

Thuvan

CS/MI 22007766/0003

ASSIGNMENT

From

Estimated Cost

OD/TP/WS/RE/RES/CO/RES/EVA/LIN/NAV

To Inspect Vehicle No

Workshop no

Insured: SLN 947C

Policy No MN000206

Chassis No M2201384

Not Insured:

Excess

Client's Record

Age of Veh:

Policy Condition

Work: The vehicle had commenced its repair at the time of inspection

or Market Value

Accident Repair

Consistent? : Yes or No

PR Seen

Consistent? : Yes or No

Est. Repairs

3

days

Res.: Yes or No

am : am

%

3 Vol.: Yes or No

REV / RES / 14 HRS

Person Contacted

Vehicle: BI / OUI

Van No

SHA69285

Yr Bogn: 16/1/20

Type: Car / Cycle / Bus / Van / Lorry / Prime Mover /

Track / Trailer or

Name:

Hyundai Ioniq

cc 1580

Colour

Blue

AVC: Insured / Std / HI / NA

Sp Reading

339663

T/Mile: Insured / Std / HI / NA

Engine

Chassis

MM1K85/CULU/88198

Gas Comp: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / STD A/Rim or

Tyre Size

F: 195/65R15

R: 195/65R15

BS/OUN/EXNOVA/GY/FS/LIZA/MIG/OHTSU/PIR/SUMI/

TOYO/YOKO or

Westlake

Front

Rear

R/Bal

S

mm

R/Bal

S

mm

L/Bal

S

mm

L/Bal

S

mm

D.O.A

22/3/22

D.O.A

24/3/22 / 700

Survey held at

CD6F

Des. of Damages: Frt / Rear / O/S / N/S / VIC / Rooflap or

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

25/4/22 Thevan informed final fig \$5596.08 (red 3370.66, 37%)

From: Tams. For Page 1/1



Profit Report

To: Tams. For Page 1/1



Final Report

From: Tams. For Page 1/1

25/4/22-typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation

\$ x \$ = \$

Station

Office

Total

Add Fee:



Site Insp

15



Interview

15



Tech. Insp

15



Work 4 hrs

15

Merimen

\$5596.08

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	23/03/2022 10:34 (SGT)
Date of Accident	22/03/2022 23:05 (SGT)
Exact Location of Accident	Cecil St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6928J
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) +65-96644657
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	LEE SHUNZUO ESMOND (LI SHUNZUO ESMOND)
NRIC No	SXXXX705A

Date Of Birth	18/08/1984
Occupation	Outdoor
Date Of Driving Pass	12/06/2007
Driving experience	14 Yr 11M AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96644657
Alt Phone Number	-
Email Address	fleetsafely@pcdptaxi.com.sg
Address	BLK 51 COMMONWEALTH DRIVE #10-522
Address complement	-
Postcode	141051
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?	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 22/03/2022 AT ABOUT 23 05HRS, I WAS DRIVING VEHICLE A (SHA6928J) ALONG TAXI STAND E09 AT CECIL STREET. FRONT VEHICLE B (SLN947C) WAS STOPPED. I GOT ONE PASSANGER TO PICK UP. FRONT VEHICLE B NEVER MOVE AND WAS STATIONARY. SO I HONKING TO AWARE THE DRIVER, SIGNAL TO MY LEFT AND SLOWLY OVER TAKE VEHICLE B TO PICK UP PASSANGER. WHILE OVERTAKE, SUDDENLY VEHICLE B FROM STATIONARY POSITION MOVING FORWARD. I APPLY JAMMBRAKL QUICKLY TO AVOID. BUT VEHICLE B COLLIDED ONTO MY VEHICLE RIGHT SIDE. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN947C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	(Phone) +65-83214041
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

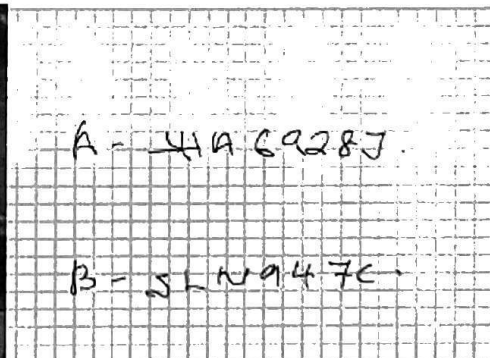
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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' 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 22/03/2022 AT ABOUT 23:05HRS, I WAS DRIVING VEHICLE A (SHA6928J) ALONG TAXI STAND E09 AT CECIL STREET . FRONT VEHICLE B (SLN947C) WAS STOPPED. I GOT ONE PASSANGER TO PICK UP. FRONT VEHICLE B NEVER MOVE AND WAS STATIONARY. SO I HONKING TO AWARE THE DRIVER, SIGNAL TO MY LEFT AND SLOWLY OVER TAKE VEHICLE B TO PICK UP PASSANGER. WHILE OVERTAKE, SUDDENLY VEHICLE B FROM STATIONARY POSITION MOVING FORWARD. I APPLY JAMMBRAKE QUICKLY TO AVOID. BUT VEHICLE B COLLIDED ONTO MY VEHICLE RIGHT SIDE. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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 23/2/22 @ 0020H

Witnessed by Reporting Centre Personnel

ComfortDelGro Engineering Pte Ltd

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

LICK

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	22/03/2022
Vehicle Reg. No.:	SHA6928J	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS	Vehicle Reg. Date:	16/01/2020
Vehicle Colour:	AIRBAG 4DR (A)	Gen Condition:	GOOD
Engine No:	BLUE	Chassis No:	KMHC851CVLU188198
Engine No:	G4LEKU402421		
Odometer:	339663 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	4,156.06
Miscellaneous Items	11.00
Labour	1,930.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$)	6,097.06
+ GST 7.00% (\$)	426.79
Nett Amount (\$)	6,523.85

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: 24 Mar 2022)**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/SHA6928J/24/03/2022 09:57**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 FENDER RH	20.00	0.00	*1,111.93 FL <i>OK</i>
2	1		*FRONT FENDER EMBLEM	20.00	0.00	*86.50 FL <i>me</i>
3	1		*FRONT DOOR PANEL	20.00	0.00	*1,264.00 FL <i>OK</i>
4	1		*FRONT DOOR MOULDING	20.00	0.00	*188.60 FL <i>me</i>
5	1		*REAR DOOR MOULDING	20.00	0.00	*141.00 FL <i>XSC</i>
6	1		*REAR DOOR PANEL RH	20.00	0.00	*1,258.30 FL <i>XV</i>
7	1		*RH ROCKER GARNISH	20.00	0.00	*576.00 FL <i>me</i>
8	1		*FRONT DOOR COMFORT STICKER	0	0.00	*75.00 FS <i>me</i>
9	1		*REAR DOOR COMFORT APP STICKER	0	0.00	*80.00 FS <i>me</i>
10	1		*REAR DOOR COMFORT ADVERTISEMENT	0	0.00	*100.00 FS <i>me</i>
11	1		*FRONT DOOR COMFORT ADVERTISEMENT	0	0.00	*100.00 FS <i>me</i>
12	1		*FRONT FENDER ADVERTISEMENT	0	0.00	*100.00 FS <i>me</i>

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$) 5,081.33**- List Item Discount on L Items (\$\$)** 925.27**Total Parts (\$\$)** 4,156.06

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Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	850.00 700
2	SPRAY PAINTING	New	900.00 750
3	REMOVE/REFIX DOOR PART FRT/REAR	New	120.00 60
4	CHECK WIRING & LIGHTING	New	60.00 20
Gross Labour Cost (S\$)			1,930.00

ComfortDelGro Engineering Pte Ltd/SHA6928J/24/03/2022 09:57. Not valid without Reference section.
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< END OF ESTIMATES >

Thru 8/235769
24/3/22 1700
3days wp p/p

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: 23.03.2022 15:21 Page :

Team: ARC Repair TP(CLSO)

Sales Order: 305509872

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

SHA6928J

HYUNDAI

IONIQ(G3) 23.03.2022 11

16.01.2020

KMHC851CVLU188198

Accident Date: 22.03.2022
NATURE: 3P 22.03.2022

S/NO	LABOR CODE	DESCRIPTION
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SHA6928J

CHIANG

SHA6928J