

ASS. REC. BY: Taufikh REF: TMI CS/TMI21004286/T1qf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHA 4397D

at Workshop m/s ComfortDelGro Engineering

of _____

Insured: SLG 6253T

Policy No. MM000075

Claims No. M2101591

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 Rpt: _____ 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 WP

Date: _____ Person Contacted: Jumani Vehicle: IN / OUT

Date / Time Action / Instruction lastly week

Veh No: SHA 4397D Yr Regn: 249, 4pm

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

Truck / Trailer or _____

Make: Hyundai C.C. 1580

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

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

Eng/No: _____

C/No: KM 4085 / CVK 41685

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: 195/65R15

R: 2

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

TOYO / YOKO or Westlake

Front _____ Rear _____

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

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

D.O.A. _____ D.O.I. 6/4/21

Survey held at Comfort DelGro

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

Frt o/s

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

12/4/2021 @10.30AM REVISED TO CLARA MILAH VIA MERIMEN.
29/04/21 @5.09pm Taufikh finalised with Jumani final fig \$4449.28, 2 days (Red \$594.76, 12%)

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

1) 03/05 Typist ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: MER-TP

Lump Sum / L.B.I. (\$) 4449.28

Days Of Repair: 2

Resurvey No. of Trip: 2

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

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

Jumani

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	02/04/2021
Vehicle Reg. No.:	SHA4397D	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	18/04/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEJU192173	Chassis No:	KMHC851CVKU141685
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %	Nett Item Discount:	20.00 %
Total Loss?	NO		
Est. Duration of Repair (day)	5		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	2,851.20
Miscellaneous Items	11.00
Labour	1,400.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	4,262.20
+ GST 7.00% (\$\$)	298.35
Nett Amount (\$\$)	4,560.55

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 05 Apr 2021)**Parts:** 192 HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHA4397D/05/04/2021 10:37**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	20.00	0.00	<i>car</i> *430.90 FL
2	1		*HEADLAMP ASSY RH	20.00	0.00	<i>car</i> *1,993.65 FL
3	1		*FRT BUMPER MOULDING	20.00	0.00	<i>car</i> *368.50 FL
4	1		*FRT DAY LIGHT ASSY RH	20.00	0.00	? *642.50 FL
5	1		*FRT BUMPER SIDE GRILLE RH	20.00	0.00	? *93.45 FL
6	1		*FRT BUMPER SIDE BRACKET RH	20.00	0.00	<i>car</i> *35.00 FL

F=Franchise part, L=ListItemDisc.

Sub Total (\$\$) 3,564.00

- List Item Discount on L Items (\$\$) 712.80

Total Parts (\$\$) 2,851.20

ComfortDelGro Engineering Pte Ltd/SHA4397D/05/04/2021 10:37. 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	350 700.00
2	SPRAYPAINT	New	500 600.00
3	CHECK WIRING	New	30 50.00
4	TUFF KOTE	New	X 50.00
Gross Labour Cost (S\$)			1,400.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tanpin 97495749
WP' 6/4/21 @ 240 pm
02 days
1/p Roomy before paint
tanpin @ 11/4/2021

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: 05.04.2021 09:44

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.:305461990

Customer: COMFORT TRANSPORTATION PTE LTD
Customer NO. 7010045
Address: 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)

REGN NO.: SHA4397D	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 03.04.2021 08:00
YR OF MANU. 18.04.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU141685	COMPLETION DATE/TIME:

Document NO.

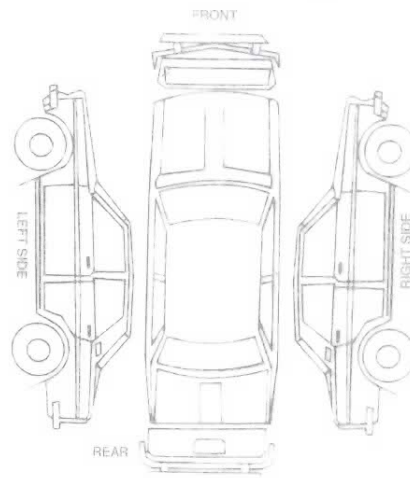
Accident Date: 02.04.2021
Accident Time: 3P 02.04.2021

JOB DESCRIPTION

/NO LABOR CODE

DESCRIPTION

WL
hyper
Ula day



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Receipt Slip

Exit Pass

Vehicle No.: **SHA4397D**

JU TOKIO

Vehicle No.:

SHA4397D

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	04/04/2021 20:22 (SGT)
Date of Accident	02/04/2021 09:20 (SGT)
Exact Location of Accident	603 Ang Mo Kio Ave 5, Block 603, Singapore 560603
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4397D
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) +65-87781528
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
Transmission	Auto
CC	1598

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	LIM LEE HUAT
NRIC No	SXXXX265B



Date Of Birth	26/08/1971
Occupation	Outdoor
Date Of Driving Pass	25/11/1994
Driving experience	26 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87781528
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 260 BISHAN STREET 22 #06-293
Address complement	-
Postcode	570260
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 - Major/Minor Rd
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 2/4/2021, AT ABOUT 0920HRS, I WAS DRIVING MY VEHICLE SHA4397D ALONG 603 ANG MO KIO AVE 5. WHILE DRIVING STRAIGHT TOWARDS EXIT CARPARK, SUDDENLY ONE VEHICLE, SLG 6253T FROM MY RIGHT NEVER STOPPED AT STOP LINE AND WAS TURNING RIGHT AND HIT ONTO MY VEHICLE. EXCHANGED PARTICULARS. NOBODY WAS INJURED.

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	SD CARD WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG6253T
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	POH JOO SENG WILSON

NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SXXXX991C
(Phone) +65-96371939
-
-
-
-
-
-
2

SKETCH PLAN

IMPORTANT NOTICE

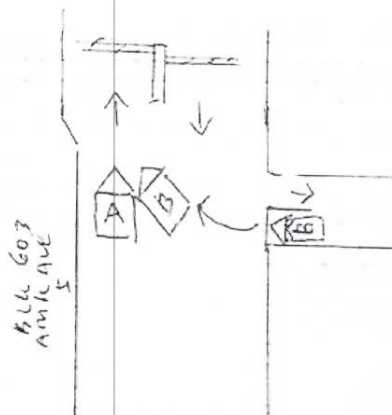
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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) 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.
 - (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

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A-SHA 43470
B-SLG 62531

Describe Circumstances of the Accident

On 3/4/2021, at about 0930hrs, I was driving my vehicle SIA 4377D along 603 Amy Wokio Ave E. While driving straight towards exit car park, suddenly one vehicle 29 6253T from my right never stop at stop line and was turning right and hit into my vehicle. Exchanged particulars. Nobody was injured.

Declaration

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 3/4/21 8:51

Witnessed by Reporting Centre Personnel