

ASS. REC. BY:

Tang JH

REF:

CS/TM1 21003719/T1vf3

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SGC 6918P

Policy No. MS006684

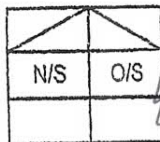
Claims No. M2101372

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

WP

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT  
Lm TS

Veh No: SHD3390M Yr Regn: 2016, July

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

Truck / Trailer or

Make: Hyundai 140 c.c. 1685

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

Sp. Reading: 40726 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KM ALB 4144.64093221

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Wotlake.

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 20/3/21 D.O.I. 23/3/21

Survey held at Comfort Lodge

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

O/S Rear.

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

Date / Time Action / Instruction

26/4/21 LS \$900 confirmed by email (Red 564.76,38%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 27/4/21-Typist

Rep. Format: Merimen

Lump Sum / L.B. / LS \$900

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ )☐ : Interview (\$ )☐ : Tech. Invs (\$ )☐ : Weekend (\$ )

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

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

59 Loyang Drive  
Singapore 508969  
Tel: 6214 8300

Lim Tien Siong

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

Singapore

(45)  
LKK-

**PARTICULARS OF CLAIM**

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	20/03/2021
Vehicle Reg. No.:	SHD3390M	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	28/07/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU667363	Chassis No:	KMHLB41UMGU093221
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)		

<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	253.76
Miscellaneous Items	11.00
Labour	1,200.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>1,464.76</b>
<b>+ GST 7.00% (S\$)</b>	<b>102.53</b>
<b>Nett Amount (S\$)</b>	<b>1,567.29</b>

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

Lim Tien Siong

**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/SHD3390M/22/03/2021 13:39**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 DOOR APPS STICKER RH	0.00	0.00	*80.00 F
2	1		*REAR WHEEL CAP RH	20.00	0.00	*217.20 FL
Sub Total (S\$)						297.20
- List Item Discount on L Items (S\$)						43.44
Total Parts (S\$)						253.76

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHD3390M/22/03/2021 13:39. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

## 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 - REAR FENDER ARCH RH ETC	New	290 300.00
2	SPRAY SPRAYING - ROCKER PANEL GARNISH RH ETC	New	600 900.00
Gross Labour Cost (S\$)			1,200.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tanpin 97495747  
 up 23/3/21 e Rep  
 L/S Resurvey after repair  
 Tanpin e/hand-on  
 ~2 days  
 4

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: 22.03.2021 12:34

Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD**

Sales Order:

JC NO.: 305459856

OMER

IS COMFORT TRANSPORTATION PTE LTD  
 OMER NO. 7010045  
 IESS 383 SIN MING DRIVE  
 Singapore SINGAPORE 575717  
 (R) 65508755 (O)  
 (P)

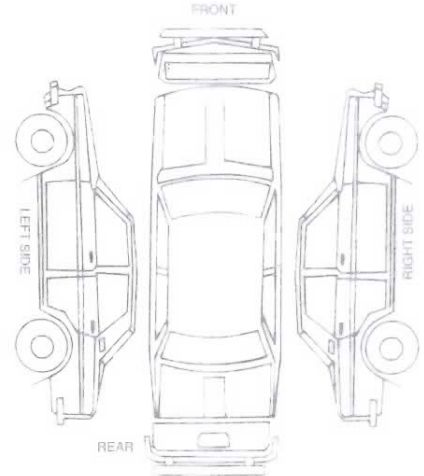
DUNT CARD NO.

REGN NO: <b>SHD3390M</b>	MILEAGE
MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
MODEL <b>I-40</b>	DATE/TIME IN <b>22.03.2021 11:15</b>
YR OF MANU. <b>28.07.2016</b>	TARGET DATE
CHASSIS CODE <b>KMHLB41UMGU093221</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 20.03.2021  
 NATURE: 3P 20.03.2021

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SHD3390M LIMITS

Vehicle No.: SHD3390M

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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	20/03/2021 13:08 (SGT)
Date of Accident	20/03/2021 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WHITLEY RD TWDS STEVEN RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3390M
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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	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	1700

#### 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	LEE TECK MOUY
NRIC No	SXXXX620E

Date Of Birth	09/12/1969
Occupation	Outdoor
Date Of Driving Pass	28/05/1993
Driving experience	27 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97996944
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 5 BOON KENG ROAD
Address complement	#02-92
Postcode	330005
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	-
Gender	Male

#### PASSENGER 2

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

PLS REFER TO ATTACHED

#### 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	-
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGC6918P
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Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98357303
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Tokio Marine Insurance Singapore Ltd
Nature Of Damage	VERY SLIGHT DAMAGE
Details of property damaged in accident	LEFT 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 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 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:

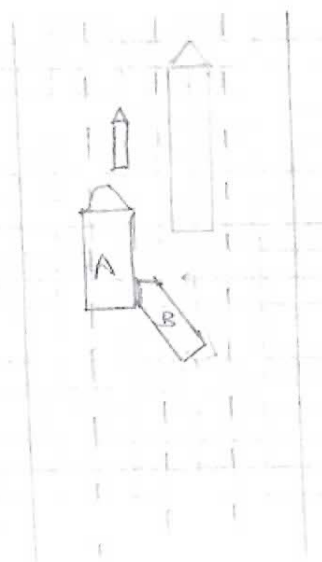
Reporting Centre Personnel's Signature  
Name:  
NRIC/Fin No.:

KETCH PLAN

A = SHD 3390M

B = SGC 6918P  
(HONDA)

STEVEN RD



WHITLEY RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SHD 3390M travelled straight at junction,  
SGC 6918P change lane in front of traffic junction almost of hitting  
motor cycle FBH 7604X, then SHD 3390M swiff left to  
avoid extra collision with motor cycle, then  
SGC 6918P hit SHD 3390M.

I have a witness in the taxi,  
Miss Rina 91114748 (HP).

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 100300021R

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

Reporting Centre Personnel's Signature  
Name: 27 MAR 2021  
NRIC/Fin No:

Olivia Wend