ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive Singapore 508969 Tel: 6214 8300

Lim Tien Siong

TP INSURER:

Tokio Marine Insurance Singapore Ltd (HQ)

CTPL

Singapore

(US)

TKK-

		Visited	
PARTICULARS OF CL	AIM		
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			Amoun
Parts			1,853.12
14			120

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

16/80 09:28hrs.

AIR DETAILS

eference

art 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: Print Code:

(Price-denominated Standard List) Repairer's

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 / OR	20.00	0.00	*451.25 FL /
3	1	*REAR BUMPER REINFORCEMENT ? x nn	20.00	0.00	*394.80 FL
4	2	*REAR BUMPER REINFORCEMENT BRKT RH / LH . × nn	20.00	0.00	*276.20 FL
5	1	*REAR BUMPER LWR MOULDING X nn	20.00	0.00	*155.00 FL
6	10	*REAR BUMPER CLIPS / n/(20.00	0.00	*22.00 FL /
7	1	*REVERSE SENSOR / (#1	0.00	0.00	*180.00 F / ne
8	1	*REAR BUMPER MAT	0.00	0.00	*50.00 F / n
_	-	*REAR BUMPER FOGLAMP	20.00	0.00	*201.50 FL
9 10	1	REAR NO.PLATE WITH TRIM COVER /	0.00	0.00	*55.00 F / ne
=Fra	anchise part. L=ListIter	nDisc. Sub Total (S\$)			2,245.15
		 List Item Discount on L Items (S\$) 			392.03
		Total Parts (S\$)			1,853.12

ComfortDelGro Engineering Pte Ltd/SH6916B/16/08/2024 09:28. Not valid without Reference section. Generated using Merimen e-Claims IEAS

> 932.65 -20% 746.12 + 285 = 1031.12



mates on Miscellaneous Items

Oty Particulars

Lim Tien Siong Amount

1 OD/TP Case (Insurer)

1 Sub Total (\$\$) 12.00

Estimates on Labour

No	Particulars	Lab.Type	,	Amount
Lab	our Items			
1	PANEL BEATING	New	380	400.00
2	SPRAY PAINTING	New	280	300.00
3	R/I REVERSE SENSOR	New	20	120.00
		692		
		Gross Labour Cost (S\$)		820.00

ComfortDelGro Engineering Pte Ltd/SH6916B/16/08/2024 09:28. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Sten (LKK)
16/8/24, 3.70p2
L/S
L/S
M
2 days

1723.12

L/S - 1378.49= 1400

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:



ComfortDelGro Engineering Pte Ltd

205 Braddel Road Singapore 579701

Mainline + 65 6383 6280 Facelmile + 65 6280 9755

Workshops

205 Braddel Road Singapore 579701

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

Dâte/Time: 16.08.2024 08:43 Page: 1

REGN NO.: MILEAGE	P(CLSO)1 JOB CARD Sales Order: 5950595 JC NO305600)940
		`
MS COMFORT TRANSPORTATION PTE LTD MAKE: FUEL HYUNDAT E	SPORTATION PTE LTD MAKE: FUEL	F
STOMER NO. 7010043 DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 DATE/TIME IN 10NIQ(G2) 15.08.2024 14:30	DRIVE MODEL DATE/TIME IN	
. (R) 65508755 (O) YR OF MANU. TARGET DATE	(O) YR OF MANU. TARGET DATE	
(P) CHASSIS CODE COMPLETION DATE/TIME: KMHC851CVKU164995	CHASSIS CODE COMPLETION D	ATE/TIME:

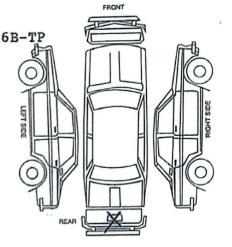
JOB DESCRIPTION

dent Date: 15.08.2024 RE: 3P 15.08.2024

LABOR CODE

PB 10 L 20

DESCRIPTION LUMPSUM REPAIR-SH 6916B-TP



ECKED & PASSED OUT BY:		
SERVICE ADVISOR	CUSTOMER'S SIGNATURE	
wledgement Slip	Exit Pass	
.: No.: SH 6916B LIMTS	Vehicle No.: SH 6916B	
of Service Advisor Signature/Date returned to Service Reception upon collection	Name of Service Advisor Date To be kept by Security Guard	
Telegram of the control of the contr		

SA1K248G000B / Aspectus Consultancy Pte Ltd ENTRY DATE & TIME: 16/08/2024 11:45 (SGT) SUBMITTED BY. Flash Reporting VERSION: 1 (16/08/2024 11:45 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.
 This Form must be completed by the Policyholder and/or the Actual Drivet
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Reported by **Date of Accident Exact Location of Accident**

Additional Location Information Country/State of Loss

16/08/2024 11:45 (SGT)

Actual Driver

15/08/2024 13:40 (SGT) Outram Rd, Singapore TOWARDS AYE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SH6916B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No **Email Address**

Mobile Phone No Alternative Phone No

Hyundai

Ae ionig

Taxi

Auto

1580

Private hire

Petrol-Electric

No - Claiming third party

KMHC851CVKU164995

COMFORT TRANSPORTATION PTE LTD

1XXXXX821R

fleetsafety@cdgtaxi.com.sg (Phone) +65-97396537 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

vour vehicle? Vehicle Category Transmission

CC

Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

MS First Capital Insurance Ltd D-24101861MFCT

DRIVER



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Name of Driver

NRIC No

SXXXX888B

Date Of Birth

Occupation

Orlying Pass Date

Orlying License Pass Class

Orlying License Validity

PHANG CHWEE SIA

SXXXX888B

08/06/1960

Outdoor

Outdoor

06/03/2004

7 Valid

Driving experience 20 YEARS AND 5 MONTHS
Gender Male

Mobile Number

Mobile Number (Phone) +65-97396537
Alt, Phone Number

Email Address fleetsafety@cdgtaxi.com.sg

Address Ileetsatety

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?

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

Dry

OTHER INFORMATION

Road Surface

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

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?

Was notice of intended Prosecution given?

No
If yes, against whom?

GIRCUMSTANCES OF ACCIDENT

Accident report SA1K248G000B



CS CamScanner

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?

Was there any video captured by Car Camera?

Yes

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 Colour

Vehicle Colour .

Vehicle CategoryCommercial vehicleName of DriverGAY JIN SIEWNRIC NoSXXXX824D

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)



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 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. 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)

funderstand, 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
- (ii) 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 sted 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

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

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date å Time 15.08.2024. 1545HRS

Personnel





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