

ASS. REC. BY: Taugh

REF:

TMI

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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
SumonVeh No: SH42990D Yr Regn: 2019, June

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

Truck / Trailer or

Make: Mitsubishi c.c. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 302438 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: UM MC85 / CVTU / 69326Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: NI / S/Rim / STD A/Rim orTyre Size: F: 195/65/15R: 195/65/15

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

TOYO / YOKO or Wor Hye

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 18/4/23Survey held at Comfort Toyon

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

Frt + n/s

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1) _____
Date/Time, File Return to?☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

TOTAL

Add Fee:

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

Rep. Format: _____

Lump Sum / I.B.A. (P) _____

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)

Singapore

Jumani
(Lisun)

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	18/04/2023
Vehicle Reg. No.:	SHA2990D	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	26/06/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU295297	Chassis No:	KMHC851CVKU164326
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	3,594.60
Miscellaneous Items	11.00
Labour	1,500.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	5,105.60
+ GST 8.00% (\$\$)	408.45
Nett Amount (\$\$)	5,514.05

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: 18 Apr 2023)**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/SHA2990D/18/04/2023 13:53**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		*FRT BUMPER ASSY	20.00	0.00	de *481.10 FL
2	10		*FRT BUMPER CLIPS	20.00	0.00	neg *22.00 FL
3	1		*FRT BUMPER CENTRE MOULDING	20.00	0.00	cut *368.50 FL
4	1		*FRT FENDER LH	20.00	0.00	56 *588.80 FL
5	1		*FRT FENDER EMBLEM LH	20.00	0.00	cut *26.60 FL
6	1		*FRT BUMPER SIDE BRACKET LH	20.00	0.00	? *35.00 FL
7	1		*HEADLAMP ASSY LH	20.00	0.00	cut *2,110.30 FL
8	1		*FRT FOG LAMP LH	20.00	0.00	X *642.50 FL
9	1		*FRT FOG LAMP GRILLE LH	20.00	0.00	? *93.45 FL
10	1		*FRT ADVERTISEMENT LOGO FENDER LH	0.00	0.00	at *100.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)**4,468.25****- List Item Discount on L Items (\$\$)****873.65****Total Parts (\$\$)****3,594.60**

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Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New 350	800.00
2	SPRAY PAINT	New 500	600.00
3	CHECK WIRING	New 30	50.00
4	TUFF KOTE	New 30	50.00
Gross Labour Cost (S\$)			1,500.00

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< END OF ESTIMATES >

Tan Jiah 97495744
WP' 18/4/23 e. 5:30pm
L/S resurvey after repair
Tan Jiah e/handover
2-3 days

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: 18.04.2023 13:42

Page : 1

am: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 5893474

JC NO305551540

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

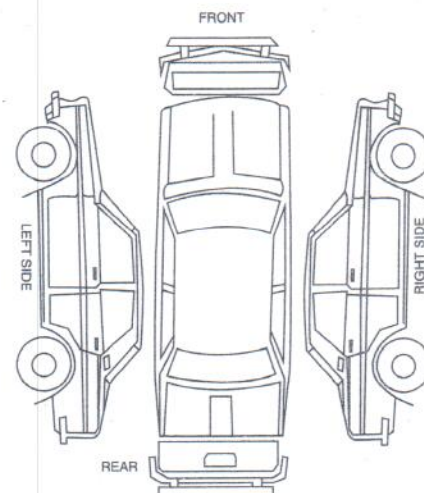
REGN NO: SHA2990D	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 18.04.2023 11:15
YR OF MANU. 26.06.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU164326	COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

cident Date: 18.04.2023
TURE: 3P.18.04.23

NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: **SHA2990D** **JU TOKIO**

Vehicle No.: **SHA2990D**

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned 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 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	18/04/2023 14:30 (SGT)
Reported by	Actual Driver
Date of Accident	18/04/2023 08:40 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	TOWARDS ANG MO KIO AVE (CTE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2990D
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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) +65-90278808
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	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2419138

DRIVER

Name of Driver	ENG CHOON CHYE JOHN
NRIC No	SXXXX586H
Date Of Birth	09/08/1949
Occupation	Outdoor

Vehicle Registration Number	SMT9133G
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

ON 18.04.2023 AT ABOUT 0840HRS I WAS DRIVING MY VEHICLE A SHA2990D FETCHING MY PASSENGER TO WOODLANDS. MY VEHICLE A WAS ON THE 1ST LANE OF ANG MO KIO AVE 3 TURNING RIGHT TOWARDS ANG MO KIO AVE (CTE). VEHICLE B SMT9133G ON MY LEFT, CUT INTO MY LANE. VEHICLE B RIGHT REAR THEN SIDE SWIPE MY VEHICLE A LEFT FRONT. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION SCENE PHOTO TAKEN.
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
18.04.2023. 1400HRS

FLASH ACCIDENT
REPORTING OFFICER
KYMI



Witnessed by Reporting Centre Personnel