ATTENDED BY: Thevan | REF: TMI CS/TMI21009862/Vuf3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SHD 6635M

at Workshop m/s

of

Insured: SGK 9877L

Policy No. MT108397

Claims No. M2104384

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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs. 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHD6635M ✓ Yr Rogn: 23/3/16

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

Make: Mercedes-Benz E220 c.c ~~1950~~ 2143

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

Sp.Reading: 70617 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD2120012B316538

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/55R17

R: 225/55R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Continental

Front			Rear		
R/Bal.	5	mm	R/Bal.	5	mm
L/Bal.	5	mm	L/Bal.	5	mm
D.O.A.	19/9/21		D.O.I.	21/9/21	

Survey held at Comfort

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
	rebate: 41608
	Confirmed L/S $1550, 2 repair days. (RED $2523; 62%)

Date/Time File Pass to? ☐ : Prell. Report

17/10 TYPIST ☐ : Final Report

Date/Time File Return to?

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

Report Forms: TP

Lump Sum RED: $1550

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	821R

Vehicle Details

Vehicle No.:	SHD6635M
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Sep 2021
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E220 BLUETEC
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	65192433262924
Chassis No.:	WDD2120012B316538
Maximum Power Output:	130.0 kW (174 bhp)
Open Market Value:	$44,046.00
Original Registration Date:	23 Mar 2016
First Registration Date:	23 Mar 2016
Transfer Count:	0
Actual ARF Paid:	$46,165.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Mar 2024
PARF Rebate Amount:	$32,315.00

Intended COE Rebate Details

COE Expiry Date:	22 Mar 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	$39,633.00
COE Rebate Amount:	$12,293.00
Total Rebate Amount:	**$44,608.00**

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 27 Sep 2021

OK

TS

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

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

Singapore

LKK -

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	19/09/2021
Vehicle Reg. No.:	**SHD6635M**	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	MERCEDES-BENZ E220 BLUETEC, 2.1 D (A)	Vehicle Reg. Date:	23/03/2016
Vehicle Colour:	WHITE	Gen Condition:	GOOD
Engine No:	65192433262924	Chassis No:	WDD2120012B316538
Odometer:	0 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	3,042.00
Miscellaneous Items	11.00
Labour	1,020.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S$)	**4,073.00**
+ GST 7.00% (S$)	285.11
Nett Amount (S$)	**4,358.11**

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: 21 Sep 2021)
Parts:	143	MERCEDES-BENZ E220 BLUETEC 2.1 D (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	**ComfortDelGro Engineering Pte Ltd/SHD6635M/21/09/2021 10:33**	
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		***REAR BUMPER**	20.00	0.00	*1,510.00 FL
2	1		***REAR BUMPER LOWER COVER**	20.00	0.00	*325.00 FL
3	2		***REAR BUMPER LOWER BRACKET RH/LH**	20.00	0.00	*270.00 FL
4	1		***REAR BUMPER REINFORCEMENT**	20.00	0.00	*1,150.00 FL
5	1		***REVERSE SENSOR**	0.00	0.00	*388.00 F
6	1		***REAR BUMPER ADVERTISEMENT STICKER**	0.00	0.00	*50.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S$)	**3,693.00**
- List Item Discount on L Items (S$)	651.00
Total Parts (S$)	**3,042.00**

ComfortDelGro Engineering Pte Ltd/SHD6635M/21/09/2021 10:33. 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 (S$)	**11.00**

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	**PANEL BEATING**	New	500.00 400
2	**SPRAY PAINTING**	New	400.00 250
3	**R/I REVERSE SENSOR**	New	120.00 40
		Gross Labour Cost (S$)	**1,020.00**

ComfortDelGro Engineering Pte Ltd/SHD6635M/21/09/2021 10:33. Not valid without Reference section.
Generated using **Merimen e-Claims IEAS**

< END OF ESTIMATES >

Thuan@lkhautoroom
82235769
2days wp
L/S after repair photos
21/9/21 1630

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:

:OMFORTDELGRO
NGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717

Date/Time: 21.09.2021 09:45 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4121566

JC NO305487677

'OMER

IS COMFORT TRANSPORTATION PTE LTD
'OMER NO. 7010045
IESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

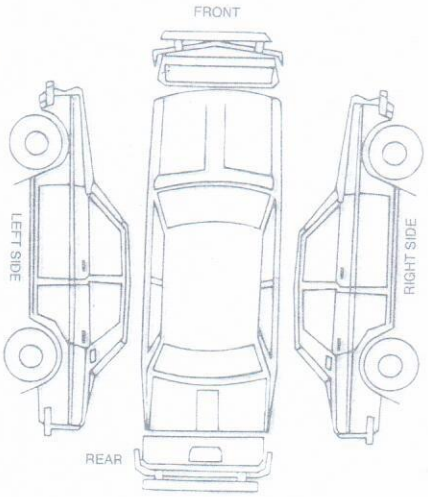
OUNT CARD NO.

REGN NO.: SHD6635M	MILEAGE
MAKE : MERCEDES BENZ	FUEL E.....1/2.....F
MODEL E220CDI(E6)	DATE/TIME IN 20.09.2021 15:20
YR OF MANU 23.03.2016	TARGET DATE
CHASSIS CODE WDD2120012B316538	COMPLETION DATE/TIME:

:cident Date: 19.09.2021
ATURE: 3P 19.09.2021

JOB DESCRIPTION

'NO	LABOR CODE	DESCRIPTION
00010	PB	PANEL BEATING-SHD6635M



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

: SHD6635M LIMTS

ervice Advisor

Signature/Date

ned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD6635M

Name of Service Advisor

Date

To be kept by Security Guard

Your NCD will be affected due to late reporting

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 witholding 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	21/09/2021 10:28 (SGT)
Date of Accident	19/09/2021 02:35 (SGT)
Exact Location of Accident	Clementi Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6635M

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) +65-91858055
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E220
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	2143

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	YAP KIM HUAT
NRIC No	SXXXX354A

Date Of Birth	10/02/1962
Occupation	Outdoor
Date Of Driving Pass	28/07/1980
Driving experience	41 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91858055
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 319 TAMPINES STREET 33 #10-86
Address complement	-
Postcode	520319
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T /20210020/2027

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	SGK9877L

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOO SIOW PAU
NRIC No	SXXXX768E
Contact Number	(Phone) +65-91384692
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YAP KIM HUAT
Gender	Male
Phone No	(Phone) +65-91858055
Address	BLK 319 TAMPINES STREET 33 #10-86
Address Complement	-
Post Code	520319
Approximate Age Years Old	-
Injuries Sustained	INJURIES ON LOWER BACK,SHOULDER AND NECK AND LEFT ARM
Injured person in which vehicle?	SHD6635M
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 w illful misrepresentation or w ithholding 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 w ill be forw arded 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 w ill 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, acknow ledge, agree and consent that :

(a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' law yers/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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "**Purposes**")

(b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

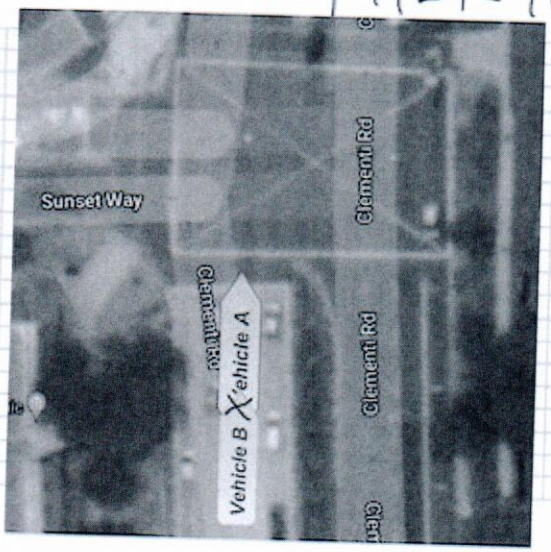
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 20/9/21 - 1605H

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SHD 6635M

B - SGK 9877L

SKETCH PLAN #2

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T /20210020/2027

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 20/9/21 - 1605H

Witnessed by Reporting Centre Personnel

SINGAPORE POLICE FORCE

T/20210920/2027

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20210920/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
20/09/2021 11:48		18

Informant's Particulars

Name of Informant: YAP KIM HUAT			Address: APT BLK 319 TAMPINES STREET 33 #10-86 SINGAPORE 520319	
ID Type / ID No.: NRIC NO / S1525354A			Contact No.: Home/Office: Mobile: 91858055	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 10/02/1962	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/09/2021 02:35	Type of Location: T-Junction
Location: CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGK9877L	Car	HONDA	ODYSSEY 2.4 EX-S CVT	Purple	Slightly Damaged	0
SHD6635M	Car	MERCEDES BENZ	E220 BLUETEC	White	Slightly Damaged	1

CONTINUATION OF REPORT

Brief Details.

On the 19th of September 2021 at about 0235hrs, I was driving vehicle bearing plate number SHD6635M along Clementi Road X Sunset Way. The vehicle was stationary at the second lane as the traffic light was red. The traffic light has just turned green and I have yet to move off when the vehicle bearing plate number SGK9877L, behind me, hit me from the rear.

We alighted from our vehicles to assess the damages and exchanged particulars. My car had dents and cracks on its rear bumper while the other vehicle had its front number plate dislodged. The other driver is namely Koo Siow Pau, S7361768E, hp no: 91384692. At that point of time, no one was injured.

Both our vehicles have in-car camera installed.

On the 20th of September 2021, I went to see the doctor as I feel pain on my lower back, shoulder and neck and left arm numbness. I was given 5 days mc (MC number MC139723) from 20/09/2021 to 24/09/2021.

SINGAPORE POLICE FORCE

T/20210920/2027

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20210920/2027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report
G /
Sgt 3 SITI NUR SYAFIQAH
BINTE AZMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

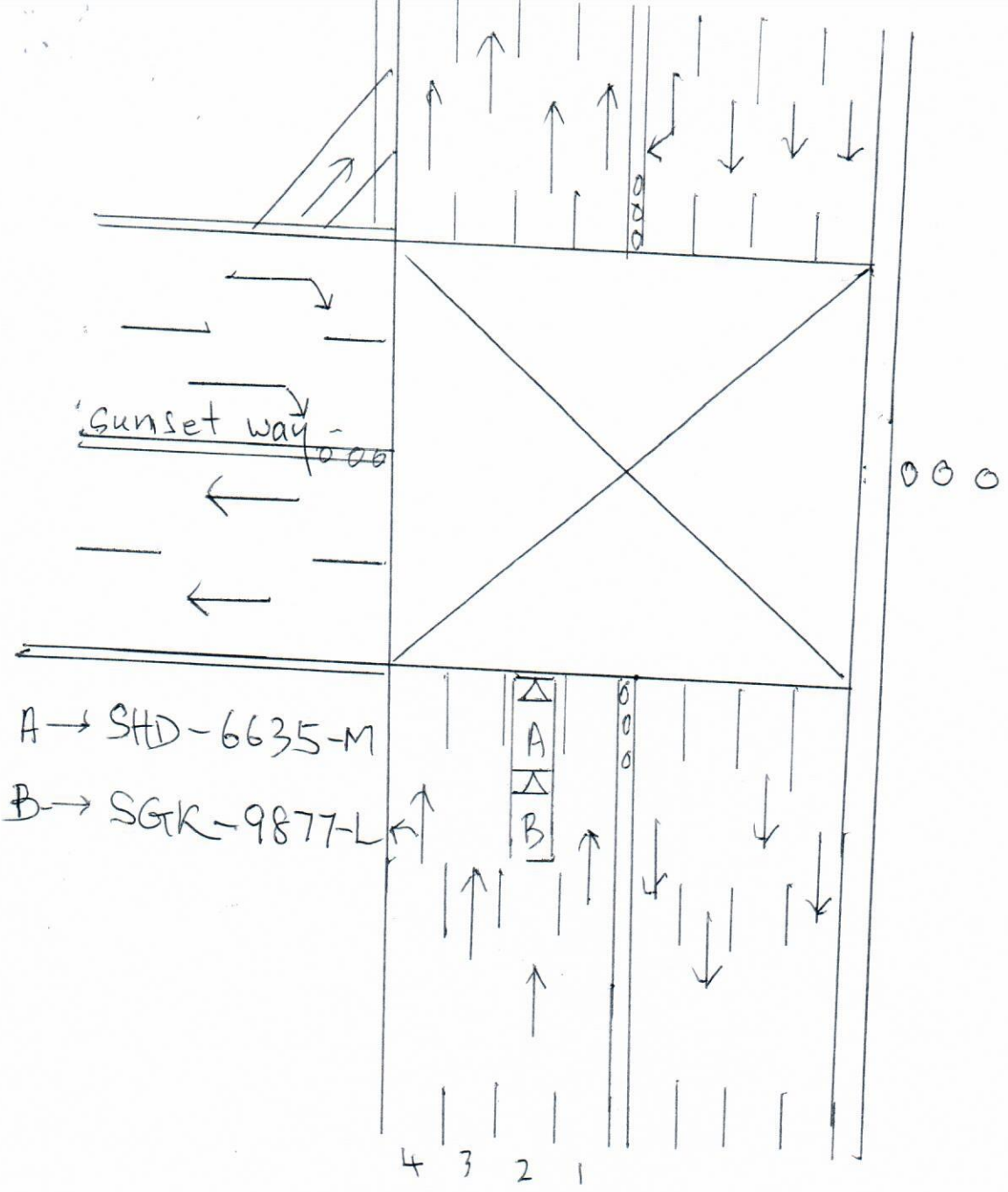
Date/Time:
20/09/2021 11:48

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD [illegible] BIN ABDULLAH
Contact No: 65476204

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE POLICE FORCE
SIGNATURE


Sunset way
A → SHD-6635-M
B → SGK-9877-L
A
B
4 3 2 1
Clementi Road.