

ASS. REC. BY:

Thuan

REF:

CS/TMI22003800/vay3

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. _____

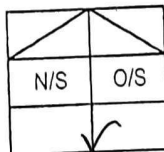
Claims No. **M2201939**

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: 3 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: **SHC3776P** Yr Regn: **3/18/21**Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or _____

Make: **Hyundai Ioniq** c.c. **1580**Colour: **blue** A/C: Insured / Std / NI / NASp. Reading: **73473** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **FMHC85KUL1932A1**Gen. Cond: Good / Fair / Poor / BurntSteering: Insured / Jammed / Leaked / Burnt orBrake: Insured / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre 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 mmR/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. **24/4/22**D.O.I. **25/4/22 1630**

Survey held at

CD6FDes. 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

THE FINAL COR SHOULD BE \$5205.28 instead of \$5194.28 due to
MERIMEN FEE \$11/- different.
(Red \$285.52, 5%)

Date/Time, File Pass to?

1) 06/06 Typist

Date/Time, File Return to?

2)

Report Format : **MER-TP**Lump Sum / I.B.I: (\$ **5205.28**)Days Of Repair: **3**Resurvey No. of Trip: **1**

Add Fee:

<input type="checkbox"/>	Site Insp (\$)	S + RS, SI
<input type="checkbox"/>	Interview (\$)	Photos
<input type="checkbox"/>	Tech. Invs (\$)	Others
<input type="checkbox"/>	Weekend (\$)	

Survey Fee:

Transportation:

TOTAL

Date/Time: 25.04.2022 10:28

Page : 1

Team: ARC Repair TP(CLSO)1
CUSTOMER

JOB CARD

Sales Order: 4200276

JG NO 305513613

NAME: COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO: 7010045
ADDRESS: 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL (R): 65508755 (D)

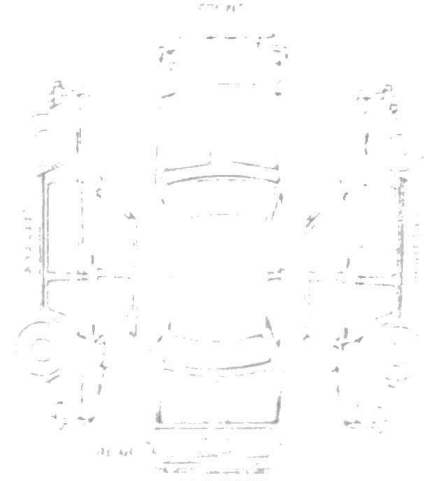
ACCOUNT CARD NO

REGISTRATION	SHC3776P	MILEAGE	
MAKE	HYUNDAI	FUEL	
MODEL	IONIQ(G3)	DATE/TIME IN	24.04.2022 17:40
VEHICLE MAKE	31.08.2021	TARGET DATE	
CHASSIS NO	KMHC851CVLU193241	COMPLETION DATE/TIME	

JOB DESCRIPTION

Accident Date: 24.04.2022
NATURE: 3P 24.04.2022

S/NO LABOR CODE DESCRIPTION



LOCKED & PASSED OUT BY

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No: SHC3776P

JU TOKIO

Vehicle No

SHC3776P

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

4/25/22, 10:50 AM

Repairer Estimates

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

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Jumani

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	24/04/2022
Vehicle Reg. No.:	SHC3776P	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	31/08/2021
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU422801	Chassis No:	KMHC851CVLU193241
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	5		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	3,709.80
Miscellaneous Items	11.00
Labour	1,770.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	5,490.80
+ GST 7.00% (S\$)	384.36
Nett Amount (S\$)	5,875.16

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 25 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/SHC3776P/25/04/2022 10:50
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		*BOOTLID COVER			
2	1		*REAR BUMPER ASSY	20.00	0.00	*2,549.70 FL 171
3	10		*REAR BUMPER CLIIPS	20.00	0.00	*459.40 FL 44
4	1		*REAR BUMPER TOW COVER	20.00	0.00	*220.00 FL ne
5	1		*REAR BUMPER CENTRE GUIDE	20.00	0.00	*98.80 FL 44
6	1		*REAR BUMPER MAT	20.00	0.00	*451.25 FL ser
7	1		*REVERSE SENSOR	0.00	0.00	*50.00 F ne
8	1		*REAR NUMBER PLATE	0.00	0.00	*180.00 F car
9	1		*FOG LAMP	0.00	0.00	*50.00 F cr
10	1		*ANTENNA SMARTKEY	20.00	0.00	*201.50 FL XSC
11	1		*BOOTLID EMBLEM - IONIQ	20.00	0.00	*40.50 FL XSC
12	1		*BOOTLID EMBLEM - HYBRID	20.00	0.00	*31.30 FL ne
13	1		*BOOTLID EMBLEM - H	20.00	0.00	*24.30 FL ne
14	1		*BOOTLID COMFORTDELGRO LOGO	20.00	0.00	*28.00 FL no
15	1		*BOOTLID COMFORT TEL.NOS STICKER	0.00	0.00	*30.00 F ne
16	1		*BOOTLID APPS LOGO	0.00	0.00	*30.00 F ne
17	2		*WINDSCREEN GLASS SEALANT	0.00	0.00	*40.00 F ne
				0.00	0.00	*46.00 F ne

F=Franchise part, L=ListItemDisc.

Sub Total (\$\$)	4,530.75
- List Item Discount on L Items (\$\$)	820.95
Total Parts (\$\$)	3,709.80

ComfortDelGro Engineering Pte Ltd/SHC3776P/25/04/2022 10:50. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

Repairer Estimates

No Qty Particulars

Miscellaneous Items

1 1 OD/TP Case (Insurer)

Amount

11.00

Sub Total (S\$)

11.00

Estimates on Labour

No Particulars

Labour Items

Lab.Type

Amount

1	PANEL BEAT		
2	SPRAYPAINT	New	900.00 ^{For}
3	TUFF KOTE	New	600.00 ⁵⁰
4	CHECK WIRING	New	50.00 ³⁰
5	REMOVE/REFIX REAR WINDSCREEN GLASS	New	50.00 ³⁰
6	REMOVE/REFIX REVERSE SENSOR	New	120.00
		New	50.00 ³⁰

Gross Labour Cost (S\$)

1,770.00

ComfortDelGro Engineering Pte Ltd/SHC3776P/25/04/2022 10:50. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Thuan

87235769

25/4/22 1630

PIP 3days

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:

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	25/04/2022 14:41 (SGT)
Date of Accident	24/04/2022 16:00 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3776P
-----------------------------	----------

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) +65-97869582
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	NG CHOON HOE
NRIC No	SXXXX070A

Date Of Birth	18/01/1951
Occupation	Outdoor
Date Of Driving Pass	22/08/1985
Driving experience	36 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97869582
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT LK 439C SENG KONG WEST AVENUE #05-307
Address complement	-
Postcode	793439
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	UNKNOWN
Gender	Male

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 24.04.2022 AT ABOUT 1600HRS I WAS DRIVING MY VEHICLE A SHC3776P ALONG UPPER THOMSON ROAD TOWARDS CTE/SLE. AT THE SLIP ROAD I STOP MY VEHICLE A AT THE GIVE WAY LINES WHEN VEHICLE B SLL1716G 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	SLL1716G
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
NRIC No	KNSUMAWATI
Contact Number	SXXXX578J
Address	(Phone) +65-90080820
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

SKETCH PLAN

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any false 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 judgement 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)
Understand, acknowledge, agree and consent that:
(a) the 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 insurers who have insured vehicles involved in this accident (all insurers 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 insurers 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

A - SHC3796P

B - SL17166

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

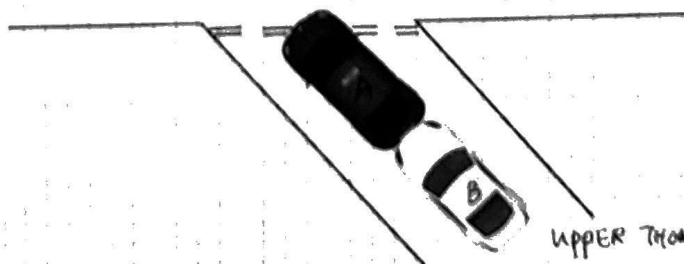
25.04.2022

08534 RS

Witnessed by Reporting Centre Personnel

Kym Yong

CTE/SLE



Describe Circumstances of the Accident

ON 24.04.2022 AT ABOUT 1600HRS I WAS DRIVING MY VEHICLE A SHC3776P ALONG UPPER THOMSON ROAD TOWARDS CTE/SLE. AT THE SLIP ROAD I STOP MY VEHICLE A AT THE GIVE WAY LINES WHEN VEHICLE B SLL1716G 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



25/04/2022 0908HRS



Kyrie Yong