

SA: TENG BY: Thevan

TME CS/TME 210/2295/Vaf3

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: M2105605
 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 Report: _____ 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
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: SHC7767P ✓ Yr Regn: 30/4/19
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prima Motor /
 Truck / Trailer or
 Make: Hyundai Ioniq cc 1580
 Colour: Yellow NC: Insured / Std / Nil / NA
 Sp. Reading: 147359 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: Kmt1c8stevhu141416
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65R15
 R: 195/65R15
 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. 3/12/21 D.O.I. 6/12/21 T615
 Survey held at CDGE
 Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	rebate: 23002
09/12/21 @ 5.38pm	revised to Wan Chong via Merimen
09/12/21	Thevan finalised with Mr Lim final fig. \$3475.84, 3 days (Red \$2832.72, 45%)

Date/Time File Pass to? : Proll. Report
 10/12 Typist : Final Report
 Date/Time File Return to?

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
_____ S + RS. _____ SI	
Fluhs	
Others	

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : V/A/E/ etc (\$)

Request Fee: _____
 Final Fee: 3475.84

ComfortDelGro Engineering Pte Ltd (Co.Reg.No.199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

LKK-

TP INSURER:
CCPL

Tokio Marine Insurance Singapore Ltd (HQ) - CR/P)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	03/12/2021
Vehicle Reg. No.:	SHC7767P	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	30/04/2019
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	G4LEJU192193	Chassis No:	KMHC851CVKU141416
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	3,867.56
Miscellaneous Items	11.00
Labour	2,430.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	6,308.56
+ GST 7.00% (S\$)	441.60
Nett Amount (S\$)	6,750.16

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: 06 Dec 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/SHC7767P/06/12/2021 09:12
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 FENDER RH	20.00	0.00	*588.80 FL Xr ✓
2	1		*FRT FENDER SHIELD RH	20.00	0.00	*164.70 FL XSV ✓
3	1		*FRT WHEEL CAP RH	20.00	0.00	*346.40 FL ✓ SV
4	1		*FRT DOOR RH	20.00	0.00	*1,797.20 FL Xr ✓
5	1		*FRT DOOR GLASS RH	20.00	0.00	*215.20 FL Xr ✓
6	1		*FRT DOOR OUTER MOULDING RH	20.00	0.00	*110.10 FL ✓ nec
7	1		*WING MIRROR RH	20.00	0.00	*1,391.70 FL ✓ Cut
8	1		*FRT DOOR COMFORTDELGRO RH	0.00	0.00	*75.00 F ✓ nec
9	1		*REAR DOOR APPS RH	0.00	0.00	*80.00 F ✓ nec
10	1		*FRT FENDER BLUE-DRIVE RH	20.00	0.00	*26.60 FL ✓ nec

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	4,795.70
- List Item Discount on L Items (\$\$)	928.14
Total Parts (\$\$)	3,867.56

ComfortDelGro Engineering Pte Ltd/SHC7767P/06/12/2021 09:12. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New 700	800.00 <i>242720</i>
2	SPRAY PAINTING	New	1,200.00 <i>1000</i>
3	CHECK WIRINGS	New	50.00 <i>20</i>
4	TUFF KOTE	New	80.00 <i>30</i>
5	TRANSFER OF DOOR	New	120.00 <i>XNV</i>
6	WHEEL ALIGNMENT	New	120.00 <i>XNV</i>
7	TOWING FEE	New	60.00 <i>X</i>
Gross Labour Cost (\$\$)			2,430.00

ComfortDelGro Engineering Pte Ltd/SHC7767P/06/12/2021 09:12. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Thevan@Lkhauto.com
82235769

6/12/21 ~~16/15~~

~~1/1~~ bff paint photo

3 days wp

09/12/21 Thevan finalised with Mr Lim final fig \$3475.84, 3 days (Red \$2832)

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

Acknowledged by Repairer
Signature:
Date:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 839G

Vehicle Details

Vehicle No.: SHC7767P

Vehicle to be Exported: No

Intended Deregistration Date: 07 Dec 2021

Vehicle Make: HYUNDAI

Vehicle Model: AE IONIQ HEV 1.6 DCT

Primary Colour: Yellow

Manufacturing Year: 2018

Engine No.: G4LEJU192193

Chassis No.: KMH8C851CVKU141416

Maximum Power Output: 103.6 kW (138 bhp)

Open Market Value: \$24,888.00

Original Registration Date: 30 Apr 2019

First Registration Date: 30 Apr 2019

Transfer Count: 0

Actual ARF Paid: \$11,844.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 29 Apr 2027

PARF Rebate Amount: \$8,883.00

Intended COE Rebate Details

COE Expiry Date: 29 Apr 2027

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 8

PQP Paid: \$20,940.00

COE Rebate Amount: \$14,119.00

Total Rebate Amount: \$23,002.00

Message

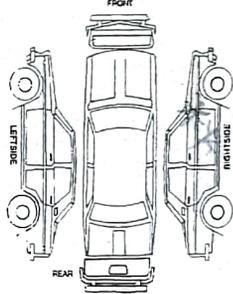
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 07 Dec 2021

OK

*Door Dented
Mirror smash*

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition	
1. Date: <u>03/12/21</u> Time Received: <u>1630</u> 2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>MR TAN.C.S</u> Contact No. : <u>90939219</u> Vehicle No. : <u>SHC 7767P</u> Make / Model / Colour : <u>comfit</u> Email : <u>City CAB 10N19</u>	3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay) 4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up 5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery 6. Parts Replaced/Remarks:
7. Location: <u>1 Seletar West Link</u> 9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
10. Odometer Reading : <u>147359</u> Fuel Level : <u>F 1/4 1/2 3/4 E</u>	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested <div style="text-align: center;">  </div> # : Cracked X : Dented / : Scatched O : Missing _____ Signature of Customer
Job Attended	
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> OTHERS Name of Driver : <u>RAVAN</u> Vehicle No. : <u>YML657B</u> Time Dispatch : <u>16.30</u> Time of Arrival : <u>17.10</u> Time Completed : <u>17.30</u>	

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

03/12/21 Date 16.30 Time _____ Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard _____
Date & Time of Arrival _____
Signature of Attending Staff/Guard

75

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
1000 Upper Cross Street, #01-01
Singapore 050999
Tel: 6733 3333
Fax: 6733 3334
www.comfortdelgro.com

Date/Time: 04.12.2021 12:28 Page: 1

Job No: AMC Repair (PP)
Customer: **CITYCAB PTE LTD**
701007
383 BIN MIK DRIVE
Singapore SINGAPORE 575717
65551188

JOB CARD Sales Order: (Set)

VEHICLE NO:	SHC7767P	MI PAGE:	
MAKE:	HYUNDAI	CURR:	
MODEL:	TOWTO(02)	DATE/TIME IN:	03.12.2021 15:05
VEHICLE MAKE:	NO 04 2019	TARGET DATE:	
TRADE-IN CODE:	KMHC851CVKUI41415	COMPLETION DATE/TIME:	

JOINT CARD NO:

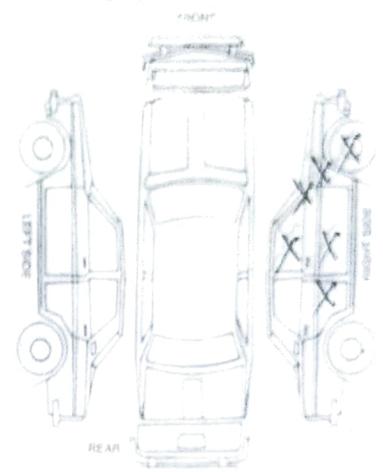
Merimen

JOB DESCRIPTION: PP GBD ✓ TOW
LK- TOKIO 1437Y

Start Date: 03.12.2021
RE: 3P 03.12.2021

LABOR CODE DESCRIPTION

REPAIR WORK ON ENGINE
REPAIR WORK ON TRANSMISSION
REPAIR WORK ON DRIVE SHAFT



CHECK & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Work Order Slip

Exit Pass

No: **SHC7767P** **LIMITS**

Vehicle No: **SHC7767P**

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

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	03/12/2021 17:05 (SGT)
Date of Accident	03/12/2021 15:10 (SGT)
Exact Location of Accident	Seletar West Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7767P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-90939219
Alternative Phone No	+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/P2419140
Cover Note Number	-

DRIVER

Name of Driver	TAN CHOON SONG
NRIC No	SXXXX275J

Date Of Birth	20/03/1961
Occupation	Outdoor
Date Of Driving Pass	17/08/1982
Driving experience	39 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90939219
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	504A YISHUN STREET 51 #10-86
Address complement	-
Postcode	761504
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?	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 03/12/2021 AT AROUND 1508HRS, I WAS DRIVING MY VEHICLE A SHC7767P ALONG SELETAR WEST LINK ON THE MIDDLE LANE SUDDENLY VEHICLE B GBD1437Y SIDESWIPE MY VEHICLE FROM THE RIGHT SIDE AND DAMAGING MY RIGHT SIDE MIRROR AND DRIVER DOOR PORTION. I SUSTAINED SOME INJURIES TO MY RIGHT ARM.

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	GBD1437Y
Vehicle Manufacturer	Peugeot
Vehicle Model	Partner
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ARIFF

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 willful 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

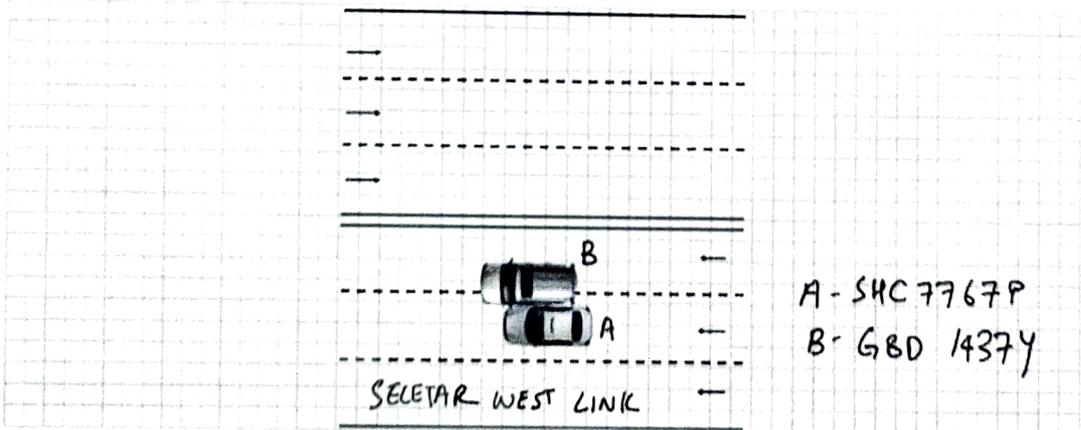
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 3/12/11 1600

Witnessed by Reporting Centre Personnel KHAIKUL

Sketch Plan



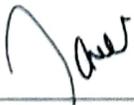
Describe Circumstances of the Accident

ON 03/12/2021 AT AROUND 1508HRS, I WAS DRIVING MY VEHICLE A SHC7767P ALONG SELETAR WEST LINK ON THE MIDDLE LANE SUDDENLY VEHICLE B GBD1437Y SIDESWIPE MY VEHICLE FROM THE RIGHT SIDE AND DAMAGING MY RIGHT SIDE MIRROR AND DRIVER DOOR PORTION. I SUSTAINED SOME INJURIES TO MY RIGHT ARM.

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 3/12/21 1600



Witnessed by Reporting Centre Personnel KHAIKUL

Contact Number
 Address (Phone) +65-86604787
 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 TAN CHOON SONG
 Gender Male
 Phone No (Phone) +65-90939219
 Address 504A YISHUN STREET 51 #10-86
 Address Complement -
 Post Code 761504
 Approximate Age Years Old -
 Injuries Sustained RIGHT ARM
 Injured person in which vehicle? SHC7767P
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No