

ASS. REC. BY: Taufikh

REF:

CS/TM/2107483/T19f3

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. MJ001333Claims No. M2103196

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: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS WPDate: _____ Person Contacted: Juman Vehicle: IN / OUTVeh No: SH88754 Yr Regn: 2019, Nov

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

Truck / Trailer or

Make: Hyundai Comiq C.C. 1580Colour Blue A/C: Insured / Std / NI / NASp. Reading 217810 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH C851 CV 64188726Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 0 mm R/Bal. 0 mmL/Bal. 0 mm L/Bal. 0 mmD.O.A. _____ D.O.I. 13/7/21Survey held at Compro Agency

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

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

| Date / Time | Action / Instruction |
|--------------------|--|
| 22/07/21 @ 12.42pm | Taufikh finalised with Juman final fig \$3153.16, 3 days. (Red \$3300.28, 51%) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to? ☐ : Preli. Report1) 26/07 Typist ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

____ \$ + RS ____ \$

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Report Format: MER-TP

Lump Sum / B.B. / 3153.16

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

(P/P)

Singapore

PARTICULARS OF CLAIM

| | | | |
|-------------------------------|--|--------------------|-------------------|
| Claim Type: | THIRD PARTY | Ref. No: | |
| Policy No: | | Date of Loss: | 08/07/2021 |
| Vehicle Reg. No.: | SH8875Y | 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: | G4LEKU404282 | Chassis No: | KMHC851CVLU188726 |
| 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 | 4,352.44 |
| Miscellaneous Items | 11.00 |
| Labour | 2,090.00 |
| Paintwork Labour | 0.00 |
| Towing | 0.00 |
| Gross Total (\$\$) | 6,453.44 |
| + GST 7.00% (\$\$) | 451.74 |
| Nett Amount (\$\$) | 6,905.18 |

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: 09 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/SH8875Y/09/07/2021 09:33**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 | Ry *1,789.90 FL |
| 3 | 1 | | *FRT DOOR OUTER HANDLE RH | 20.00 | 0.00 | cy *234.80 FL |
| 4 | 1 | | *FRT DOOR OUTER KEY COVER RH | 20.00 | 0.00 | ny *33.20 FL |
| 5 | 1 | | *FRT SIDE MIRROR ASSY RH | 20.00 | 0.00 | Ry *1,391.70 FL |
| 6 | 1 | | *FRT DOOR COMFORTDELGRO LOGO | 0.00 | 0.00 | cy *75.00 F |
| 7 | 1 | | *REAR DOOR APPS LOGO | 0.00 | 0.00 | nt *80.00 F |

F=Franchise part, L=ListItemDisc.

Sub Total (\$\$)**5,401.80****- List Item Discount on L Items (\$\$)****1,049.36****Total Parts (\$\$)****4,352.44****ComfortDelGro Engineering Pte Ltd/SH8875Y/09/07/2021 09:33. Not valid without Reference section.**Generated using **Merimen e-Claims IEAS**

Estimates on Miscellaneous Items

| No | Qty | Particulars | Amount |
|----------------------------|-----|----------------------|--------|
| <u>Miscellaneous Items</u> | | | |
| 1 | 1 | OD/TP Case (Insurer) | 11.00 |
| Sub Total (S\$) | | | 11.00 |

Estimates on Labour

| No | Particulars | Lab.Type | Amount |
|-------------------------|---------------------|----------|--------------|
| <u>Labour Items</u> | | | |
| 1 | PANEL BEATING | New | 525 800.00 |
| 2 | SPRAYPAINT | New | 750 1,000.00 |
| 3 | CHECK WIRING | New | 50.00 |
| 4 | TRANSFER DOOR PARTS | New | 60 240.00 |
| Gross Labour Cost (S\$) | | | 2,090.00 |

ComfortDelGro Engineering Pte Ltd/SH8875Y/09/07/2021 09:33. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tanphn 97495749
'wp' 9/7/21 0445
p/p Resurvey before paint
03 days
Tanphn 01/08/2021

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: 09.07.2021 09:19

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4096775

JC NO.: 305477454

TOMER

1S COMFORT TRANSPORTATION PTE LTD
TOMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

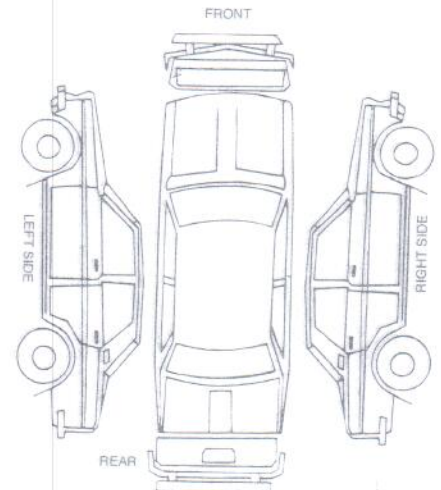
COUNT CARD NO.

| | |
|--------------------------------|-------------------------------|
| REGN NO.: SH 8875Y | MILEAGE |
| MAKE: HYUNDAI | FUEL E.....1/2.....F |
| MODEL IONIQ(G3) | DATE/TIME IN 08.07.2021 14:10 |
| YR OF MANU. 14.11.2019 | TARGET DATE |
| CHASSIS CODE KMHC851CVLU188726 | COMPLETION DATE/TIME: |

JOB DESCRIPTION

Accident Date: 08.07.2021
NATURE: 3P 08.07.2021

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Assessment Slip

Exit Pass

o.: SH 8875Y

JU TOKIO LKK

Vehicle No.:

SH 8875Y

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 | 08/07/2021 17:55 (SGT) |
| Date of Accident | 08/07/2021 13:10 (SGT) |
| Exact Location of Accident | N Canal Rd, Singapore |
| Additional Location Information | Towards CTE to AYE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SH8875Y |
|-----------------------------|---------|

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) +65-90122781 |
| 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 | TAN BOO HOE |
| NRIC No | SXXXX453B |

| | |
|--|--------------------------------------|
| Date Of Birth | 15/06/1961 |
| Occupation | Outdoor |
| Date Of Driving Pass | 16/07/1979 |
| Driving experience | 42 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-90122781 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 505 ANG MO KIO AVENUE 8 #10-2694 |
| Address complement | - |
| Postcode | 560505 |
| 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 | Side Swipe |
| 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 08/07/2021 AT ABOUT 1310HRS I WAS DRIVING MY VEHICLE (A) SH8875Y ON THE 3RD LANE OF NORTH CANAL ROAD TOWARDS CTE/AYE. WHEN VEHICLE (B)YL4968Y FROM THE 2ND LANE SWERVED LEFT INTO MY LANE AND SIDE SWIPE MY VEHICLE A RIGHT SIDE.
O ONE 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 | FILE IS NOT SUITABLE |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | YL4968Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | YUSRIZAL BIN YAUZI |

| | |
|---|----------------------|
| Passport No/FIN | GXXXX874P |
| Contact Number | (Phone) +65-96805007 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | FRONT LEFT |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 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

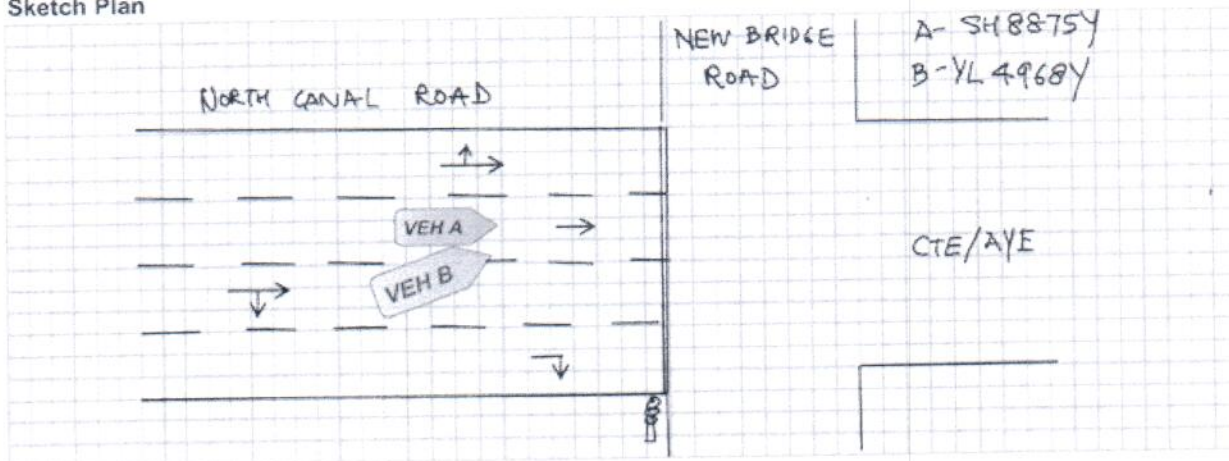
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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 08/07/2021 AT ABOUT 1310HRS I WAS DRIVING MY VEHICLE A SH8875Y ON THE 3RD LANE OF NORTH CANAL ROAD TOWARDS CTE/AYE. WHEN VEHICLE B YL4968Y FROM THE 2ND LANE SWERVED LEFT INTO MY LANE AND SIDE SWIPE MY VEHICLE A RIGHT SIDE. NO ONE WAS INJURED

Declaration

I/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 08-07-2021 1450HRS

Witnessed by Reporting Centre Personnel Hyeon Yang

