

ASS. REC. BY: NA2

REF:

CS/TMI 21005119/NV13

LIM

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: SMY 3768M

Policy No. M1000.510

Claims No. M2102015

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

X	X
N/S	O/S
LHS	RHS

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHB 664014 Yr Regn: 18 APR 2019

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

Truck / Trailer or _____

Make: HYUNDAI IONIQ C.C. 1,580

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

Sp. Reading: 1288 188,499 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH C851CV KU141794

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: 11

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

TOYO / YOKO or WESTLAKE

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 23/4/2021 D.O.I. 26/4/2021

Survey held at EDGE LOYANG

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

FRONT OFFSIDE NEARSIDE

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

TMI PIP

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

____ S + RS, ____ SI

Photos

Others

TOTAL

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

Report Format : _____

Lump Sum / I.B.I: (\$ _____)

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	23/04/2021 16:52 (SGT)
Date of Accident	23/04/2021 12:55 (SGT)
Exact Location of Accident	Yishun Central, Singapore
Additional Location Information	Khoo Teck Puat Hospital Drop Off Point
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6640H
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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) +65-93684534
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae 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	1580

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	TEO LENG PENG
NRIC No	SXXXX273J

Date Of Birth	04/09/1959
Occupation	Outdoor
Date Of Driving Pass	19/10/1983
Driving experience	37 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93684534
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLOCK 122E RIVERVALE DRIVE
Address complement	#13-468
Postcode	545122
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 - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

I WAS DRIVE IN INTO KTPH PICKUP/DROP-OFF POINT. MY TAXI POSITION WAS IN THE STRAIGHT LANE AND VEHICLE B FROM LEFT SIDE CHANGED LANE TO MY LANE AND COLLIDED ONTO MY TAXI. NO SERIOUS INJURIES. VIDEO FOOTAGE CAPTURED INCIDENT.

I WILL SEEK MEDICAL CHECKUP AS I HAVE MINOR BODY PAIN.

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	FILE NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY3768M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire

Name of Driver	CHUA LYE CHYE
NRIC No	SXXXX061C
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TEO LENG PENG
Address	BLOCK 122E RIVERVALE DRIVE
Address Complement	#13-468
Post Code	545122
Approximate Age Years Old	-
Injuries Sustained	MINOR INJURY
Injured person in which vehicle?	SHB6640H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

I was drive in into K7PH pickup/drop-off point. My taxi position was in the straight lane and vehicle B from left side changed lane into to my lane and collided ~~was~~ onto my taxi. No ^{serious} injuries. Video footage captured incident.

I will seek medical checkup as I have minor body pain.

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

Witnessed by Reporting Centre
Personnel *Det Hashim*
14:25 hrs 23/4/21

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 willful 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.

(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.

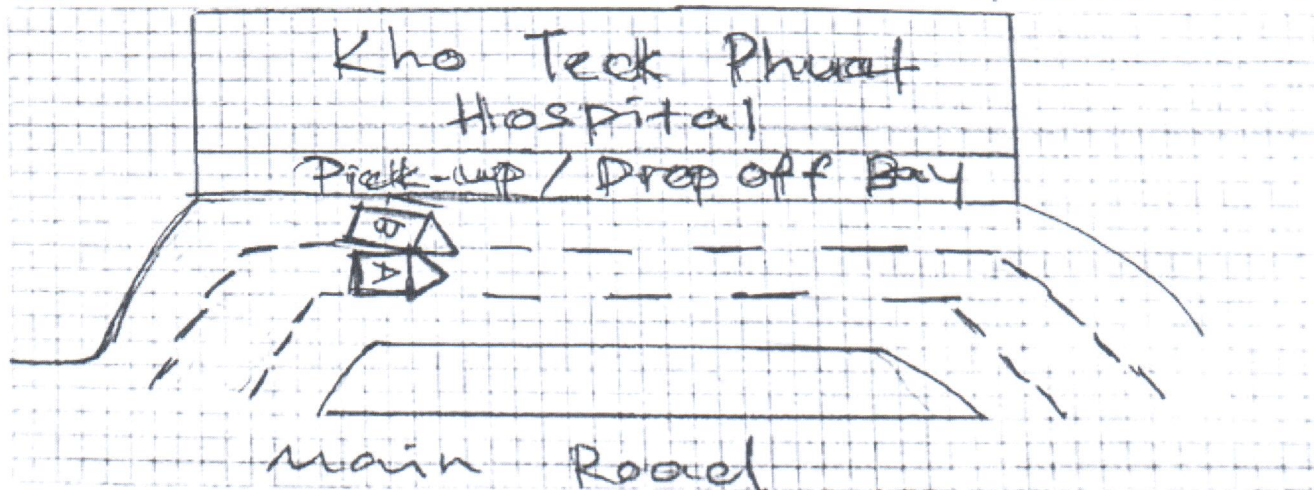
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Da Hashim
14:25 hrs 23/4/2

Sketch Plan



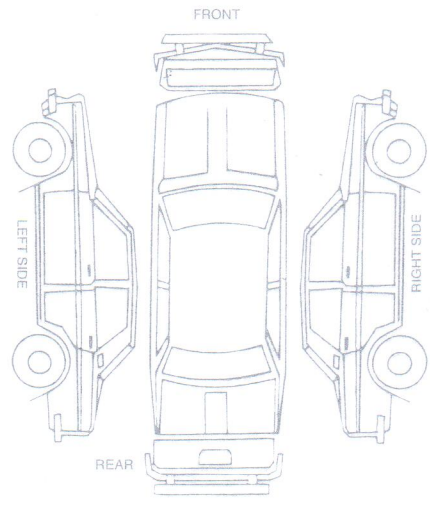
Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO..305465312

STOMER	REGN NO.: SHB6640H	MILEAGE
COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
STOMER NO. 7010045	MODEL IONIQ(G2)	DATE/TIME IN 23.04.2021 14:05
DRESS 383 SIN MING DRIVE	YR OF MANU. 18.04.2019	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE KMHC851CVKU141794	COMPLETION DATE/TIME:
65508755 (R) (P) (O)		
SCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 23.04.2021
NATURE: 3P 23.04.21

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip
Vehicle No.: SHB6640H
LIMTS
Signature/Date
returned to Service Reception upon collection

Exit Pass
Vehicle No.: SHB6640H
Name of Service Advisor
Date
To be kept by Security Guard

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)
59 Loyang Drive
Singapore 508969
Tel: 6214 8300

260421

TS

CP/P

LKK-

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

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	23/04/2021
Vehicle Reg. No.:	SHB6640H	Driveable?	NO
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:	G4LEJU193660	Chassis No:	KMHC851CVKU141794
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	3,357.24
Miscellaneous Items	11.00
Labour	2,180.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	5,548.24
+ GST 7.00% (S\$)	388.38
Nett Amount (S\$)	5,936.62

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: 26 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/SHB6640H/26/04/2021 08:22**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	20.00	0.00	*430.90 FL	CRK
2	1		*FRT FENDER LH	20.00	0.00	*588.80 FL	XR
3	1		*FRT FENDER SHIELD LH	20.00	0.00	*164.70 FL	XSUL
4	1		*FRT FENDER BLUE-DRIVE LH	20.00	0.00	*26.60 FL	NE
5	1		*FRT DOOR LH	20.00	0.00	*1,797.20 FL	XR
6	1		*FRT DOOR LOWER PROTECTOR LH	20.00	0.00	*186.20 FL	SCR
7	1		*ROCKER PANEL GARNISH LH	20.00	0.00	*290.00 FL	DEF
8	1		*FRT WHEEL CAP LH	20.00	0.00	*346.40 FL	SCR
9	1		*FRT FENDER ADVERTISEMENT STICKER LH	0.00	0.00	*100.00 F	NEL
10	1		*FRT DOOR ADVERTISEMENT STICKER LH	0.00	0.00	*100.00 F	NEL
11	1		*FRT DOOR COMFORTDELGRO LH	0.00	0.00	*75.00 F	NEL
12	10		*FRT BUMPER CLIPS	20.00	0.00	*22.00 FL	NEL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	4,127.80
- List Item Discount on L Items (S\$)	770.56
Total Parts (S\$)	3,357.24

ComfortDelGro Engineering Pte Ltd/SHB6640H/26/04/2021 08:22. Not valid without Reference section.
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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	800.00 700
2	SPRAY PAINTING	New	875 1,200.00 750
3	TUFF KOTE	New	60.00 40
4	TRANSFER OF DOOR	New	120.00 80.00
Gross Labour Cost (S\$)			2,180.00

ComfortDelGro Engineering Pte Ltd/SHB6640H/26/04/2021 08:22. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

NA2 LKK 26/4/2021 1200
PIP
4 days
CHECK
BEFORE PAINT PHOTOS

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: