

ASS. REC. BY: Tan Jkh

REF:

TMI

## 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. MM000072Claims No. M2103792

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

Lim TSVeh No: SHD4044GYr Regn: 2020 MarchType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundaic.c. 1580Colour Blue

A/C: Insured / Std / NI / NA

Sp. Reading 155708

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KM HC851 CVL 418 9802

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: 195/65R15R: 215

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

TOYO / YOKO or Wentlake

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. \_\_\_\_\_

D.O.I. 18/8/21 04pmSurvey held at Comfort Lodge

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

Frt O/S

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

Date / Time Action / Instruction

COR \$953.40, 2 days

RED:3993.76;80%

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

Lump Sum / L&amp;A (C) \_\_\_\_\_

Days Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐

Site Insp (\$ \_\_\_\_\_)

S + RS SI

☐

Interview (\$ \_\_\_\_\_)

Photos

☐

Tech. Invs (\$ \_\_\_\_\_)

Others

☐

Weekend (\$ \_\_\_\_\_)

TOTAL

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

TS

CP/P)  
LKK -

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

Singapore

### PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	17/08/2021
Vehicle Reg. No.:	<b>SHD4044G</b>	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	11/03/2020
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU408597	Chassis No:	KMHC851CVLU189802
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	<b>NO</b>		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

### COST OF CLAIMS

	Amount
Parts	4,196.16
Miscellaneous Items	11.00
Labour	740.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>4,947.16</b>
<b>+ GST 7.00% (S\$)</b>	<b>346.30</b>
<b>Nett Amount (S\$)</b>	<b>5,293.46</b>

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: 18 Aug 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/SHD4044G/18/08/2021 10:20**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		*FRT BUMPER	20.00	0.00	*430.90 FL
2	1		*FRT BUMPER UPR MOULDING	20.00	0.00	*368.50 FL
3	1		*FRT BUMPER LWR MOULDING	20.00	0.00	*285.10 FL
4	1		*FRT BUMPER GRILLE RH	20.00	0.00	*93.45 FL
5	10		*FRT BUMPER CLIPS	20.00	0.00	*22.00 FL
6	1		*HEADLAMP RH	20.00	0.00	*1,993.65 FL
7	1		*RADIATOR GRILLE	20.00	0.00	*1,409.10 FL
8	1		*FOGLAMP RH	20.00	0.00	*642.50 FL

F=Franchise part. L=ListItemDisc.

<b>Sub Total (S\$)</b>	<b>5,245.20</b>
<b>- List Item Discount on L Items (S\$)</b>	<b>1,049.04</b>
<b>Total Parts (S\$)</b>	<b>4,196.16</b>

ComfortDelGro Engineering Pte Ltd/SHD4044G/18/08/2021 10:20. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

TS

## Estimates on Miscellaneous Items

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

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	PANEL BEATING	New	350 400.00
2	SPRAY PAINTING	New	250 300.00
3	CHECK LIGHTINGS / WIRINGS	New	30 40.00
Gross Labour Cost (S\$)			740.00

ComfortDelGro Engineering Pte Ltd/SHD4044G/18/08/2021 10:20. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

&lt; END OF ESTIMATES &gt;

Taufik 97495749  
18/8/21 @ 4pm  
P/P Resurvey new parts  
- 2 days  
taufik@lkkauto.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:



Team: ARC Repair TP(CLS0)1

**JOB CARD**

Sales Order:

JC NO.: 305483351

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

REGN NO.: SHD4044G	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 17.08.2021 16:25
YR OF MANU. 11.03.2020	TARGET DATE
CHASSIS CODE KMHC851CVLU189802	COMPLETION DATE/TIME:

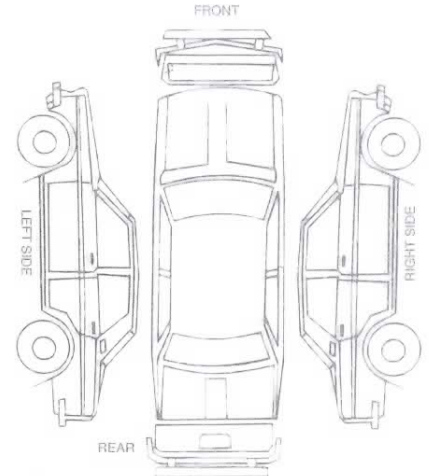
OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 17.08.2021  
NATURE: 3P 17.08.2021

S/NO LABOR CODE

DESCRIPTION



ICKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Vehicle No.: SHD4044G LIMITS

Vehicle No.: SHD4044G

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	18/08/2021 11:12 (SGT)
Date of Accident	17/08/2021 15:45 (SGT)
Exact Location of Accident	628 Yishun Street 61, Block 628, Singapore 760628
Additional Location Information	ALONG OPEN CARPARK & TOWARDS MAIN TRAFFIC
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4044G
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) +65-82812265
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	ELANGO VAN RAMASAMY
NRIC No	SXXXX813B

Date Of Birth	05/03/1961
Occupation	Outdoor
Date Of Driving Pass	18/01/1984
Driving experience	37 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82812265
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 614 YISHUN STREET 61 #10-161
Address complement	-
Postcode	760614
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	Hit and run / Vandalism / Damaged whilst parked
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. T/20210817/7032.

ON 17/08/2021 AT ABOUT 1545HRS, I WAS DRIVING VEHICLE A ( SHD4044G) ALONG OPEN CARPARK OF BLOCK 628 YISHUN ST 61. WHILE TRAVELLING STRAIGHT TOWARDS EXIT, VEHICLE B ( SLM9042J) FROM MY RIGHT NEVER STOP AT STOP LINE, DASHED OUT SUDDENLY AND HIT ONTO VEHICLE A FRONT RIGHT SIDE. AFTER THE COLLISION VEHICLE B NEVER STOP AND LEFT THE SCENE. I MANAGE TO TAKE PHOTO OF VEHICLE B. I SUSTAIN PAIN ON NECK AND SHOULDER DUE TO THE IMPACT.

#### 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	SLM9042J
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	ELANGO VAN RAMASAMY
Gender	Male
Phone No	(Phone) +65-82812265
Address	APT BLK 614 YISHUN STREET 61 #10-161
Address Complement	-
Post Code	760614
Approximate Age Years Old	60
Injuries Sustained	NECK AND BACK PAIN -3 DAYS MC GIVEN BY OUR FAMILY PHYSICIAN CLINIC & SURGERY
Injured person in which vehicle?	SHD4044G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## SKETCH PLAN

### IMPORTANT NOTICE

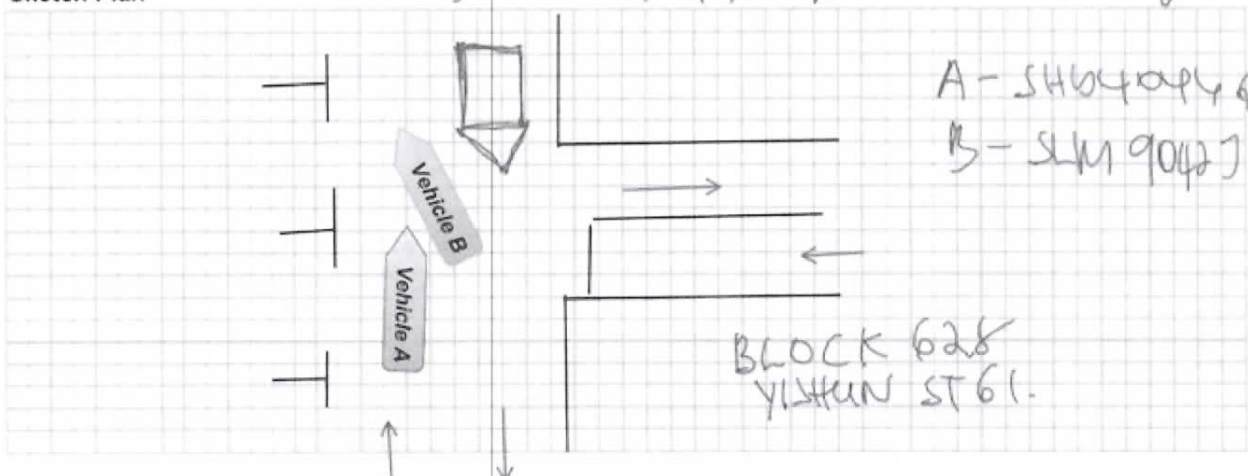
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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 17/08/2021 AT ABOUT 1545HRS, I WAS DRIVING VEHICLE A ( SHD4044G) ALONG OPEN CARPARK OF BLOCK 628 YISHUN ST 61. WHILE TRAVELLING STRAIGHT TOWARDS EXIT, VEHICLE B ( SLM9042J) FROM MY RIGHT NEVER STOP AT STOP LINE, DASHED OUT SUDDENLY AND HIT ONTO VEHICLE A FRONT RIGHT SIDE. AFTER THE COLLISION VEHICLE B NEVER STOP AND LEFT THE SCENE. I MANAGE TO TAKE PHOTO OF VEHICLE B. I SUSTAIN PAIN ON NECK AND SHOULDER DUE TO THE IMPACT.

## 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

17/8/21 - 1545H

Witnessed by Reporting Centre Personnel

hhanang