

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: _____
 Policy No. ML000599
 Claims No. M12102042
 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
LMS	RMS

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD3155B Yr Regn: 23 JUNE 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: HYUNDAI 140 (C.C) 1,685
 Colour: BLUE A/C: Insured / Std / NI / NA
 Sp. Reading: 742, 198 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHLB41UMG4091523
 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: 205/60 R16
 R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / tyre brands
 TOYO / YOKO or WESTLAKE

Front		Rear
R/Bal. <u>5</u> mm		R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm		L/Bal. <u>5</u> mm
D.O.A. <u>24/4/2021</u>		D.O.I. <u>26/4/2021</u>

Survey held at LOKE 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.

TML L/S

Date / Time	Action / Instruction
28/4/2021	FINALIZED LUMP SUM REPAIR \$1,300.00 / 2 REPAIR DAYS (Red 9,141.20, 41%)
28/4/21	03.01pm revised to Clara Miah Yeo via Meimen.

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

1) 28/4/2021 ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format : MEH-TP

Lump Sum / L.B.I.: (\$ 1300)

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

____ S + RS, ____ SI

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)

Jumani

(Cclsum)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	24/04/2021
Vehicle Reg. No.:	SHD3155B	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	23/06/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU652675	Chassis No:	KMHLB41UMGU091523
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	Amount
Parts	1,523.12
Miscellaneous Items	11.00
Labour	680.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	2,214.12
+ GST 7.00% (\$\$)	154.99
Nett Amount (\$\$)	2,369.11

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: 26 Apr 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/SHD3155B/26/04/2021 13:58**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 ASSY	20.00	0.00	*1,106.00 FL /CRK
2	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL /NEC
3	1		*REAR BUMPER SPONGE	20.00	0.00	*119.50 FL ? XSVL
4	1		*REAR BUMPER REINFORCEMENT	20.00	0.00	*428.40 FL ? XSVL
5	1		*REAR BUMPER UNDER COVER	20.00	0.00	*228.00 FL /DEF
						Sub Total (S\$)
						1,903.90
						- List Item Discount on L Items (S\$)
						380.78
						Total Parts (S\$)
						1,523.12

F=Franchise part. L=ListItemDisc.

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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	280 300.00
2	SPRAYPAINT	New	250 300.00
3	REMOVE/REFIX REVERSE SENSOR	New	30 80.00
Gross Labour Cost (S\$)			680.00

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< END OF ESTIMATES >

NAZUKK

26/4/2021 1500

LIS

2 DAOJ

CHECK ITEM PHOTO

AFTER REPAIR PHOTO

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: 26.04.2021 13:45

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.:305465458

Customer

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

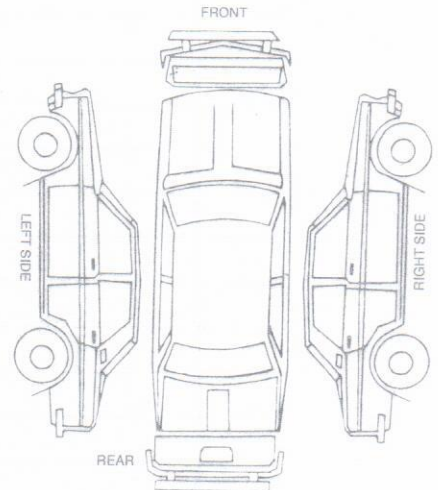
Document Card No.

REGN NO.: SHD3155B	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 26.04.2021 10:40
YR OF MANU. 23.06.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU091523	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 24.04.2021
Nature: 3P 24.4.2021

Job No LABOR CODE DESCRIPTION



Worked & Passed Out By:

Service Advisor Customer's Signature

Acknowledgement Slip		Exit Pass	
No.: SHD3155B	JU TOKIO LKK	Vehicle No.:	SHD3155B
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 25/04/2021 16:38 (SGT)
Date of Accident 24/04/2021 03:00 (SGT)
Exact Location of Accident Pioneer Rd & Tuas Ave 20, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD3155B

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) +65-85881881
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 1698

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 TAN WEE HAN
NRIC No SXXXX424F

Date Of Birth	07/12/1978
Occupation	Outdoor
Date Of Driving Pass	05/04/1999
Driving experience	22 YEARS
Gender	Male
Mobile Number	(Phone) +65-85881881
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 507 CHOA CHU KANG STREET 51 #04-207
Address complement	-
Postcode	680507
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)	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 24/4/2021 AT ABOUT 0300HRS, I WAS DRIVING MY TAXI SHD3155B ALONG PIONEER ROAD WITH AN INTENTION TO TURN LEFT INTO TUAS AVE 20. AS THE TRAFFIC LIGHT WAS SHOWING 'RED' WHEN I REACHED THE JUNCTION, I HAVE STOPPED MY TAXI ON THE EXTREME LEFT LANE, BEING THE FIRST VEHICLE IN QUEUE. SUDDENLY, I FELT AN IMPACT TO MY REAR AND REALISED A LORRY BEARING REGISTRATION NO. GBC2451D HAD COLLIDED INTO THE REAR OF MY TAXI. 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	GBC2451D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	MUHAMMAD SHAFIQ BIN ROZLAN
NRIC No	SXXXX264D
Contact Number	(Phone) +65-88165414
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

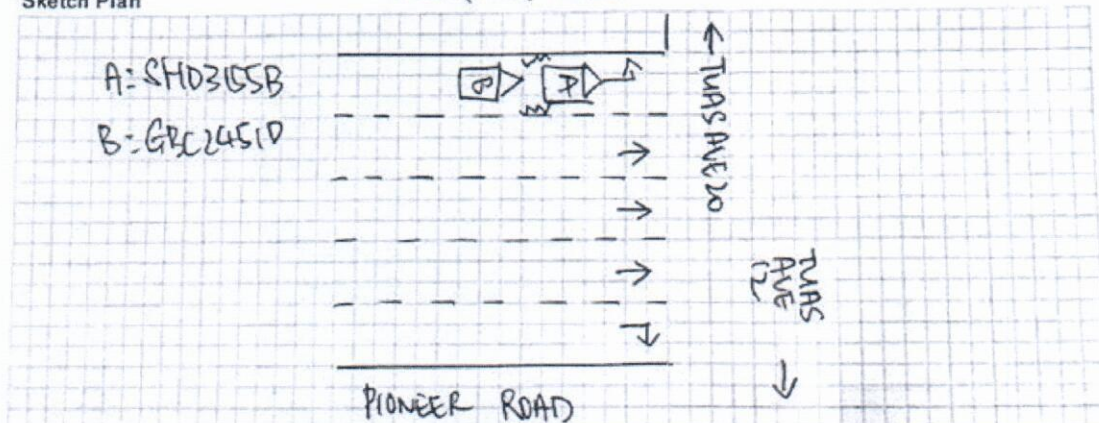
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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

Sketch Plan



Describe Circumstances of the Accident

ON 24/4/2021 AT ABOUT 0300HRS, I WAS DRIVING MY TAXI SHD3155B ALONG PIONEER ROAD WITH AN INTENTION TO TURN LEFT INTO THAS AVE 20. AS THE TRAFFIC LIGHT WAS SHOWING 'RED' WHEN I REACHED THE JUNCTION, I HAVE STOPPED MY TAXI ON THE EXTREME LEFT LANE, BEING THE FIRST VEHICLE IN QUEUE. SUDDENLY, I FELT AN IMPACT TO MY REAR AND REALISED A LORRY BEARING REGISTRATION NO. GBC2451D HAD COLLIDED INTO THE REAR OF MY TAXI - 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

25/4/2021 0130

Witnessed by Reporting Centre Personnel