

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)

Singapore

(45)

LKK-

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	16/08/2024
Vehicle Reg. No.:	SH6916B	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	06/08/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU298716	Chassis No:	KMHC851CVKU164995
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	1,853.12
Miscellaneous Items	12.00
Labour	820.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,685.12
+ GST 9.00% (S\$)	241.66
Nett Amount (S\$)	2,926.78

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

16/8 @ 09:28hrs.

PAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 16 Aug 2024) Lim Tien Siong
 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/SH6916B/16/08/2024 09:28
 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 / BR	20.00	0.00	*459.40 FL
2	1		*REAR BUMPER CTR MOULDING / BR	20.00	0.00	*451.25 FL
3	1		*REAR BUMPER REINFORCEMENT ?	20.00	0.00	*394.80 FL
4	2		*REAR BUMPER REINFORCEMENT BRKT RH / LH ?	20.00	0.00	*276.20 FL
5	1		*REAR BUMPER LWR MOULDING X	20.00	0.00	*155.00 FL
6	10		*REAR BUMPER CLIPS / n/c	20.00	0.00	*22.00 FL
7	1		*REVERSE SENSOR / n/c	0.00	0.00	*180.00 F
8	1		*REAR BUMPER MAT / n/c	0.00	0.00	*50.00 F
9	1		*REAR BUMPER FOGLAMP ?	20.00	0.00	*201.50 FL
10	1		*REAR NO.PLATE WITH TRIM COVER / BR	0.00	0.00	*55.00 F
Sub Total (S\$)						2,245.15
- List Item Discount on L Items (S\$)						392.03
Total Parts (S\$)						1,853.12

F=Franchise part. L=ListItemDisc.

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Estimates on Miscellaneous Items

Qty Particulars

Lim Tien Siong

Amount

Miscellaneous Items

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 SENSOR

New

20

120.00

Gross Labour Cost (S\$)

820.00

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< END OF ESTIMATES >

Stew (LKK)

16/8/24, 3.20pm

W H

L/S

by AL SM

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: 16.08.2024 08:43

Page : 1

JOB CARD

Sales Order: 5950595

JC NO 305600940

Customer: ARC Repair TP(CLSO)1

Customer Name:

Company: COMFORT TRANSPORTATION PTE LTD

Customer No: 7010045

Address: 383 SIN MING DRIVE
Singapore SINGAPORE 575717

Phone (R): 65508755

(O)

(P)

COUNT CARD NO.

REGN NO.:

SH 6916B

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

IONIQ(G2)

15.08.2024 14:30

DATE/TIME IN

YR OF MANU.

06.08.2019

TARGET DATE

CHASSIS CODE

KMHC851CVKU164995

COMPLETION DATE/TIME:

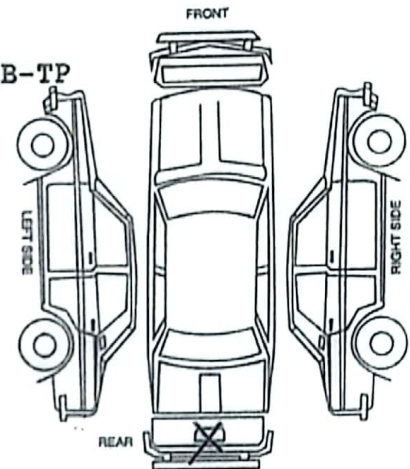
JOB DESCRIPTION

Appointment Date: 15.08.2024

Appointment Time: 3P 15.08.2024

	LABOR CODE
10	PB
20	L

DESCRIPTION
LUMPSUM REPAIR-SH 6916B-TP
TP MERIMEN



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

Vehicle No.: SH 6916B

LIMITS

Vehicle No.:

SH 6916B

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	16/08/2024 11:45 (SGT)
Reported by	Actual Driver
Date of Accident	15/08/2024 13:40 (SGT)
Exact Location of Accident	Outram Rd, Singapore
Additional Location Information	TOWARDS AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6916B
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) +65-97396537
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
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	KMHC851CVKU164995
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	PHANG CHWEE SIA
NRIC No	SXXXX888B
Date Of Birth	08/06/1960
Occupation	Outdoor
Driving Pass Date	06/03/2004
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	20 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97396537
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 305 YISHUN CENTRAL # 05 - 183
Address complement	-
Postcode	760305
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)	4
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	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

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 15.08.2024 AT ABOUT 1340HRS, VEHICLE A SH6916B WAS ALONG OUTRAM ROAD IN THE DIRECTION TO AYE. VEHICLE A SLOWED DOWN AND STOP AS VEHICLES IN FRONT WERE STOPPING. VEHICLE B GBJ7407M THEN REAR ENDED STATIONARY VEHICLE A. PASSENGERS ARE NOT INJURED AND THEY DECIDED TO TAKE ANOTHER TAXI. SCENE PHOTOS TAKEN. 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ7407M
Vehicle Manufacturer	Suzuki
Vehicle Model	EVERY JOIN TURBO 660 AUTO
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GAY JIN SIEW
NRIC No	SXXXX824D
Contact Number	(Phone) +65-81122348
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 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.
 - (b) Collectively the "Purposes"
 - (c) 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
 - (d) 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.

Policyholder's Signature / Date & Time

Sketch Plan

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

15.08.2024.

1545HRS

Witnessed by Reporting Centre Personnel

A - SH6916B

B - GBJ7407M



Describe Circumstances of the Accident

ON 15.08.2024 AT ABOUT 1340HRS, VEHICLE A SH6916B WAS ALONG OUTRAM ROAD IN THE DIRECTION TO AYE. VEHICLE A SLOWED DOWN AND STOP AS VEHICLES IN FRONT WERE STOPPING. VEHICLE B GBJ7407M THEN REAR ENDED STATIONARY VEHICLE A. PASSENGERS ARE NOT INJURED AND THEY DECIDED TO TAKE ANOTHER TAXI. SCENE PHOTOS TAKEN. PARTICULARS EXCHANGED.

Declaration

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
15.08.2024. 1545HRS

Witnessed by Reporting Centre Personnel