

Team: **ARC Repair TP(CLS0)1**

JOB CARD

Sales Order:

JC NO.: **305477219**

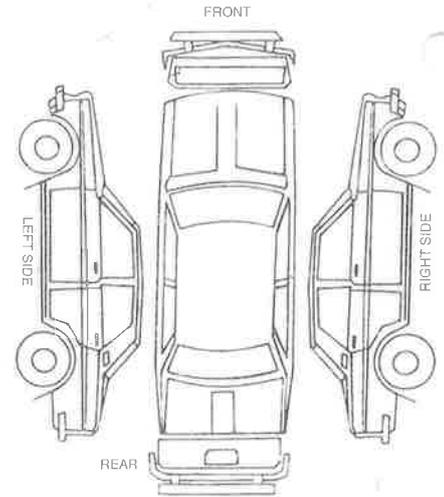
COMER
AS
COMER NO. **7010045**
RESS
383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) **65508755** (O)
(P)
OUNT CARD NO.

REGN NO.:	SH 8813B	MILEAGE
MAKE:	HYUNDAI	FUEL E.....1/2.....F
MODEL	IONIQ(G3)	DATE/TIME IN 06.07.2021 12:15
YR OF MANU.	14.11.2019	TARGET DATE
CHASSIS CODE	KMHC851CVLU188578	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.07.2021
NATURE: 3P 06.07.2021

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

No.: **SH 8813B** **JU TOKIO LKK**

Vehicle No.: **SH 8813B**

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

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

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	06/07/2021
Vehicle Reg. No.:	SH8813B	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	14/11/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU403517	Chassis No:	KMHC851CVLU188578
Odometer:	0 KM		
Paint Type:			
List 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	3,134.04
Miscellaneous Items	11.00
Labour	2,040.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	5,185.04
+ GST 7.00% (S\$)	362.95
Nett Amount (S\$)	5,547.99

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: 07 Jul 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/SH8813B/07/07/2021 16:59****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 DOOR ASSY RH	20.00	0.00	bt ✓	*1,797.20 FL
2	1		*REAR DOOR ASSY RH	20.00	0.00	bt ✓	*1,789.90 FL
3	1		*FRT DOOR MOULDING RH	20.00	0.00	✓	cut *110.10 FL
4	1		*FRT FENDER EMBLEM RH	20.00	0.00	nec	*26.60 FL
5	1		*FRT DOOR COMFORTDELGRO LOGO	0.00	0.00	✓	cut*75.00 F
6	1		*REAR DOOR APPS LOGO	0.00	0.00	cut	*80.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (\$)	3,878.80
- List Item Discount on L Items (\$)	744.76
Total Parts (\$)	3,134.04

ComfortDelGro Engineering Pte Ltd/SH8813B/07/07/2021 16:59. 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 (\$\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	525 800.00
2	SPRAYPAINT	New	850 1,000.00
3	TRANSFER DOOR PARTS	New	120 240.00
Gross Labour Cost (\$\$)			2,040.00

ComfortDelGro Engineering Pte Ltd/SH8813B/07/07/2021 16:59. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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:

TAUFIKH 97495749
'WP'
7/7/21 @5PM
P/P RESURVEY BEFORE PAINT
taufikh@lkkauto.com
3 days

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	07/07/2021 16:28 (SGT)
Date of Accident	06/07/2021 09:20 (SGT)
Exact Location of Accident	Teban Gardens Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8813B
-----------------------------	---------

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) +65-98303941
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	TEH ENG CHONG
NRIC No	SXXXX456Z

Date Of Birth	20/01/1965
Occupation	Outdoor
Date Of Driving Pass	13/04/1985
Driving experience	36 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98303941
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 57 TEBAN GARDENS ROAD
Address complement	#34-477
Postcode	SINGAPORE 600057
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 vehicle 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 06/07/2021 AT ABOUT 0920HRS I WAS DRIVING MY VEH (A) SH8813B ALONG TEBAN GARDENS ROAD. WHILE TRAVELLING STRAIGHT , VEH (B) SMF1610Y FROM BLOCK 49 SUDDENLY MAKE A RIGHT TURN AND HIT ONTO MY VEHICLE. NOBODY WAS INJURED AT THE POINT OF ACCIDENT.

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	SMF1610Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

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)

SXXXX320Z
(Phone) +65-87179632

-
-
-
-

KOH LEK TONG JEFFREY (XU LIZHONG)
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 :

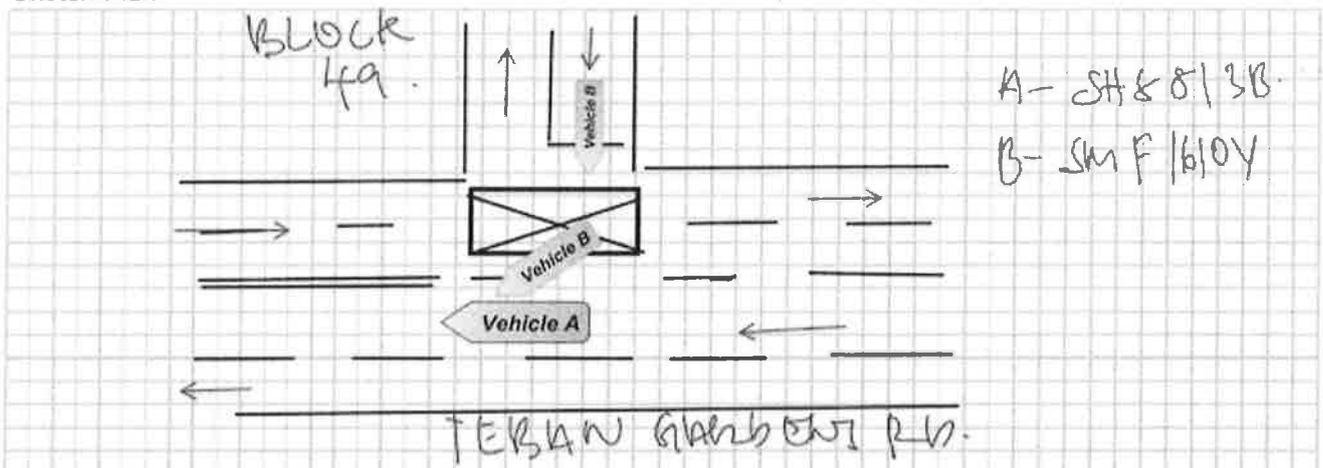
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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.

<p>_____ Policyholder's Signature / Date & Time</p>	<p style="text-align: center;"><i>[Signature]</i></p> <p>_____ Driver's Signature (if driver is not the policyholder) / Date & Time 6/7/2021 - 1245H</p>	<p style="text-align: center;"><i>[Signature]</i></p> <p>_____ Witnessed by Reporting Centre - Personnel <i>[Signature]</i></p>
---	--	---

Sketch Plan



Describe Circumstances of the Accident

ON 060721 AT ABOUT 0920HRS I WAS DRIVING MY VEHICLE ALONG
TEBAN GARDENS ROAD. WHILE TRAVELLING STRAIGHT , VEHICLE B
FROM BLOCK 49 SUDDENLY MAKE A RIGHT TURN AND HIT ONTO MY
VEHICLE. NOBODY WAS INJURED AT THE POINT OF ACCIDENT.

Declaration

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

Policyholder's Signature / Date &

7/9

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

6/7/2021 - 1245H.

Witnessed by Reporting Centre
Personnel

[Handwritten Signature]
Khammaraj

