

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) (L/S)

Singapore

LKK-Steve

**PARTICULARS OF CLAIM**

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	15/08/2024
Vehicle Reg. No.:	SH7823D	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	03/07/2018
Vehicle Colour:	BLUE	Gen Condition:	EXCELLENT
Engine No:	G4LEJU045435	Chassis No:	KMHC851CVJU103294
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)		

<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	4,941.96
Miscellaneous Items	12.00
Labour	1,900.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>6,853.96</b>
<b>+ GST 9.00% (S\$)</b>	<b>616.86</b>
<b>Nett Amount (S\$)</b>	<b>7,470.82</b>

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

19/8 @ 11:53 hrs

# REPAIR DETAILS

## Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 19 Aug 2024) Lim Tian Siang  
 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/SH7823D/19/08/2024 11:53  
 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 FENDER (BLUE-DRIVE) LH / <i>FL</i>	20.00	0.00	*26.60 FL
2	1		*WING MIRROR LH - <i>BR</i>	20.00	0.00	*1,391.70 FL
3	1		*FRT DOOR LH - <i>DD</i>	20.00	0.00	*1,797.20 FL
4	1		*FRT DOOR OUTER HANDLE LH - <i>OUT</i>	20.00	0.00	*234.80 FL
5	1		*FRT DOOR OUTER HANDLE COVER LH - <i>OUT</i>	20.00	0.00	*10.50 FL
6	1		*FRT DOOR (COMFORTDELGRO) LH - <i>FL</i>	0.00	0.00	*75.00 F
7	1		*REAR DOOR (ZIG) APPS LH - <i>FL</i>	0.00	0.00	*80.00 F
8	1		*FRT FENDER ADV.STICKER LH - <i>FL</i>	0.00	0.00	*100.00 F
9	1		*FRT DOOR ADV.STICKER LH - <i>FL</i>	0.00	0.00	*100.00 F
10	1		*REAR DOOR ADV.STICKER LH - <i>FL</i>	0.00	0.00	*100.00 F
11	1		*REAR DOOR LH <i>X R</i>	20.00	0.00	*2,147.90 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	6,063.70
- List Item Discount on L Items (S\$)	1,121.74
<b>Total Parts (S\$)</b>	<b>4,941.96</b>

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# Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	12.00
			Limitation Clause
<b>Sub Total (S\$)</b>			<b>12.00</b>

# Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING - REAR DOOR LH ETC	New	570 800.00
2	SPRAY PAINTING - FRT FENDER LH ETC	New	840 1,000.00
3	TUFF KOTE	New	20 100.00
<b>Gross Labour Cost (S\$)</b>			<b>1,900.00</b>

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< END OF ESTIMATES >

Steve CLKK)

20/8/24, 3.00pm

W KL

L/S

W AL W

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: \_\_\_\_\_

Team: ARC Repair TP(CLS0)1

**JOB CARD** Sales Order: 5950846

JC No305601141

CUSTOMER MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)	REGN NO: SH 7823D	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G2)	DATE/TIME IN 19.08.2024 09:55
	YR OF MANU. 03.07.2018	TARGET DATE
	CHASSIS CODE KMHC851CVJU103294	COMPLETION DATE/TIME:

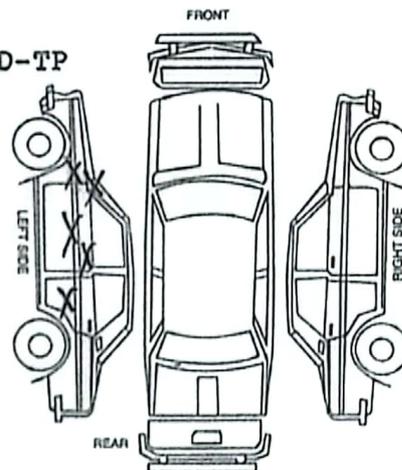
COUNT CARD NO.

JOB DESCRIPTION

Ident Date: 15.08.2024  
RE: 3P 15.08.2024

	LABOR CODE
10	PB
20	20-05

DESCRIPTION  
LUMP SUM REPAIR-SH 7823D-TP  
TP **MERIMEN**



CKED & PASSED OUT BY: Adv

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

No.: SH 7823D LIMITS

Signature of Service Advisor

Signature/Date

Returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 7823D

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 First Submission	16/08/2024 12:47 (SGT)
Reported by	Actual Driver
Date of Accident	15/08/2024 22:45 (SGT)
Exact Location of Accident	5000N Marine Parade Rd, Singapore 449295
Additional Location Information	OSCP
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7823D
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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) +65-97399695
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	KMHC851CVJU103294
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	WONG ANN (HUANG AN)
NRIC No	SXXXX891H
Date Of Birth	09/04/1957
Occupation	Outdoor
Driving Pass Date	06/03/1979
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	45 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97399695
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 5000N MARINE PARADE ROAD # 16 - 60
Address complement	-
Postcode	449295
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	Collided into Parked Vehicle
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)	1
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	-

**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 2245HRS, VEHICLE A SH7823D WAS PARKED AT 5000N MARINE PARADE OSCP VISITOR LOT 571. SECURITY GUARD WITNESS VEHICLE B SNA8967L REVERSING INTO PARKED VEHICLE A WHOLE LEFT SIDE. PARTICULARS OBTAINED FROM SECURITY GUARD WHO SAW THE WHOLE INCIDENT.

**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	SNA8967L
Vehicle Manufacturer	Honda
Vehicle Model	HRV 1.5 DX CVT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
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 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 sited 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

16.08.2024, 0930HRS

Witnessed by Reporting Centre Personnel

