

tm

ASSIGNMENT

1014

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

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

CHS

LKK-

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	21/03/2021
Vehicle Reg. No.:	SHC8400R	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	06/08/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDFU537829	Chassis No:	KMHLB41UMGU076905
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	2,587.38
Miscellaneous Items	11.00
Labour	840.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,438.38
+ GST 7.00% (S\$)	240.69
Nett Amount (S\$)	3,679.07

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 22 Mar 2021)**Parts:** 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHC8400R/22/03/2021 13:30**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	20.00	0.00	*1,106.00 FL <i>de</i>
2	1		*REAR BUMPER UNDER COVER	20.00	0.00	*228.00 FL <i>am</i>
3	1		*REAR BUMPER REINFORCMENT	20.00	0.00	*428.40 FL ?
4	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL <i>no</i>
5	1		*REVERSE SENSOR	0.00	0.00	*135.70 F <i>X</i>
6	2		*REAR FENDER ADVERTISEMENT STICKER RH/LH	0.00	0.00	*200.00 F <i>ng</i>
7	1		*REAR BUMPER ADVERTISEMENT STICKER	0.00	0.00	*50.00 F <i>nd</i>
8	1		*EXHAUST MUFFLER LH	20.00	0.00	*967.70 FL <i>X</i>

F=Franchise part. L=ListItemDisc.

Sub Total (S\$) 3,137.80

- List Item Discount on L Items (S\$) 550.42

Total Parts (S\$) 2,587.38

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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	New	280 300.00
2	SPRAY PAINTING	New	250 300.00
3	R/I EXHAUST SYSTEM	New	x 120.00
4	R/I REVERSE SENSOR	New	30 120.00
Gross Labour Cost (S\$)			840.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tax Fee \$60.00 nett ✓

Tanpin 97495747
wp' 23/3/21 @ 12pm
4/5 Resurvey after repair
Tanpin e/klh and...
- 2 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:

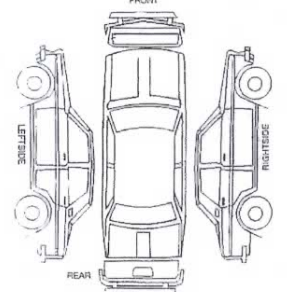
Date:

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>21/3/21</u> Time Received: <u>1446</u>		3. Vehicle Type: <input type="checkbox"/> Private <input type="checkbox"/> Taxi (CTPL/CCPL) <input checked="" type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>Tang</u> Contact No. : <u>90907836</u> Vehicle No. : <u>SHC8400R</u> Make / Model / Colour : <u>140</u> Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:

7. Location: <u>538 AMK</u>	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____	

10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	11. Radio / CD Player <input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	 #: Cracked X: Dented /: Scatched O: Missing Signature of Customer
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Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> OTHERS
Name of Driver : <u>Joe</u>
Vehicle No. : <u>701675</u>
Time Dispatch : <u>1440</u>
Time of Arrival : <u>1500</u>
Time Completed : <u>1535</u>

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

<u>21/3/21</u> Date	<u>1500</u> Time	<u>[Signature]</u> Signature of Customer
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14. WORKSHOP

_____ Name of Attending Staff/Guard	_____ Date & Time of Arrival	_____ Signature of Attending Staff/Guard
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Date/Time: 22.03.2021 12:36

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305459854

OMER

S COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

OUNT CARD NO.

REGN NO.:

SHC8400R

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

21.03.2021 14:40

YR OF MANU.

06.08.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU076905

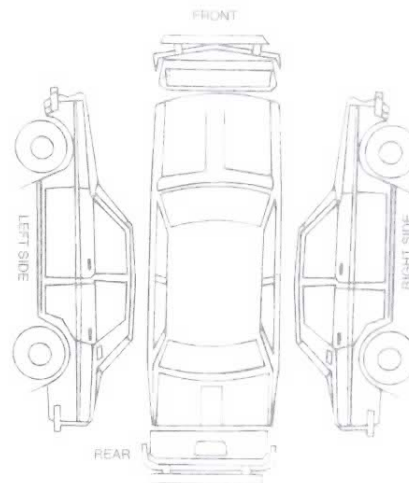
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 21.03.2021

NATURE: 3P 21.03.2021

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHC8400R

LIMITS

Vehicle No.:

SHC8400R

ervice Advisor

Signature/Date

Name of Service Advisor

Date

ned 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	22/03/2021 10:19 (SGT)
Date of Accident	21/03/2021 13:12 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	CTE FILTER TO PIE CHANGI NEAR BRADDELL ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8400R
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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) +65-90907836
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
Transmission	Auto
CC	1685

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	TANG KAH SHUN
NRIC No	SXXXX169E

Date Of Birth	02/11/1964
Occupation	Outdoor
Date Of Driving Pass	08/10/1982
Driving experience	38 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90907836
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 538 ANG MO KIO AVENUE 5 #09-4030
Address complement	-
Postcode	560538
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	CHIA SOOK HAN PETRINA
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

ON 21 MAR 2021 AT ABOUT 1312HOURS, I WAS TRAVELLING ON CTE TOWARDS PIE, AROUND THE BRADDELL ROAD ERP GANTRY. AS THERE WAS A QUEUE ON THE 4TH LANE, MY VEHICLE CAME TO A COMPLETE STOP. AS THE VEHICLE IN FRONT OF ME STARTED TO MOVE OFF, I ALSO RELEASED MY BRAKES. THEN I FELT AN IMPACT AND REALISED THAT THE VEHICLE BEHIND ME, SJP1301Y HAD HIT MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP1301Y
Vehicle Manufacturer	Hyundai

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MUHAMMAD FARHAN BIN OSMAN
NRIC No	SXXXX380H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT 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 lodgment 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) of :
 - (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, investigating, 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: 21/3/2021 2:58pm

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

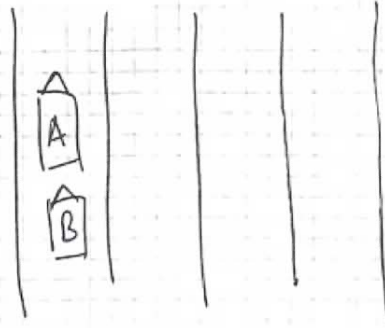


Scanned with CamScanner

SKETCH PLAN

A = SHC8400R

B = SJP1301Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21 Mar 2021 at about 1312 hours, I was travelling on CTE towards PIE, around the Braddell Road ERP gantry. As there was a queue on the 4th lane, my vehicle came to a complete stop. As the vehicle in front of me started to move off, I also released my brakes. Then I felt an impact, and realised that the vehicle behind me, SJP1301Y, had hit my vehicle.

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: 21/3/2021 2:58pm

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

CS Scanned with CamScanner