

ASS. REC. BY: ThevanREF: CS/HCA220054631y3**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: SDN 1225RPolicy No. M315738Claims No. MPC03477

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 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH1948C Yr Regn: 11/11/17Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi Prime Mover /

Truck / Trailer or

Make: Hyundai 140 c.c. 1685Colour: blue A/C: Insured / Std / NI / NASp. Reading: 695307 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: km+L341um44048197Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 206/60R16R: 206/60R16

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

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 8/6/22 D.O.I. 9/6/22 1545Survey held at CDGEDes. of Damages: Frnt Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

22/8/22 Thevan informed LS \$3050 (Red 4594.40, 60%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 22/8/22-typist

Report Format : _____

Lump Sum / I.B.I: (\$ _____)

Days Of Repair: 3Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

**COMFORTDELGRO
ENGINEERING**

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

Our Job Ref No : 305518857
Date : 14.06.2022

FINALIZATION FORM

To : LKK
Attn : THEVAN
Vehicle Reg No : SH 9418C

Fax :

Date of Accident : 08.06.2022

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: HL ASSURANCE --- SDN1225R
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges (include advertisement stickers etc, if any) _____
 - Total for Part-By-Part Repair Cost _____
 - (c) Lumpsum Repair (if applicable) _____
 - Total for Lumpsum repair cost after Less: 20% \$3,050.00
 - Final Lumpsum Repair cost \$3,050.00
3. Estimated normal period for repairs: 3 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : LIM TS
Name : LIM TS
Tel : 62148398
Fax : 65468156

Signature : cse.e folder
Name : THEVAN
Date : _____

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid	---	N		
3. Survey Fees	-----	--		
4. LTA Search Fee	\$7.49 /\$2.00	Y		
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

Lim Tien Siong

TP INSURER:
CTPL

HL Assurance Pte Ltd (HQ)

(45)

Singapore

LKK -

PARTICULARS OF CLAIM

Claim Type: THIRD PARTY

Ref. No:

Policy No:

Date of Loss: 08/06/2022

Vehicle Reg. No.:

SH9418C

Driveable?

Party At Fault:

UNKNOWN

Make/Model:

HYUNDAI I40, 1.7 D CRDI (A)

Vehicle Reg. Date: 11/01/2017

Vehicle Colour:

BLUE

Engine No:

D4FDGU625133

Chassis No:

KMHLB41UMHU098197

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	5,584.40
Miscellaneous Items	0.00
Labour	2,060.00
Paintwork Labour	0.00
Towing	0.00

Gross Total (S\$) 7,644.40

+ GST 7.00% (S\$) 535.11

Nett Amount (S\$) 8,179.51

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: 08 Jun 2022) Lim Tien Siong

Parts: 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SH9418C/08/06/2022 14:57

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		*BONNET	20.00	0.00	*2,508.80 FL X Su
2	1		*FRT BUMPER	20.00	0.00	*1,052.20 FL Del
3	10		*FRT BUMPER CLIPS	20.00	0.00	*22.00 FL na
4	1		*FRT BUMPER UPR BRKT LH	20.00	0.00	*22.40 FL na
5	1		*FRT BUMPER SIDE RETAINER LH	20.00	0.00	*24.60 FL na
6	1		*HEADLAMP LH	20.00	0.00	*1,388.00 FL CV
7	1		*FRT FENDER LH	20.00	0.00	*663.00 FL pt
8	1		*FRT FENDER SHIELD LH	20.00	0.00	*174.90 FL ?
9	1		*FRT WHEEL CAP LH	20.00	0.00	*217.20 FL Su
10	1		*HEADLAMP SUPPORT PANEL	20.00	0.00	*907.40 FL ?

F=Franchise part, L=ListItemDisc.

Sub Total (S\$) 6,980.50

- List Item Discount on L Items (S\$) 1,396.10

Total Parts (S\$) 5,584.40

ComfortDelGro Engineering Pte Ltd/SH9418C/08/06/2022 14:57. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

6/8/22, 2:57 PM

Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Repairer Estimates

Lim Tien Siong

Estimates on Labour

No Particulars

		Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING		560
2	SPRAY PAINTING	New	800.00
3	CHECK LIGHTINGS	New	500 900.00
4	TUFF KOTE	New	20 40.00
5	WHEEL ALIGNMENT	New	30 80.00
6	R/I RADIATOR ETC	New	NWX 120.00
		New	NWX 120.00
Gross Labour Cost (S\$)			2,060.00

ComfortDelGro Engineering Pte Ltd/SH9418C/08/06/2022 14:57. Not valid without Reference section.
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< END OF ESTIMATES >

Thuan

82235769

9/6/22 1548

L/S 3day SWP

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:

am: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4254404

JC NO.305518857

OMER

IS COMFORT TRANSPORTATION PTE LTD
OMER NO 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

DUNT CARD NO.

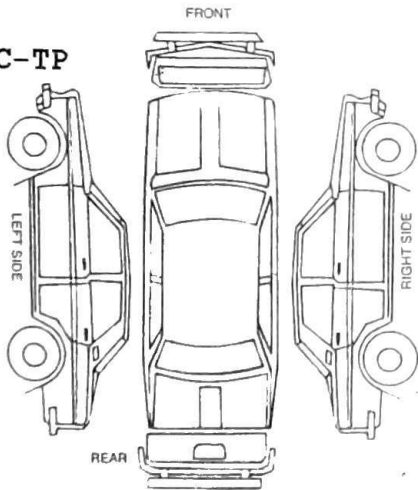
REGN NO: SH 9418C	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 08.06.2022 11:20
YR OF MANU 11.01.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU098197	COMPLETION DATE/TIME:

icident Date: 08.06.2022
ATURE: 3P 08.06.2022

JOB DESCRIPTION

/NO LABOR CODE
00010 PB

DESCRIPTION
LUMPSUM REPAIR-SH 9418C-TP



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SH 9418C LIMITS

Vehicle No.: SH 9418C

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

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 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. 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
Date of Accident 08/06/2022 16:18 (SGT)
Exact Location of Accident 08/06/2022 09:45 (SGT)
Additional Location Information Eunos Rd 8, Singapore
Country/State of Loss -
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH9418C
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) +65-97645602
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai
Model I40
Variant I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
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 1685

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 SURESH S/O KUNASEGARAM
NRIC No SXXXX155C

Date Of Birth:	30/06/1975
Occupation:	Outdoor
Date Of Driving Pass:	20/12/2004
Driving experience:	17 YEARS AND 6 MONTHS
Gender:	Male
Mobile Number:	(Phone) +65-97645602
Alt. Phone Number:	-
Email Address:	fleetsafety@odgtaxi.com.sg
Address:	BLK 916 TAMPINES STREET 91 #09-79
Address complement:	-
Postcode:	520916
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):	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 02/06/2022 AT ABOUT 09:45HRS I WAS DRIVING MY VEHICLE A (SH9418C) ON THE RIGHT LANE OF EUNOS ROAD 8. VEHICLE B (SDN1225R) FAIL TO STOP AT STOP LINE FROM EUNOS AVE 3 TURNING RIGHT. VEHICLE B RIGHT FRONT SIDE SWIPE MY VEHICLE A LEFT FRONT. NO ONE WAS INJURED. PARTICULARS EXCHANGED BUT NO HANDPHONE

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:	SDN1225R
Vehicle Manufacturer:	-
Vehicle Model:	-

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

A-SH9418C

B-SDN1225R

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

08-06-2022

1L55MRS

Witnessed by Reporting Centre Personnel

Kyran Yong



Describe Circumstances of the Accident

ON 08.06.2022 AT ABOUT 0945HRS I WAS DRIVING MY VEHICLE A SH9418C ON THE RIGHT LANE OF EUNOS ROAD 8. VEHICLE B SDN1225R FAIL TO STOP AT STOP LINE FROM EUNOS AVE 3 TURNING RIGHT. VEHICLE B RIGHT FRONT SIDE SWIPE MY VEHICLE A LEFT FRONT. NO ONE WAS INJURED. PARTICULARS EXCHANGED BUT NO HANDPHONE

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