

**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)**

4/5

Singapore

**PARTICULARS OF CLAIM**

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	13/08/2024
Vehicle Reg. No.:	SH8808S	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS HYBRID, 1.8 CVT TAXI (A)	Vehicle Reg. Date:	19/07/2017
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZRS056413	Chassis No:	JTDKB3FU103561451
Odometer:	0 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

**COST OF CLAIMS**

	Amount
Parts	1,354.44
Miscellaneous Items	12.00
Labour	820.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>2,186.44</b>
<b>+ GST 9.00% (S\$)</b>	<b>196.78</b>
<b>Nett Amount (S\$)</b>	<b>2,383.22</b>

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation &amp; Adjusting System

14/8 @ 10:45hrs.

## REPAIR DETAILS

### Reference

Lim Tien Siang

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 14 Aug 2024)

Parts: 144 TOYOTA PRIUS HYBRID 1.8 CVT TAXI (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: ComfortDelGro Engineering Pte Ltd/SH8808S/14/08/2024 10:44

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 X R	25.00	0.00	*503.04 FL
2	1		*REAR BUMPER UNDER COVER X / cut	25.00	0.00	*654.96 FL
3	1		*REAR BUMPER REINFORCEMENT X	25.00	0.00	*378.32 FL
4	10		*REAR BUMPER CLIPS X ?	25.00	0.00	*22.00 FL
5	1		*REVERSE SENSORS	0.00	0.00	*135.70 F
6	1		*REAR BUMPER MAT X	0.00	0.00	*50.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$) 1,744.02

- List Item Discount on L Items (\$\$) 389.58

Total Parts (\$\$) 1,354.44

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Generated using Merimen e-Claims IEAS

# Estimates on Miscellaneous Items

No Qty Particulars

Lim Tien Siong

Amount

## Miscellaneous Items

1	1	OD/TP Case (Insurer)	12.00
Sub Total (S\$)			12.00

# Estimates on Labour

No Particulars

Lab.Type

Amount

## Labour Items

1	PANEL BEATING	New	380	400.00
2	SPRAY PAINTING	New	280	300.00
3	R/I REVERSE SENSORS	New	20	120.00
Gross Labour Cost (S\$)				820.00

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< END OF ESTIMATES >

Steve CLKKJ  
14/8/24, 3.00pm  
w/ KL  
L/S  
by AL sy  
2 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: 14.08.2024 10:16

Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD**

Sales Order: 5950377

JC NO 305600723

CUSTOMER

MS COMFORT TRANSPORTATION PTE LTD

CUSTOMER NO. 7010045

ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717

(R) 65508755 (O)

(P)

COUNT CARD NO.

REGN NO.:

SH 8808S

MILEAGE

MAKE:

TOYOTA

FUEL

E.....1/2.....F

MODEL

PRIUS HYBRID(G4)14.08.2024 09:35

DATE/TIME IN

YR OF MANU.

19.07.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU103561451

COMPLETION DATE/TIME:

JOB DESCRIPTION

Ident Date: 13.08.2024

RE: 3P 13.08.2024

LABOR CODE

10

PB

20

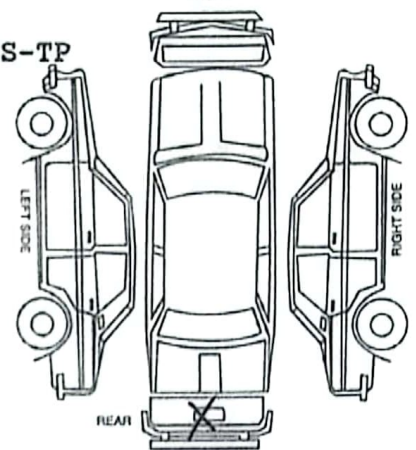
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DESCRIPTION

LUMPSUM REPAIR-SH 8808S-TP

TP MERIMEN

FRONT



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

No: SH 8808S

LIMITS

Vehicle No.:

SH 8808S

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 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 First Submission	13/08/2024 12:13 (SGT)
Reported by	Actual Driver
Date of Accident	13/08/2024 07:20 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	BEFORE PIONEER EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SH8808S

#### 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) +65-80488189
Alternative Phone No	(Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798
Vehicle Fuel	-
First Registration Date	-
Chassis no	JTDKB3FU103561451
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101861MFCT

#### DRIVER

Name of Driver	CHEE HOCK BENG
NRIC No	SXXXX797D
Date Of Birth	18/11/1962
Occupation	Outdoor
Driving Pass Date	02/09/1996
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	27 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80488189
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 647 YISHUN STREET 61 # 07 - 380
Address complement	-
Postcode	760647
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	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
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

#### 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 13.08.2024 AT ABOUT 0720HRS, VEHICLE A SH8808S WAS ALONG AYE / JURONG ON MOST LEFT LANE. BEFORE PIONEER EXIT, VA SLOWED DOWN AND STOP AS VEHICLES IN FRONT WERE STOPPING. VEHICLE B YQ3505E THEN REAR ENDED STATIONARY VEHICLE A. PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION AT PIONEER ROAD. SCENE PHOTOS TAKEN. PARTICULARS TAKEN. NO HANDPHONE EXCHANGED.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera?  
Reasons for not uploading a video of the accident

Yes  
FILE IS NOT SUITABLE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ3505E
Vehicle Manufacturer	Mitsubishi
Vehicle Model	CANTER FEB21ER4SDEN (CBU)
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MD RAFIQUUL ISLAM MD REAZ
NRIC No	GXXXX573K
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 based outside of Singapore, for one or more of the above Purposes.

*[Signature]*

Policyholder's Signature / Date & Time

Sketch Plan

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

13.08.2024.

1045HRS

Witnessed by Reporting Centre Personnel

A - SH8808S

B - YQ3505E

AYE / JURONG  
BEFORE PIONEER EXIT



Describe Circumstances of the Accident

ON 13.08.2024 AT ABOUT 0720HRS, VEHICLE A SH8808S WAS ALONG AYE / JURONG ON MOST LEFT LANE. BEFORE PIONEER EXIT, VA SLOWED DOWN AND STOP AS VEHICLES IN FRONT WERE STOPPING. VEHICLE B YQ3505E THEN REAR ENDED STATIONARY VEHICLE A. PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION AT PIONEER ROAD. SCENE PHOTOS TAKEN. PARTICULARS TAKEN. NO HANDPHONE 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 13.08.2024. 1045HRS

Witnessed by Reporting Centre Personnel