

(08/11/13) wef

ASS. REC. BY: *Rasm*

REF:

CS/TM/22005845/Rgy³

8212

ASSIGNMENT

From:

Date:

Estimated Cost:

Veh No:

SHC 20454

Yr Regn: 2019 / NOV

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No:

SHC 20454

Make:

Hyundai i30 1.6 c.c. 1580

at Workshop m/s

Comfort Delmaro

Colour:

Blue

A/C: Insured / Std / NI / NA

of

59, Lofano DR

Sp. Reading

318557

T/Radio: Insured / Std / NI / NA

Insured:

TMI

Eng/No:

KMHC851CVL189093

Policy No.

C/No:

Claims No.

M2203151

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Order / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

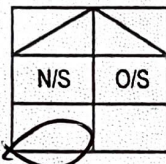
F:

R:

195/65R15

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

mm

R/Bal.

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

mm

L/Bal.

mm

Est. Repairs:

3

days

Res.:

Yes or No

D.O.A.

16/06/22

D.O.I.

20/06/22

Lum Sum:

%

3 Val.:

Yes or No

Survey held at

Comfort Delmaro

CA / REV / REP. / 24 HRS

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

28/06/22@11.52am revised to Fiona Gan via Merimen.

Rasul finalised final fig \$1397.12, 3 days. (Red \$199.04, 12%)

Date/Time, File Pass to?



: Prell. Report

Days Of Repair: 3

1) 28/06 Typist



: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

Survey Fee:

2)

Transportation:

Add Fee:



: Site Insp (\$

) S + RS. SI



: Interview (\$

) Photos



: Tech. Invs (\$

) Others



: Weekend (\$

Report Format :

MER-TP

Lump Sum / I.B.I. (\$

1397.12

)

TP INSURER: **Tokio Marine Insurance Singapore Ltd (HQ)**

CTPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	16/06/2022
Vehicle Reg. No.:	SHC2045Y	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	14/11/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU406235	Chassis No:	KMHC851CVLU189093
Odometer:	318557 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Remarks:	TEL: 62148355		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	825.16
Miscellaneous Items	11.00
Labour	760.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,596.16
+ GST 7.00% (S\$)	111.73
Nett Amount (S\$)	1,707.89

This claim is handled by: MS. LOKE YY

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 20 Jun 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/SHC2045Y/20/06/2022 12:44

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 COVER <i>at</i> ✓	20.00	0.00	*459.40 FL
2	1		*REAR BUMPER CLIPS <i>re</i> ✓	20.00	0.00	*22.00 FL
3	1		*REAR BUMPER CENTRE MOULDING ASSY <i>su</i> ✓	20.00	0.00	*451.25 FL
4	1		*REAR BUMPER TOWING COVER <i>x</i>	20.00	0.00	*98.80 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$) 1,031.45

- List Item Discount on L Items (S\$) 206.29

Total Parts (S\$) 825.16

ComfortDelGro Engineering Pte Ltd/SHC2045Y/20/06/2022 12:44. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	350 400.00
2	SPRAY PAINTING CHARGE	New	250 300.00
3	REMOVE/REFIX REVERSE SENSOR	New	40 60.00
Gross Labour Cost (S\$)			760.00

ComfortDelGro Engineering Pte Ltd/SHC2045Y/20/06/2022 12:44. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

- 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:

Paul
Hp 90010068
3 days
P/P
20/06/22 @ 1605
Resy after repair
before paint

Date/Time: 20.06.2022 11:12

Page : 1

m: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4298541

JC NO 305520168

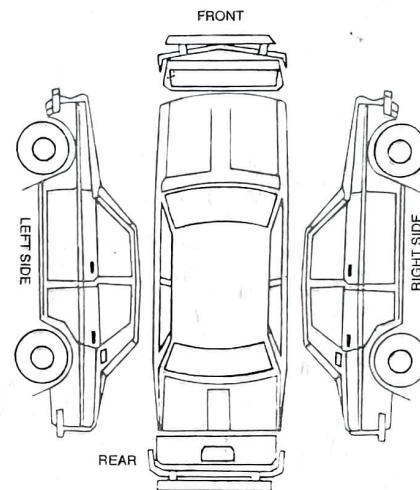
CUSTOMER NAME COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)	REGN NO.: SHC2045Y	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G3)	DATE/TIME IN 20.06.2022 10:30
	YR OF MANU. 14.11.2019	TARGET DATE
	CHASSIS CODE KMHC851CVLU189093	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 16.06.2022
NATURE: 3P 16.06.2022

3/NO LABOR CODE DESCRIPTION



Rasul finalised final fig \$1397.12, 3 days. (Red \$199.04, 12%)

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHC2045Y** YY

Vehicle No.: **SHC2045Y**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned 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 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 17/06/2022 10:00 (SGT)
Date of Accident 16/06/2022 15:50 (SGT)
Exact Location of Accident Henderson Rd, Singapore
Additional Location Information BUKIT MERAH
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC2045Y

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) +65-91998109
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 GOH KIAT SIONG
NRIC No SXXXX016A

Date Of Birth 10/07/1962
 Occupation Outdoor
 Date Of Driving Pass 26/01/1980
 Driving experience 42 YEARS AND 5 MONTHS
 Gender Male
 Mobile Number (Phone) +65-91998109
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 419 PASIR RIS DRIVE 6 #06-273
 Address complement -
 Postcode 510419
 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 DRIZZLE
 Road Surface Wet

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 16.06.2022 AT ABOUT 1550HRS I WAS DRIVING MY SHC2045Y ON THE 1ST LANE OF HENDERSON ROAD JUNCTION OF BUKIT MERAH CENTRAL . I STOP MY VEHICLE A BEHIND YELLOW BOX WHEN VEHICLE B SNC4750K REAR ENDED MY STATIONARY VEHICLE A. NO ONE WAS INJURED. NO 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 SNC4750K
 Vehicle Manufacturer Toyota
 Vehicle Model Sienta
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver unknown

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	front
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

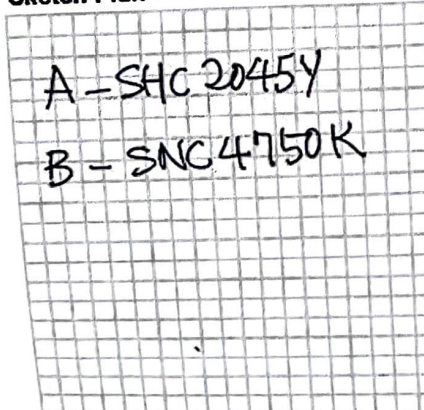
SKETCH PLAN**IMPORTANT NOTICE**

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' 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 16.06.2022 AT ABOUT 1550HRS I WAS DRIVING MY SHC2045Y ON THE 1ST LANE OF HENDERSON ROAD JUNCTION OF BUKIT MERAH CENTRAL . I STOP MY VEHICLE A BEHIND YELLOW BOX WHEN VEHICLE B SNC4750K REAR ENDED MY STATIONARY VEHICLE A. NO ONE WAS INJURED. NO 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
16.06.2022 1700HRS

Witnessed by Reporting Centre Personnel
Kym Yong

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	821R
Vehicle No.:	SHC2045Y
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Jun 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEKU406235
Chassis No.:	KMHC851CVLU189093
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,344.00
Original Registration Date:	14 Nov 2019
First Registration Date:	14 Nov 2019
Transfer Count:	0
Actual ARF Paid:	\$12,482.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Nov 2027
PARF Rebate Amount:	\$9,361.00

COE Expiry Date:	13 Nov 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$25,933.00
COE Rebate Amount:	\$17,492.00
Total Rebate Amount:	\$26,853.00

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 21 Jun 2022

OK