

ASS. REC. BY: Thevan

REF: CS/TMI 22004183/vac

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. _____

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
X	

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SH8046Z Yr Regn: 214 119Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai ioniq c.c. 1580Colour: blue A/C: Insured / Std / NI / NASp. Reading: 256947 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB51CUH141553Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: NII / ☒ S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 195/65R15

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

TOYO / YOKO or WestlakeFront R/Bal. 6 mmL/Bal. 6 mmD.O.A. 28/4/22Survey held at CDGIEDes. 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

Thevan finalised LS \$1800, 3 days. (Red \$4652.84, 72%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prel. Report☐ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Report Format : MER-TPLump Sum 1800

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

Lim Tien Siong

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

(45)

Singapore

LKK-

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	28/04/2022
Vehicle Reg. No.:	SH8046Z	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	02/04/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEJU192047	Chassis No:	KMHC851CVKU141553
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	4,301.84
Miscellaneous Items	11.00
Labour	2,140.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	6,452.84
+ GST 7.00% (S\$)	451.70
Nett Amount (S\$)	6,904.54

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: 05 May 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/SH8046Z/05/05/2022 11:42**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	*459.40 FL Xv
2	1		*REAR BUMPER SIDE BRKT LH	20.00	0.00	*55.80 FL Xv
3	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL n/c
4	1		*REAR FENDER LH	20.00	0.00	*1,768.30 FL Xv
5	1		*REAR WHEEL CAP LH	20.00	0.00	*346.40 FL SC
6	1		*REAR DOOR LH	20.00	0.00	*2,147.90 FL Xv
7	1		*REAR FENDER (PETROL ONLY) LH	20.00	0.00	*40.00 FL ne
8	1		*REAR DOOR APPS LH	0.00	0.00	*80.00 F n/c
9	1		*REAR DOOR ADVERTISEMENT STICKER LH	0.00	0.00	*100.00 F h-c
10	1		*REAR BUMPER ADVERTISEMENT STICKER	0.00	0.00	*50.00 F ne
11	2		*REAR FENDER ADVERTISEMENT STICKER RH / LH	0.00	0.00	*200.00 F n/c

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	5,269.80
- List Item Discount on L Items (S\$)	967.96
Total Parts (S\$)	4,301.84

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Estimates on Miscellaneous Items

No Qty Particulars

Lim Tien Siong

Amount

Miscellaneous Items

No	Qty	Particulars	Amount
1	1	OD/TP Case (Insurer)	11.00

Sub Total (S\$)	11.00
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Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

No	Particulars	Lab.Type	Amount
1	PANEL BEATING	New	800.00 700
2	SPRAY PAINTING	New	900.00 750
3	TUFF KOTE	New	80.00 30
4	WHEEL ALIGNMENT	New	120.00 KNN
5	R/I REVERSE SENSORS	New	120.00 30
6	TRANSFER OF DOOR	New	120.00 KNN

Gross Labour Cost (S\$)	2,140.00
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< END OF ESTIMATES >

Thuan
82235769
6/5/22 17/5
L/S 3 days up

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: 05.05.2022 11:22 Page : 1

Job: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4203964 JC NO.305514972

Customer: COMFORT TRANSPORTATION PTE LTD
Customer No: 7010045
Address: 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

REGN NO SH 8046Z	MILEAGE
MAKE HYUNDAI	FUEL E 1/2 F
MODEL IONIQ(G2)	DATE/TIME IN 05.05.2022 09:30
YR OF MANUF 02.04.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU141553	COMPLETION DATE/TIME

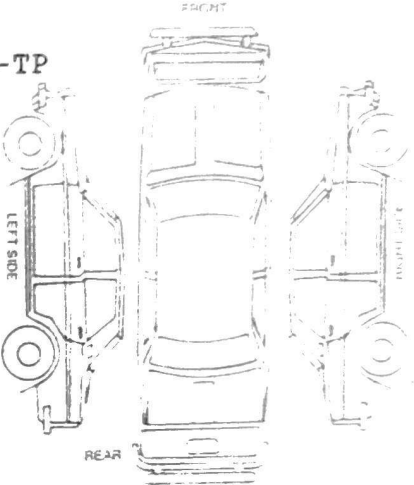
Job Card No

JOB DESCRIPTION

Accident Date: 28.04.2022
Accident Time: 3P 28.04.2022

Job No: 00010
Labor Code: PB

DESCRIPTION
PANEL BEATING-SH 8046Z-TP



Job Card & PASSED OUT BY: _____

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Signature/Date		Signature/Date	
Vehicle No: SH 8046Z		Vehicle No: SH 8046Z	
To be kept by Security Guard		To be kept by Security Guard	

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	30/04/2022 12:07 (SGT)
Date of Accident	28/04/2022 17:30 (SGT)
Exact Location of Accident	Woodlands View, Singapore
Additional Location Information	T-JUNCTION WITH WOODLANDS DRIVE 75
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH8046Z

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) +65-91717956
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	OSMAN BIN TAHIR
NRIC No	SXXXX040F

Date Of Birth	18/11/1959
Occupation	Outdoor
Date Of Driving Pass	24/01/1983
Driving experience	39 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91717956
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 332 WOODLANDS AVENUE 1 #02-425
Address complement	-
Postcode	730332
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	Hit and run / Vandalism / Damaged whilst parked
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	Female

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 THE 28/04/2022 AT AROUND 1730HRS. I VEHICLE A SH8046Z WAS TRAVELLING ALONG WOODLANDS VIEW WITH A PASSENGER ON BOARD. AS I APPROACHED THE T JUNCTION OF WOODLANDS DRIVE 75. AN UNKNOWN VEHICLE B DID NOT CONFIRMED ON THE STOP LINE AND COLLIDED ONTO VEHICLE A. AFTER COLLIDING, VEHICLE B TURN RIGHT AND RAN AWAY. I AM MAKING THIS REPORT AS IT IS A HIT AND RUN CASE.

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 NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-

Vehicle Model	.....	-
Vehicle Variant	.....	-
Vehicle Colour	.....	-
Vehicle Category	.....	-
Name of Driver	.....	Private car
Contact Number	.....	-
Address	.....	-
Address complement	.....	-
Postcode	.....	-
Insurance Company Name	.....	-
Nature Of Damage	.....	-
Details of property damaged in accident	.....	-
No. Of Passenger (Including Driver)	.....	-

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")

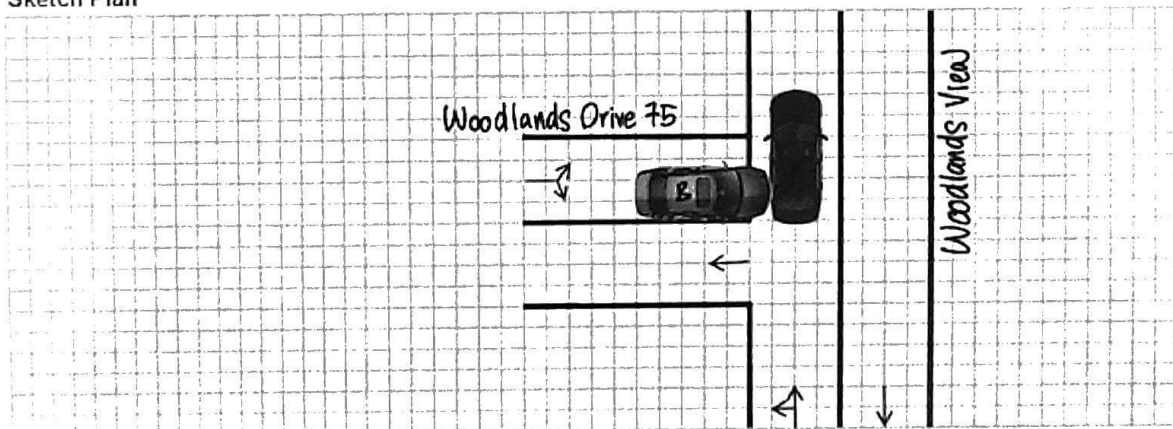
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be situated 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 THE 28/04/2022 AT AROUND 1730HRS. I VEHICLE A SH8046Z WAS TRAVELLING ALONG WOODLANDS VIEW WITH A PASSENGER ON BOARD. AS I APPROACHED THE T JUNCTION OF WOODLANDS DRIVE 75. AN UNKNOWN VEHICLE B DID NOT CONFIRMED ON THE STOP LINE AND COLLIDED ONTO VEHICLE A. AFTER COLLIDING, VEHICLE B TURN RIGHT AND RAN AWAY. I AM MAKING THIS REPORT AS IT IS A HIT AND RUN CASE.

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





28/04/2022 2.150