

ASS. REC. BY: Tanglin REF: TM

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. _____
 Claims No. _____
 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: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: Om TS
 Vehicle: IN / OUT

Veh No: SH 9304Y Yr Regn: 2017 Dec
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai I40 C.C. 1685
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 487963 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: UMHCB414M4U098597
 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: 205/60R16
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake

Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 12/5/21 @ 1pm
 Survey held at Compt Weyang
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roodtop or
Rear w/s

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

Date / Time Action / Instruction

COR I/s \$650, 2 days.

RED: 1591.50; 71%

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Formet: _____

Lump Sum / L.B.C. (\$) _____

Days Of Repair: 2

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + R5 SI

Photo: _____

Others: _____

TOTAL: _____

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TS

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

Singapore

C4/S)

LKK-

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	10/05/2021
Vehicle Reg. No.:	SH9304Y	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	13/12/2017
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU712695	Chassis No:	KMHLB41UMHU098597
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair 3 (day)			
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS**Amount**

Parts	1,510.50
Miscellaneous Items	11.00
Labour	720.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	2,241.50
+ GST 7.00% (\$\$)	156.91
Nett Amount (\$\$)	2,398.41

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

TS

REPAIR DETAILS**Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 12 May 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/SH9304Y/12/05/2021 10:51
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>RY</i>
2	1		*REAR BUMPER UNDER COVER	20.00	0.00	*228.00 FL <i>X</i>
3	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL <i>X</i>
4	1		*REAR BUMPER MAT	20.00	0.00	*50.00 FL <i>X</i>
5	1		*REAR BUMPER ADVERTISEMENT STICKER	0.00	0.00	*50.00 F <i>new</i>
6	2		*REAR FENDER ADVERTISEMENT STICKER RH/LH	0.00	0.00	*200.00 F <i>new</i>
7	1		*REVERSE SENSOR	0.00	0.00	*135.70 F <i>X</i>
Sub Total (\$\$)						1,791.70
- List Item Discount on L Items (\$\$)						281.20
Total Parts (\$\$)						1,510.50

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SH9304Y/12/05/2021 10:51. 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\$)			<u>11.00</u>

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	280 300.00
2	SPRAY PAINTING	New	250 300.00
3	R/I REVERSE SENSOR	New	30 120.00
Gross Labour Cost (S\$)			<u>720.00</u>

ComfortDelGro Engineering Pte Ltd/SH9304Y/12/05/2021 10:51. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tanpin 97495449
 'wp' 12/5/21 @ 1pm
 02 days
 U/S Resurvey after repair
 Tanpin @ Khairuddin

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:

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.:305468424

STOMER
/MS COMFORT TRANSPORTATION PTE LTD
STOMER NO. 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (R) (O)
(P)
COUNT CARD NO.

REGN NO.: SH 9304Y	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 11.05.2021 11:20
YR OF MANU. 13.12.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU098597	COMPLETION DATE/TIME:

Accident Date: 10.05.2021
ATURE: 3P 10.05.2021

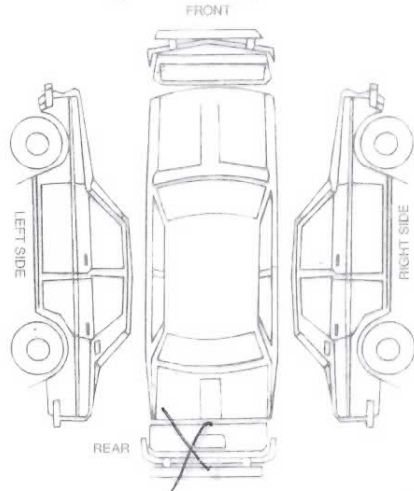
S/NO LABOR CODE

Merimen
LKK - Naz

JOB DESCRIPTION

4S SWE
Tokio 4406G

DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

e No.: SH 9304Y LIMTS

Vehicle No.: SH 9304Y

of 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	11/05/2021 19:33 (SGT)
Date of Accident	10/05/2021 17:15 (SGT)
Exact Location of Accident	Lor 1A Toa Payoh, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9304Y
-----------------------------	---------

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) +65-91077742
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	QUAH CHIN CHYE
NRIC No	SXXXX049E

Date Of Birth	11/08/1960
Occupation	Outdoor
Date Of Driving Pass	08/01/1981
Driving experience	40 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91077742
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 152 ANG MO KIO AVENUE 5 #10-3002
Address complement	-
Postcode	560152
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 - Cross Junction
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 10/05/2021 @ 1715HRS I WAS DRIVING MY VEHICLE A SH9304Y ALONG LORONG 1A TOA PAYOH TOWARDS LORONG 1 TOA PAYOH . THERE IS T-JUNCTION WAIT THE TRAFFIC LIGHT TURN GREEN MY FRONT VEHICLE START MOVING TO TURN RIGHT CONTINUE WITH MY VEHICLE AND OTHERS. WHILE ON TURNING RIGHT THERE IS PEDESTRIAN WALKWAY SO MY FRONT VEHICLE START TO SLOWDOWN TO STOP CONTINUE WITH ME. SUDDENLY THIS VEHICLE B SME4406G HIT MY VEHICLE BACK LEFT SIDE. NO ONE INJURIES.

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 IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME4406G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	-
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

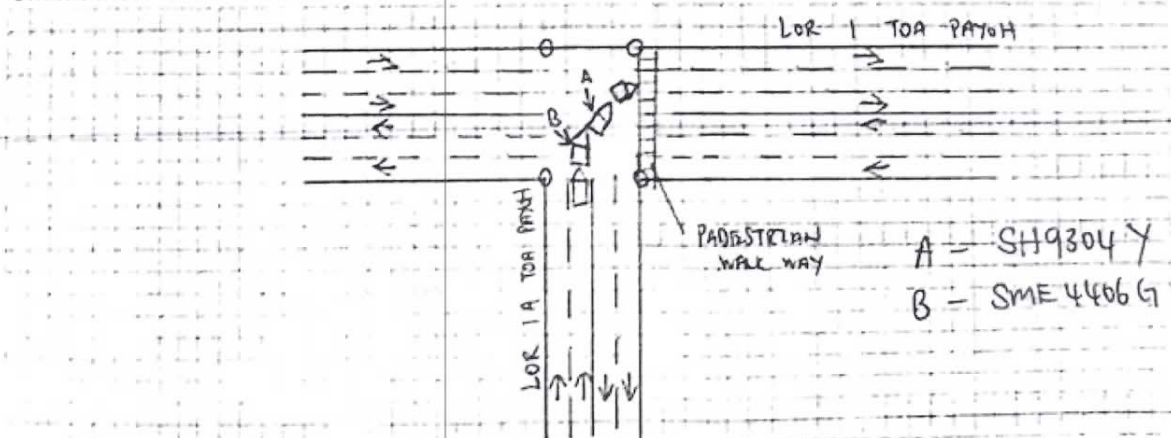
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts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

Sketch Plan



Describe Circumstances of the Accident

ON 10/5/21 @ 1715 HRS I WAS DRIVING MY VEHICLE
 A - SH 93047 ALONG LOR IN TON PATH TOWARD LOR 1 TON PATH.
 THERE IS T-JUNCTION WITH THE TRAFFIC LIGHT TURN GREEN MY
 FRONT VEHICLE START MOVING TO TURN RIGHT CONTINUE WITH MY
 VEHICLE AND OTHER. WHILE ON TURNING RIGHT THERE IS
 PEDESTRIAN WALKWAY SO MY FRONT VEHICLE START TO SLOWDOWN
 TO STOP CONTINUE WITH ME SUDDENLY THIS VEHICLE B - SME44064
 HIT MY VEHICLE BACK LEFT SIDE. NO ONE 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

Witnessed by Reporting Centre Personnel



11/5/21

1205 HRS



SAYKAN.