

ASS. REC. BY: Tanjik

REF:

CS/TM/21007874/TIV83

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: **SLV 9811J**

Policy No. **MR001454**

Claims No. **M2103399**

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 WP

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB4228D Yr Regn: 2015, Nov

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

Truck / Trailer or

Make: Kyundon 140 c.c. 1685

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

Sp. Reading 656037 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: UM H 434 / UM E 4080544

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60RCC

R: 2 -

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. 1 mm L/Bal. 6 mm

D.O.A. 21/7/21 D.O.I. 23/7/21

Survey held at Comfort Lodge

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

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

Date / Time	Action / Instruction
27/7/21	LS \$2150 confirmed by email (Red 2076.28, 49%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 27/7/21-Typist

Rep. Format: Merimen

Lump Sum / L.B. (\$) LS \$2150

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: Tokio Marine Insurance Singapore Ltd (HQ)
CTPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	20/07/2021
Vehicle Reg. No.:	SHB4228D	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Vehicle Reg. Date:	19/11/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDDU361667	Chassis No:	KMHLB41UMGU080544
Odometer:	656037 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	3,295.28
Miscellaneous Items	11.00
Labour	920.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,226.28
+ GST 7.00% (S\$)	295.84
Nett Amount (S\$)	4,522.12

This claim is handled by: CHIANG LIAT CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 23 Jul 2021)**Parts:** 143 HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHB4228D/23/07/2021 09:34**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		*FRONT BUMPER COVER	20.00	0.00	de *1,052.20 FL
2	1		*FRONT BUMPER TOP BRAKCT RH	20.00	0.00	? *22.80 FL
3	1		*FRONT BUMPER BRAKCT RH	20.00	0.00	? *24.60 FL
4	10		*FRONT BUMPER CLIPS	20.00	0.00	ng *22.00 FL
5	1		*FRONT RADIATOR GRILLE	20.00	0.00	at *1,480.00 FL
6	1		*FRONT RADIATOR GRILLE EMBLEM	20.00	0.00	ue *129.50 FL
7	1		*FRONT HEAD LAMP RH	20.00	0.00	X *1,388.00 FL
Sub Total (S\$)						4,119.10
- List Item Discount on L Items (S\$)						823.82
Total Parts (S\$)						3,295.28

F=Franchise part. L=ListItemDisc.

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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 280	560.00
2	SPRAY PAINTING	New 250	300.00
3	CHECKING WIRING AND LIGHTING	New 30	60.00
Gross Labour Cost (\$\$)			920.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tan Jie 97495744
WP 23/7/21 @ 5pm
2 days
L/S using after repair
further the amount

**LKK Auto Consultants hence notify
the Repairer of the following:**

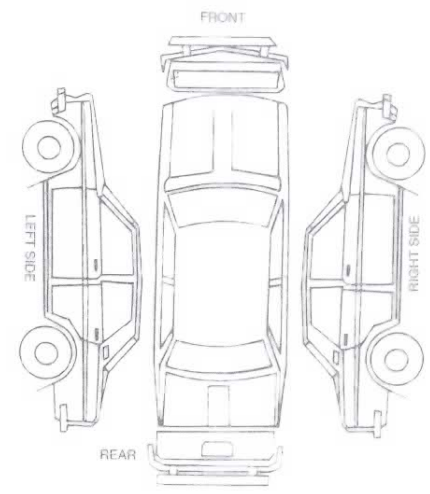
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order: 4101326	JC NO.: 305479512
Customer: COMFORT TRANSPORTATION PTE LTD	REGN NO.: SHB4228D	MILEAGE	
Customer NO. 7010045	MAKE: HYUNDAI	FUEL E.....1/2.....F	
Address: 383 SIN MING DRIVE	MODEL: I-40	DATE/TIME IN 22.07.2021 12:00	
Singapore SINGAPORE 575717	YR OF MANU. 19.11.2015	TARGET DATE	
(R) 65508755 (O)	CHASSIS CODE KMHLB41UMGU080544	COMPLETION DATE/TIME:	
(P)			
Document Card NO.			

Accident Date: 20.07.2021 NATURE: 3P 20.07.2021		<u>JOB DESCRIPTION</u>	
S/NO	LABOR CODE	DESCRIPTION	
			
Issued & Passed Out By:			
Service Advisor		Customer's Signature	
Assignment Slip		Exit Pass	
Vehicle No.: SHB4228D	CHIANG	Vehicle No.: SHB4228D	
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	22/07/2021 19:08 (SGT)
Date of Accident	20/07/2021 01:00 (SGT)
Exact Location of Accident	129 Clarence Ln, Block 129, Singapore 140129
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4228D
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) +65-96877340
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	TEO HOCK CHIN
NRIC No	SXXXX544E

Date Of Birth	16/09/1961
Occupation	Outdoor
Date Of Driving Pass	12/10/1981
Driving experience	39 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96877340
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 129 CLARENCE LANE #06-46
Address complement	-
Postcode	140129
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	Collided into Parked Vehicle
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 20/07/3021 AT ABOUT 0100HRS, I WAS STOP VEH (A) SHB4228D AT BLOCK 129 CLARENCE LANE. WHILE VEHICLE A WAS STATIONARY, VEH (B) SLV9811J FROM RUBBISH CHUTE WAS REVERSE AND COLLIDED ONTO STATIONARY VEHICLE A. 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	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV9811J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	(Phone) +65-97875666
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLANIMPORTANT 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' law firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

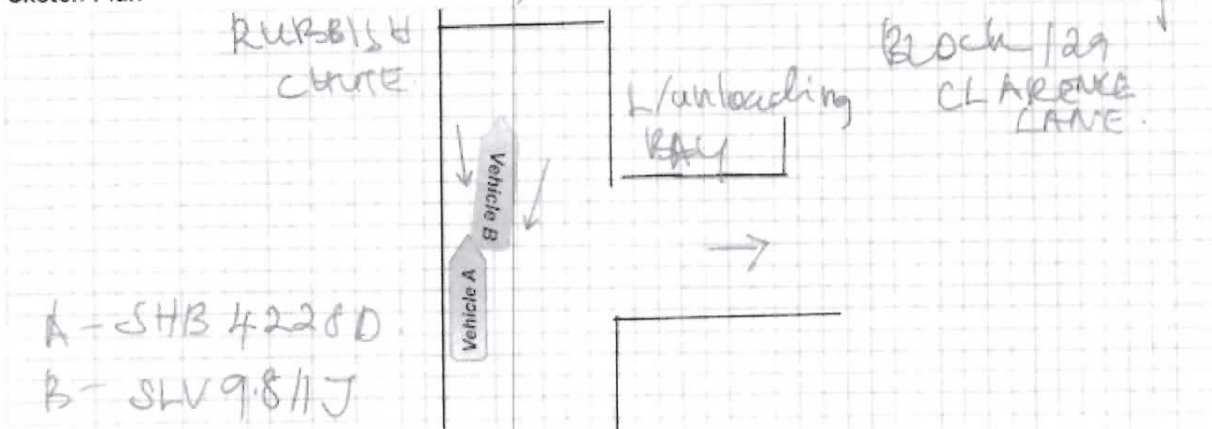
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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' law firms/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 law firms/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 20/07/3021 AT ABOUT 0100HRS, I WAS STOP VEHICLE A (SHB4228D) AT BLOCK 129 CLARENCE LANE. WHILE VEHICLE A WAS STATIONARY, VEHICLE B (SLV9811J) FROM RUBBISH CHUTE WAS REVERSE AND COLLIDED ONTO STATIONARY VEHICLE A. NOBODY 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

Witnessed by Reporting Centre Personnel

7 / 9

28/7/21-1245H

Wawazi

