

REG. BY: Thuan

REF: TMI

CS/TMI21008185/Vf3

CS/TMI21008185/Vf3

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:

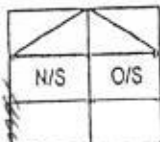
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2 days

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

rebat: 27899

LUMP SUM \$1050, 2DAYS

RED: 750.76;41%

Veh No:

SHC88535

Yr Regn:

24/3 /2016

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

Truck / Trailer or

Make:

Hyundai

140

c.c

1700

1685

Colour

blue

A/C: . Insured / Std / NI / NA

Sp. Reading

784009

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

AKMHLB41UM6U086782

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Bm / STD A/Rlm or

Tyre Size:

F: 205/60R16

R: 205/60R16

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

2/8/21

D.O.I.

4/8/21

1530

Survey held at

Combert

Des. of Damages: Frt / Rear / O/S / (NIS) / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time. File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time. File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inve (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Prints

Other

Total

Report Form 13

Form 13

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHC88535
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Aug 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2015
Engine No.:	D4FDEU494013
Chassis No.:	KMHLB41UMGU086782
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,880.00
Original Registration Date:	24 Mar 2016
First Registration Date:	24 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$21,232.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Mar 2024
PARF Rebate Amount:	\$14,862.00
Intended COE Rebate Details	
COE Expiry Date:	23 Mar 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$39,633.00
COE Rebate Amount:	\$13,037.00
Total Rebate Amount:	\$27,899.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 05 Aug 2021

OK

ComfortDelGro Engineering Pte Ltd (Co. Reg No: 199506048W)
 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

Lim Tien Siong

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

LKK-

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	02/08/2021
Vehicle Reg. No.:	SHC8853S	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	24/03/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDEU49401	Chassis No:	KMHLB41UMGU086782
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	669.76
Miscellaneous Items	11.00
Labour	1,120.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	1,800.76
+ GST 7.00% (\$\$)	126.05
Nett Amount (\$\$)	1,926.81

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 03 Aug 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/SHC8853S/03/08/2021 17:20
 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 WHEEL CAP LH	20.00	0.00	*217.20 FL	✓ cut
2	1		*REAR DOOR APPS LH	0.00	0.00	*80.00 F	✓ nec
3	1		*REAR TYRE LH	0.00	0.00	*216.00 F	✓ nec
4	1		*REAR FENDER ADVERTISEMENT STICKER LH	0.00	0.00	*100.00 F	✓ nec
5	1		*REAR DOOR ADVERTISEMENT STICKER LH	0.00	0.00	*100.00 F	✓ nec
						Sub Total (\$\$)	713.20
						- List Item Discount on L Items (\$\$)	43.44
						Total Parts (\$\$)	669.76

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHC8853S/03/08/2021 17:20. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Repairer Estimates

Lim Tien Siong

Estimates on Miscellaneous Items

No Qty Particulars

Amount

Miscellaneous Items

1 1 OD/TP Case (Insurer)

11.00

Sub Total (\$\$)

11.00 *nice*

Estimates on Labour

No Particulars

Lab. Type

Amount

Labour Items

1 PANEL BEATING
2 SPRAY PAINTING
3 WHEEL ALIGNMENT

New

400.00

New

600.00 *500*

New

120.00 *80*

Gross Labour Cost (\$\$)

1,120.00

ComfortDelGro Engineering Pte Ltd/SHC8853S/03/08/2021 17:20. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Thevan Lkh

wp 2days

82235769 4/8/21 1530

thevan@Lkh auto.com

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: 03.08.2021 16:58

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305481167

OMER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

S
OMER NO.
ESS

(R)
(P)

JUNT CARD NO.

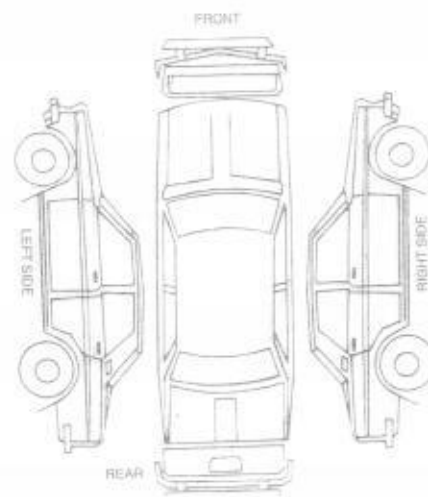
REGN NO.: SHC8853S	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 02.08.2021 15:00
YR OF MANU 24.03.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU086782	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 02.08.2021
NATURE: 3P 02.08.2021

S/NO LABOR CODE

DESCRIPTION



IKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SHC8853S LIMITS

Vehicle No.: SHC8853S

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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	03/08/2021 15:25 (SGT)
Date of Accident	02/08/2021 11:45 (SGT)
Exact Location of Accident	River Valley Rd, Singapore
Additional Location Information	TOWARDS HOOT KIAM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8853S
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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) +65-96253288
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	SEE KIM LYE
NRIC No	SXXXX670G

Date Of Birth	08/01/1955
Occupation	Outdoor
Date Of Driving Pass	26/06/1979
Driving experience	42 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96253288
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 125 BUKIT BATOK CENTRAL #08-383
Address complement	-
Postcode	650125
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 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 02/08/2021 AT ABOUT 1145HRS, I WAS DRIVING VEHICLE A (SHC8853S) ALONG RIVER VALLEY ROAD TOWARDS HOOT KIAM ROAD. WHILE TRAVELLING ON SECOND LANE AND MAKE A LEFT TURN, VEHICLE B (PA356D) SUPPOSE TO MAKE A LEFT TURN BUT TRAVELLING STRAIGHT AND HIT ONTO MY VEHICLE A LEFT SIDE. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

VEHICLE B DRIVER WILLING TO COMPENSATE ME 20 DOLLAR FOR THE DAMAGES. I REFUSE TO TAKE THE MONEY AS THE REPAIR COST WILL BE MUCH MORE THAN THAT.

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	PA356D
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Bus
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

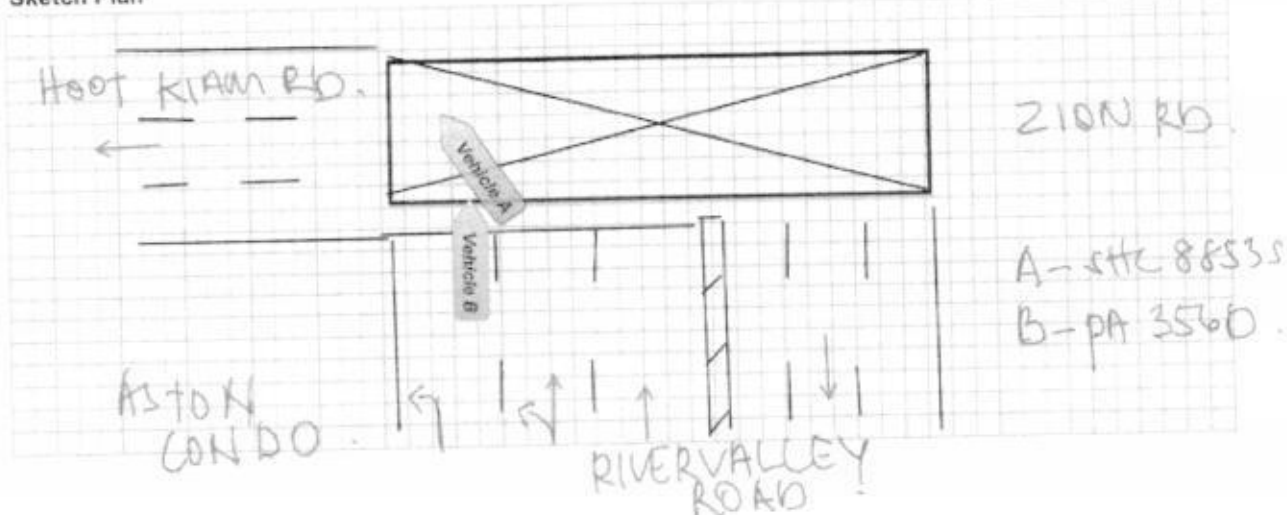
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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 02/08/2021 AT ABOUT 1145HRS, I WAS DRIVING VEHICLE A (SHC8853S) ALONG RIVER VALLEY ROAD TOWARDS HOOT KIAM ROAD. WHILE TRAVELLING ON SECOND LANE AND MAKE A LEFT TURN, VEHICLE B (PA356D) SUPPOSE TO MAKE A LEFT TURN BUT TRAVELLING STRAIGHT AND HIT ONTO MY VEHICLE A LEFT SIDE. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT. VEHICLE B DRIVER WILLING TO COMPENSATE ME 20 DOLLAR FOR THE DAMAGES. I REFUSE TO TAKE THE MONEY AS THE REPAIR COST WILL BE MUCH MORE THAN THAT.

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