

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

Lim Tien Siong

TP INSURER:
CCPL

Tokio Marine Insurance Singapore Ltd (HQ)

CL(S)

Singapore

LKK-

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	21/08/2024
Vehicle Reg. No.:	SHA9807E	Driveable?	NO
Party At Fault:	UNKNOWN		

Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	27/08/2020
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	G4LEKU389512	Chassis No:	KMHC851CVLU184468
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	2,409.04
Miscellaneous Items	12.00
Labour	820.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,241.04
+ GST 9.00% (S\$)	291.69
Nett Amount (S\$)	3,532.73

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

22/8 @ 13:49 hrs

REPAIR DETAILS

Reference

Lim Tien Siang

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 22 Aug 2024)

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/SHA9807E/22/08/2024 13:49

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 REINFORCEMENT / BR	20.00	0.00	*394.80 FL
3	2		*REAR BUMPER REINFORCEMENT BRKT RH / LH	20.00	0.00	*276.20 FL
4	1		*REAR BUMPER CTR MOULDING / BR	20.00	0.00	*451.25 FL
5	1		*REAR BUMPER LWR MOULDING X	20.00	0.00	*155.00 FL
6	10		*REAR BUMPER CLIPS / MC	20.00	0.00	*22.00 FL
7	2		*REAR BUMPER REFLECTOR RH / LH X	20.00	0.00	*82.90 FL
8	2		*REAR BUMPER SIDE BRKT RH / LH X	20.00	0.00	*111.60 FL
9	1		*REAR BUMPER FOGLAMP / BR	20.00	0.00	*204.50 FL
10	1		*REAR SMART KEY ANTENNA / BR	20.00	0.00	*40.50 FL
11	2		*LICENCE PLATE LAMP RH / LH / BR / MS	20.00	0.00	*170.60 FL
12	1		*REVERSE SENSORS / BR	0.00	0.00	*180.00 F
13	2		*REAR FENDER ADV.STICKER RH / LH / MC	0.00	0.00	*200.00 F
14	1		*REAR NO.PLATE WITH TRIM COVER / BR	0.00	0.00	*55.00 F
15	1		*REAR BUMPER TOW COVER / BR	20.00	0.00	*98.80 FL

F=Franchise part, L=ListItemDisc.

Sub Total (S\$)	2,902.55
- List Item Discount on L Items (S\$)	493.51
Total Parts (S\$)	2,409.04

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Estimates on Miscellaneous Items

Lim Tien Siong

No Qty Particulars

Amount

Miscellaneous Items

1 1 OD/TP Case (Insurer)

12.00

Sub Total (\$\$)

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 SNSORS

New 20 120.00

Gross Labour Cost (\$\$)

820.00

ComfortDelGro Engineering Pte Ltd/SHA9807E/22/08/2024 13:49. Not valid without Reference section.
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< END OF ESTIMATES >

Steve (LKK)

23/8/24, 3.00pm

WLC

L/S

By AL sy

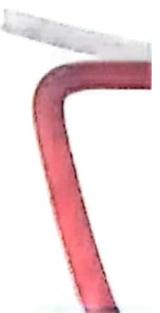
2 djs

- 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(CFSO)1

JOB CARD Sales Order: 5951384

JC NO305601625

CUSTOMER CITYCAB PTE LTD MS 7010070 CUSTOMER NO 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65551188 (R) (O) (P)	REGN NO: SHA9807E	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: IONIQ(G3)	DATE/TIME IN: 21.08.2024 21:00
	YR OF MANU: 27.08.2020	TARGET DATE
	CHASSIS CODE: KMHC851CVLU184468	COMPLETION DATE/TIME:

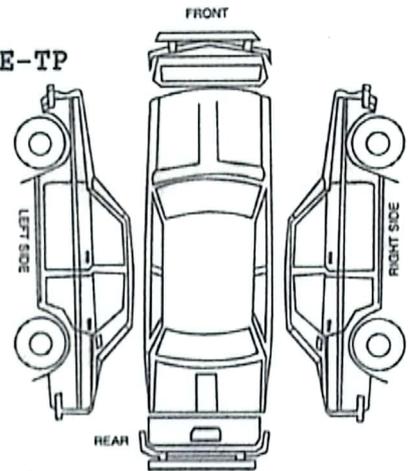
COUNT CARD NO.

JOB DESCRIPTION

Ident Date: 21.08.2024
DURE: 3P 21.08.2024

	LABOR CODE
010	PB
020	20-05

DESCRIPTION
LUMP SUM REPAIR-SHA9807E-TP
TP MERIMEN



CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedgement Slip

Exit Pass

No.: SHA9807E LIMTS

Vehicle No.: SHA9807E

Signature/Date

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	22/08/2024 11:59 (SGT)
Reported by	Actual Driver
Date of Accident	21/08/2024 19:25 (SGT)
Exact Location of Accident	Scotts Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9807E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-82798889
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	HEV FL 1.6 DCT
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	KMHC851CVLU184468
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101860MFCT

DRIVER

Name of Driver	LAI YOON NAM
NRIC No	SXXXX793Z
Date Of Birth	14/03/1960
Occupation	Outdoor
Driving Pass Date	22/02/1984
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	40 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82798889
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 632B PUNGGOL DRIVE #15-665
Address complement	-
Postcode	822632
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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?	Yes
Police Station Name	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO T/20240821/2091

ATTACHMENT(S)

 Accident report SA1K248M000C

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	SCV7979D
Vehicle Manufacturer	Toyota
Vehicle Model	LEXUS ES250 A/T S/R
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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 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.

6. 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

Qin
 Driver's Signature (If driver is not the policyholder) / Date & Time
 22.08.2024, 1030HRS

Kupri
 Witnessed by Reporting Centre Personnel

A - SHA9807E
 B - SCV7979D



Describe Circumstances of the Accident

REFER TO POLICE REPORT NO T/20240821/2091

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	Witnessed by Reporting Centre Personnel
	22.08.2024. 1030HRS	



**SINGAPORE
POLICE FORCE**



T/20240821/2091

1 of 3

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20240821/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/08/2024 20:14	Vide Report No.:	Station Diary No.: 67
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Informant's Particulars

Name of Informant: LAI YOON NAM		Address: 632B PUNGGOL DRIVE #15-665 SINGAPORE 822632	
ID Type / ID No.: NRIC NO / S2566793Z		Contact No.: Home/Office: Mobile: 82798889	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 64	Date of Birth: 14/03/1960	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: Taxi Driver		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/08/2024 19:25	Type of Location: Straight Road
Location: SCOTTS ROAD			
Weather: Clear		Road Surface: Dry	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	
Type of Collision: Between Moving Vehicles - Head To Rear		Traffic Volume: Heavy	
		Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA9807E	Motor car	HYUNDAI	Ionic	Yellow	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SCV
SER 7979D



**SINGAPORE
POLICE FORCE**



T/20240821/2091

2 of 3

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20240821/2091

CONTINUATION OF REPORT

Driver			
Name	LAI YOON NAM	ID No.	S2566793Z
Related Vehicle	SHA9807E (Motor car)	Contact No.	82798889
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the above-mentioned date time and location, I was driving along Scotts Rd, just before the roundabout. I am stationary and another vehicle (I do not have the plate number or make/model of the vehicle) came from behind and had banged my car. I had a passenger in my rear seat, and he informed he is not injured. I then alighted from my vehicle and approached the other vehicle. I told the driver to stop by the side and settle things amicably and he signaled to stop Infront as such, I continued driving and stopped at the bus stop however I noticed the car was no longer behind me. I wish to state I have a working front car camera, and I am not injured.



**SINGAPORE
POLICE FORCE**



T/20240821/2091

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

3 of 3

Report No. T/20240821/2091

CONTINUATION OF REPORT

Signature of Officer Recording The
E /
SGT 1 MOHAMAD HAIRY BIN
OMAR 

Signature Of Informant:


Signature Of Interpreter:
Not applicable

Date/Time:
21/08/2024 20:14

Officer In Charge Of Case:
TP / HRT /
INSP (1) KASMAWATI BTE SAMIAN
Contact No.: 65476368

Classification Of Case:

NP168



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POLICE FORCE



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SIGNATURE