

ASS. REC. BY: THUNAN

REF:

CS/E9122003258/V943**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. _____

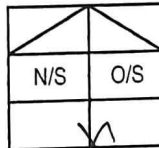
Claims No. DM22HO00550

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 Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA 7726T Yr Regn: 30/9/20Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or _____

Make: Hyundai iouig c.c. 1580Colour: blue A/C: Insured / Std / NI / NASp. Reading: 298135 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: kmr1c8s1CULu189943Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or _____Brake: Inorder / Jammed / Leaked / Burnt or _____Modi: Nil / S/Rim / STD A/Rim or _____Tyre Size: F: 195/65R15R: 195/65R15

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

TOYO / YOKO or Westlake

Front

R/Bal. 5 mmL/Bal. 5 mmD.O.A. 5/4/22Survey held at CDGEDes. 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

14/04/22@12.14pm revised to Jaime Tay via Merimen.

Thevan finalised final fig \$1443.60, 2 days. (Red \$1508.56, 51%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 22/04 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Report Format : MER-TPLump Sum / I.B.I: (\$ 1443.60)Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Repairer Estimates

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

EQ Insurance Company Ltd (HQ) *CP/P*

Lim Tien Siong

Singapore

LKK-

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	05/04/2022
Vehicle Reg. No.:	SHA7726T	Driveable?	
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	30/09/2020
Vehicle Colour:	BLUE		
Engine No:	G4LEKU417048	Chassis No:	KMHC851CVLU189943
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	2,132.16
Miscellaneous Items	0.00
Labour	820.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,952.16
+ GST 7.00% (S\$)	206.65
Nett Amount (S\$)	3,158.81

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

PAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 07 Apr 2022)
 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/SHA7726T/07/04/2022 10:38
 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

Lim Tien Siong

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER			
2	1		*REAR BUMPER REINFORCEMENT	20.00	0.00	*459.40 FL X ✓
3	2		*REAR BUMPER REINFORCEMENT BRACKET RH/LH	20.00	0.00	*394.80 FL X ✓
4	1		*REAR BUMPER CENTRE MOULDING	20.00	0.00	*276.20 FL X ✓
5	1		*REAR BUMPER LOWER MOULDING	20.00	0.00	*451.25 FL X ✓
6	10		*REAR BUMPER CLIPS	20.00	0.00	*155.00 FL X ✓
7	1		*REAR BUMPER TOW COVER	20.00	0.00	*22.00 FL X ✓
8	1		*REAR BUMPER FOGLAMP	20.00	0.00	*98.80 FL X ✓
9	1		*REVERSE SENSORS	20.00	0.00	*201.50 FL X ✓
10	1		*REAR BUMPER MAT	0.00	0.00	*180.00 F ✓
11	2		*REAR FENDER ADVERTISEMENT STICKER RH/LH	0.00	0.00	*50.00 F X ✓
12	1		*REAR NO.PLATE WITH TRIM COVER	0.00	0.00	*200.00 F X ✓
				0.00	0.00	*55.00 F ✓

F=Franchise part, L=ListItemDisc.

Sub Total (S\$)	2,543.95
- List Item Discount on L Items (S\$)	411.79
Total Parts (S\$)	2,132.16

ComfortDelGro Engineering Pte Ltd/SHA7726T/07/04/2022 10:38. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

4/7/22, 10:38 AM

Repairer Estimates

Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	400.00 350
2	SPRAY PAINTING	New	300.00 250
3	R/I REVERSE SENSORS	New	120.00 30
Gross Labour Cost (S\$)			820.00

ComfortDelGro Engineering Pte Ltd/SHA7726T/07/04/2022 10:38. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Thuan
82235769
8/4/22 1615
PIP 2 days WP

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:

LTS

Janet Lim



COMFORTDELGRO
ENGINEERING

ComfortDelGro Engineering Pte Ltd

JOB CARD

305511564

STOMER

STOMER NO

STOMER NO

DRENT

CTPL

(R)

(P)

ACCOUNT CARD NO

✓Merimen

REGISTRATION

SHA 7726T

MAKE

MODEL

Jonig G3

YR OF MANU

30 09 2020

CHASSIS CODE

JC, NO

MILE PAGE

FUEL

1/2

6/4 @ 1620

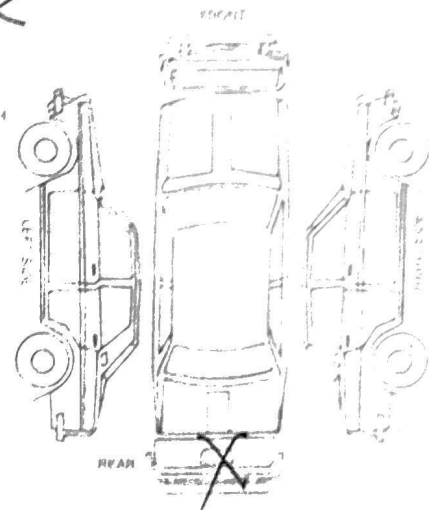
DATE & TIME

COMPLETION DATE/TIME

JOB DESCRIPTION

pp

KQ - SJR 585R

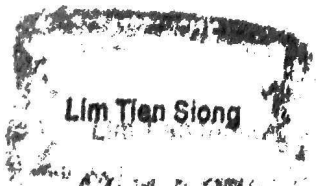


CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip



No.:

Exit Pass

Vehicle No.:

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 06/04/2022 17:14 (SGT)
Date of Accident 05/04/2022 18:30 (SGT)
Exact Location of Accident Benoi Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA7726T
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) +65-90295892
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 TANG PENG SOON
NRIC No SXXXX587J

Date Of Birth	03/08/1963
Occupation	Outdoor
Date Of Driving Pass	30/03/2005
Driving experience	17 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90295892
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	52 STRATHMORE AVENUE #39-237
Address complement	-
Postcode	141052
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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 05/04/2022 AT ABOUT 1830HRS I STOP MY VEHICLE A SHA7726T ON THE SECOND LANE OF BENOI ROAD TOWARDS JOO KOON ROAD . VEHICLE B SJR585R THEN REAR ENDED MY STATIONARY VEHICLE A. NO ONE WAS INJURED. PARTICULARS EXCHANGED

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	SJR585R
Vehicle Manufacturer	Toyota
Vehicle Model	Axio
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KENNETH NG HAK BOON

NRIG No	SXXXX249Z
Contact Number	(Phone) +65-93626309
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 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.

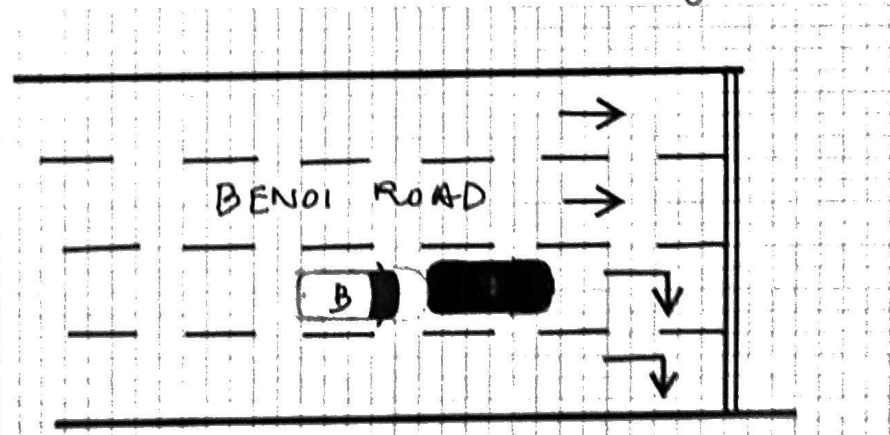
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

A - SHA7726T
B - SJR 585R



Describe Circumstances of the Accident

ON 05/04/2022 AT ABOUT 1830HRS I STOP MY VEHICLE A SHA7726T ON THE SECOND LANE OF BENOI ROAD TOWARDS JOO KOON ROAD . VEHICLE B SJR585R THEN REAR ENDED MY STATIONARY VEHICLE A. NO ONE WAS INJURED. PARTICULARS EXCHANGED

Declaration

I/We declare the foregoing particulars are true in every respect.

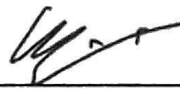
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



06.04.2022 1640HRS



Kyvin Yong