

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHB 4109P

at Workshop m/s COMFOR DELHO

of 59, LOYANH DR

Insured: GBD 9776RTM1

Policy No. MT104065

Claims No. M2204320

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 Rport: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: _____ 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: SHB 4109P Yr Regn: 2021 / APR

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

Truck / Trailer or

Make: HYUNDAI IONIQ i6 c.c. 1580

Colour: BLUE A/C: Insured / Std / NI / NA

Sp. Reading: 8054 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCS51CVLH192970

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or WESTLAK

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 17/08/22 D.O.I. 19/08/22

Survey held at COMFOR DELHO

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

REAR O/S

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

Date / Time Action / Instruction

25/8/22 Rasul informed final fig \$1012 (Red 1140, 52%)

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: 2

1) Date/Time, File Return to?

: Final Report

Resurvey No. of Trip: 1

Survey Fee:

2) 25/8/22-typist

Transportation:

Add Fee: : Site Insp (\$ _____) S + RS _____ SI

: Interview (\$ _____) Photos

: Tech. Invs (\$ _____) Others

: Weekend (\$ _____)

Report Format: Merimen

Lump Sum / I.B.I.: (\$ 1012)

REPAIR DETAILS

Reference

Lim Tien Siong

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 18 Aug 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/SHB4109P/18/08/2022 13:52**

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 <i>repair</i>	20.00	0.00	*459.40 FL
2	1		*REAR BUMPER CENTRE MOULDING <i>de -</i>	20.00	0.00	*451.25 FL
3	1		*REAR BUMPER REINFORCMENT <i>?</i>	20.00	0.00	*394.80 FL
4	10		*REAR BUMPER CLIPS <i>X</i>	20.00	0.00	*22.00 FL
5	1		*REAR BUMPER TOW COVER <i>X</i>	20.00	0.00	*98.80 FL
6	1		*REVERSE SENSORS <i>?</i>	0.00	0.00	*180.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	1,606.25
- List Item Discount on L Items (S\$)	285.25
Total Parts (S\$)	1,321.00

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Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

Lim Tien Siong

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	New	250 300.00
3	R/I REVERSE SENSORS	New	40 120.00
Gross Labour Cost (S\$)			820.00

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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:

Rasul
Hp 90010068
2 days
P/P 1500
19/08/22 @ 1500
Resy before repair
Resy new part

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)

CP/P)

Singapore

LKK -

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	13/08/2022
Vehicle Reg. No.:	SHB4109P	Driveable?	NO
Party At Fault:	UNKNOWN		

Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	29/04/2021
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU422019	Chassis No:	KMHC851CVLU192970
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	1,321.00
Miscellaneous Items	11.00
Labour	820.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	2,152.00
+ GST 7.00% (\$\$)	150.64
Nett Amount (\$\$)	2,302.64

This claim is handled by: LIM TIEN SIONG

Date/Time: 18.08.2022 13:43 Page : 1

ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4590250

JC N3Q5526847

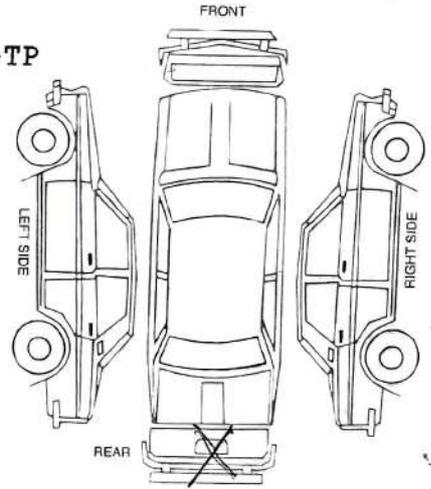
COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P) (O)	REGN NO: SHB4109P	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G3)	DATE/TIME IN 18.08.2022 10:35
	YR OF MANU. 29.04.2021	TARGET DATE
	CHASSIS CODE KMHC851CVLU192970	COMPLETION DATE/TIME:

Ident Date: 13.08.2022
DURE: 3P 13.08.2022

JOB DESCRIPTION

IO
010 LABOR CODE
PB

DESCRIPTION
PANEL BEATING-SHB4109P-TP



RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Management Slip
No.: **SHB4109P** LIMTS
Service Advisor
Signature/Date
Returned to Service Reception upon collection

Exit Pass
Vehicle No.: **SHB4109P**
Name of Service Advisor
Date
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 Actual 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 13/08/2022 17:20 (SGT)
Reported by Driver
Date of Accident 13/08/2022 11:30 (SGT)
Exact Location of Accident Farrer Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB4109P

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) +65-81115763
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
Policy Number / Cover Note Number VFX/P2419138

DRIVER

Name of Driver V. RAJA AMERAKONDAAR
NRIC No SXXXX525C
Date Of Birth 10/07/1968
Occupation Outdoor

Date Of Driving Pass 28/10/2010
 Driving experience 11 YEARS AND 10 MONTHS
 Gender Male
 Mobile Number (Phone) +65-81115763
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 104 JALAN RAJAH #03-59
 Address complement -
 Postcode 321104
 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 DRIZZLING
 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? Yes
 Was any injured conveyed to hospital by ambulance? No
 Was any other vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 3
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

PASSENGER 1

Name UNKNOWN
 Gender Male

PASSENGER 2

Name UNKNOWN
 Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Tampines Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18005871999
 Alt. Police Station Phone No (Fax) +65-65871699
 Police Station Address 6 Tampines Ave 4 Singapore 529682
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

ON 13/08/2022 AT AROUND 1130HRS, I WAS DRIVING VEHICLE A (SHB4109P) ALONG FARRER ROAD. VEHICLE A WAS STATIONARY AT A RED TRAFFIC LIGHT WHEN SUDDENLY VEHICLE B (GBD9776R) REAR ENDED VEHICLE A. NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

ATTACHMENT(S)

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

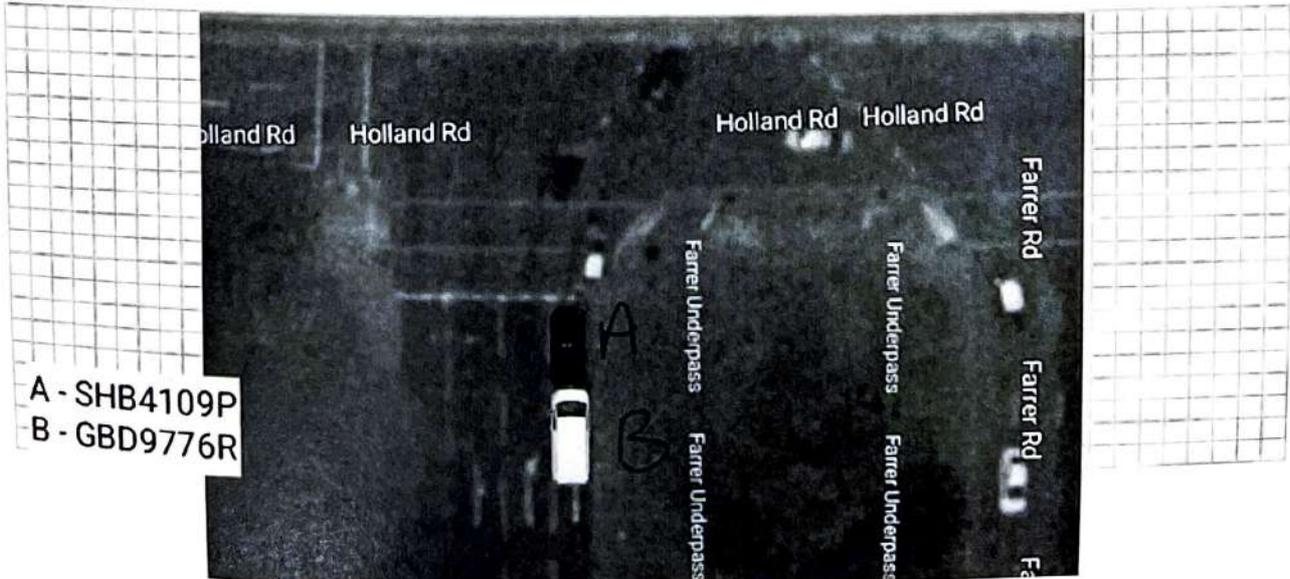
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time
13/08/2022 1620HRS

Witnessed by Reporting Centre Personnel FRO Sufiyan

Sketch Plan



Describe Circumstances of the Accident

ON 13/08/2022 AT AROUND 1130HRS, I WAS DRIVING VEHICLE A (SHB4109P) ALONG FARRER ROAD. VEHICLE A WAS STATIONARY AT A RED TRAFFIC LIGHT WHEN SUDDENLY VEHICLE B (GBD9776R) REAR ENDED VEHICLE A. NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

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

13/08/2022 1620HRS

Witnessed by Reporting Centre
Personnel FRO Sufiyan

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	821R
Vehicle No.:	SHB4109P
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Aug 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEKU422019
Chassis No.:	KMHCB51CVLU192970
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$24,995.00
Original Registration Date:	29 Apr 2021
First Registration Date:	29 Apr 2021
Transfer Count: -	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Apr 2029
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	28 Apr 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$33,827.00
COE Rebate Amount:	\$28,259.00
Total Rebate Amount:	\$32,009.00

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 22 Aug 2022

OK