/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.

17/3/21

Survey held at

Comfort Lodge

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

Rear o/s

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

Photos

Others

Report Form:

3/17/2021

Repairer Estimates

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:	16/03/2021
Vehicle Reg. No.:	SHD6990L	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI AE IONIQ HEV FL, 1.6 DCT (A)	Vehicle Reg. Date:	25/10/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU421508	Chassis No:	KMHC851CVLU192889
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

Parts	Amount
Miscellaneous Items	1,727.92
Labour	11.00
Paintwork Labour	1,580.00
Towing	0.00
	0.00
Gross Total (S\$)	3,318.92
+ GST 7.00% (S\$)	232.32
Nett Amount (S\$)	3,551.24

(Lkk)

This claim is handled by: CHIANG LIAT CHOON

Generated using Merlimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 17 Mar 2021)**Parts:** 143 HYUNDAI AE IONIQ HEV FL 1.6 DCT (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHD6990L/17/03/2021 08:56**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	dl *459.40 FL
2	1		*REAR BUMPER CENTRE MOULDING	20.00	0.00	dl *451.25 FL
3	1		*REAR BUMPER REINFORCEMENT	20.00	0.00	X *394.80 FL
4	1		*REAR BUMPER REINFORCRMENT STAY RH	20.00	0.00	X *138.10 FL
5	10		*REAR BUMPER CLIPS	20.00	0.00	nel *22.00 FL
6	1		*REAR BUMPER FOG LAMP	20.00	0.00	X *201.50 FL
7	2		*REAR BUMPER LICENCE LAMP LH/RH	20.00	0.00	X *170.60 FL
8	1		*REAR BUMPER REFLECTOR RH	20.00	0.00	alb *41.45 FL
9	1		*REAR BUMPER SIDE BRACKET RH	20.00	0.00	? *55.80 FL
10	1		*REVERSE SENSOR	0	0.00	? *180.00 FS

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

Sub Total (S\$)	2,114.90
- List Item Discount on L Items (S\$)	386.98
Total Parts (S\$)	1,727.92

ComfortDelGro Engineering Pte Ltd/SHD6990L/17/03/2021 08:56. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

3/17/2021

Repairer Estimates

Estimates on Miscellaneous Items

No Qty Particulars

Amount

Miscellaneous Items

1 1 OD/TP Case (Insurer)

11.00

Sub Total (\$)

11.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1 PANEL BEATING

New

350

800.00

2 SPRAY PAINTING

New

250

600.00

3 TUFF COATING

New

X

60.00

4 CHECK WIRING AND LIGHTING

New

XX

60.00

5 REMOVE/REFIX REVERSE SENSOR

New

30

60.00

Gross Labour Cost (\$)

1,520.00

ComfortDelGro Engineering Pte Ltd/SHD6990L/17/03/2021 08:56. Not valid without Reference section.
Generated using Merlmen e-Claims IEAS

< END OF ESTIMATES >

M11

Tangkh 97495717

WP 17/3/21 @ 4pm

2 days

P/P Resurvey before paint

Tangkh C/Manabun

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 is allowed
- Supplemental items must be resurveyed and is subject to final approval from insurance company

Acknowledged by Repairer

Signature:

Date:

Date/Time: 17.03.2021 08:33

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305458926

STOMER

COMFORT TRANSPORTATION PTE LTD

VMS

7010045

STOMER NO.

DRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

REGN NO.:

SHD6990L

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

IONIQ(G3)

DATE/TIME IN

16.03.2021 15:20

YR OF MANU.

25.02.2021

TARGET DATE

CHASSIS CODE

KMHC851CVLU192889

COMPLETION DATE/TIME

JOB DESCRIPTION

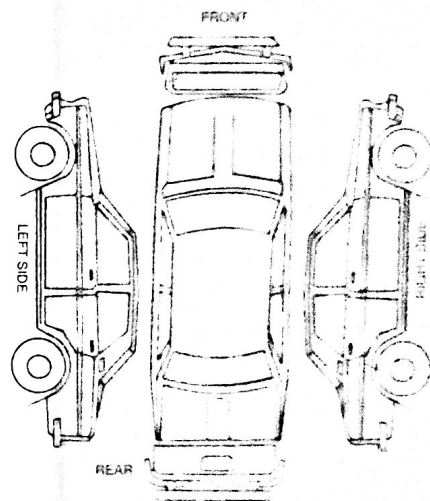
Accident Date: 16.03.2021

NATURE: 3P 16.03.2021

S/NO

LABOR CODE

DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.:

SHD6990L

e No.:

SHD6990L

CHIANG

of Service Advisor

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	16/03/2021 16:04 (SGT)
Date of Accident	16/03/2021 14:00 (SGT)
Exact Location of Accident	Jln Toa Payoh, Singapore
Additional Location Information	JLN TOA PAYOH TO THOMSON RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6990L
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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	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	POON KAR KIONG
NRIC No	SXXXX581D
Date Of Birth	09/01/1952
Occupation	Outdoor

Date Of Driving Pass	20/03/1972
Driving experience	49 YEARS
Gender	Male
Mobile Number	(Phone) +65-96792882
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	289 09-15 BISHAN STREET 24
Address complement	-
Postcode	570289
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	Female

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	SLG9024T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WINT ARKAR MAUNG
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	moderate
No. Of Passenger (Including Driver)	frt left
	-

KETCH PLAN

A: RHD 69902
B: SLG 90047

Jalan Tanjong

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/3/21 at about 14:00 hrs, I Ven A was
stopping at above said "give way line" to waiting main
road traffic to clear. Suddenly I felt an impact from
behind. I got down to have a check and found Ven B
rear ended my taxi. Scene photo taken and exchange particulars.
Then I remove send my passenger to Tan Tock Seng Hospital.
No injury at the point of accident.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

16/03 1542hrs

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

16/3/21

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 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.
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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)**

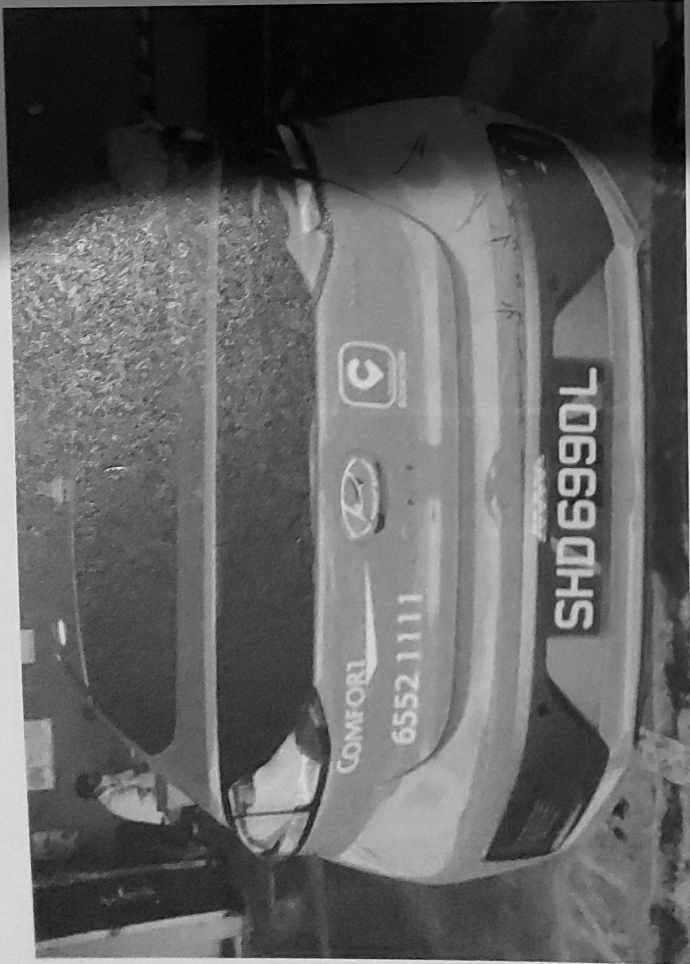
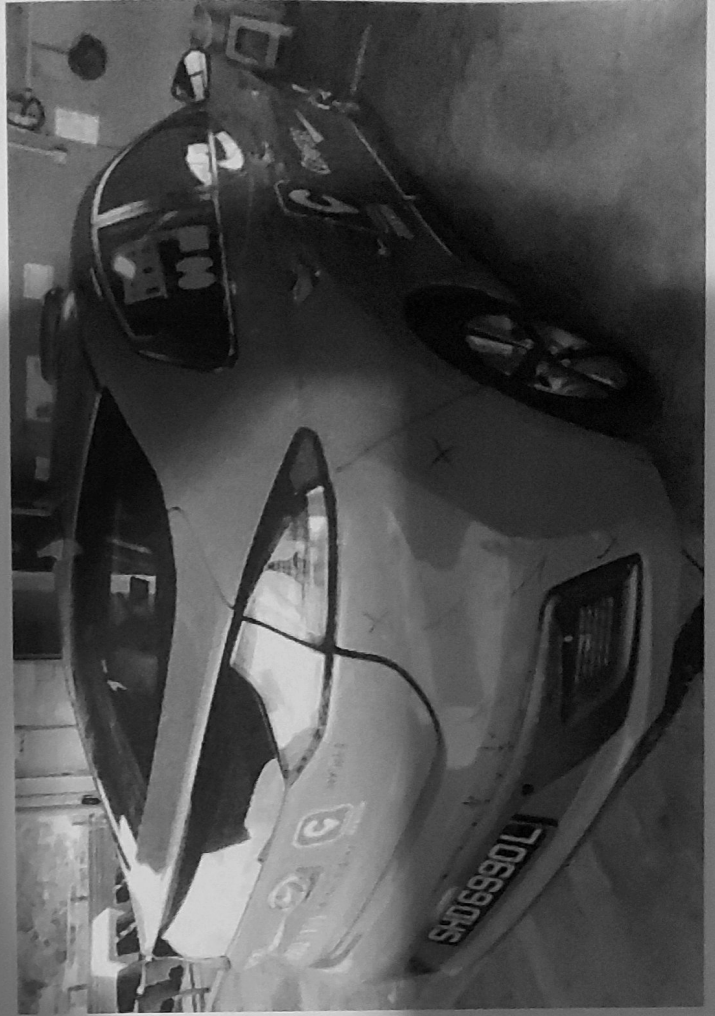
I understand, acknowledge, agree and consent that:

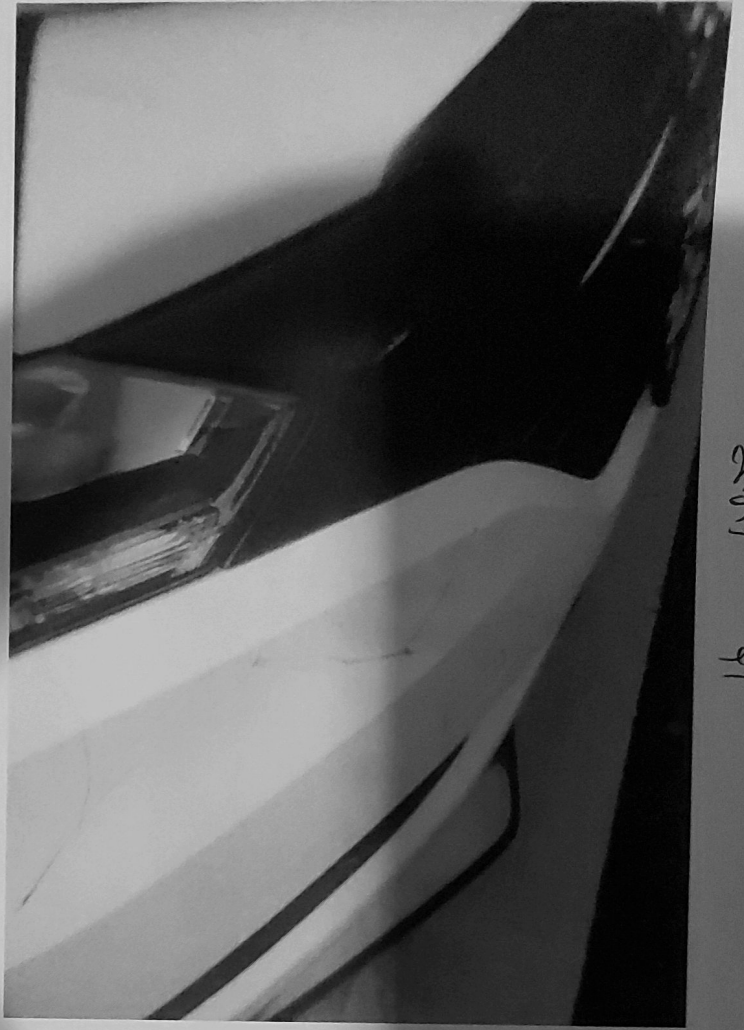
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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.:





16 1420

