

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CCPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	31/08/2024
Vehicle Reg. No.:	SHB2988G	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	30/10/2020
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	G4LEKU391104	Chassis No:	KMHC851CVLU184586
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)		

COST OF CLAIMS	Amount
Parts	1,360.56
Miscellaneous Items	12.00
Labour	855.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,227.56
+ GST 9.00% (S\$)	200.48
Nett Amount (S\$)	2,428.04

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 02 Sep 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/SHB2988G/02/09/2024 08:29

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 ASSY / BR	20.00	0.00	*459.40 FL
2	1		*REAR BUMPER BEAM ?	20.00	0.00	*394.80 FL
3	10		*REAR BUMPER CLIPS / MC	20.00	0.00	*22.00 FL
4	1		*REAR BUMPER CENTRE MOULDING / DEF	20.00	0.00	*451.25 FL
5	1		*REAR BUMPER MAT / MC	0.00	0.00	*50.00 F
6	1		*REAR NUMBER PLATE / BR	0.00	0.00	*55.00 F
7	1		*REAR FOG LAMP X	20.00	0.00	*201.50 FL
8	1		*ANTENNA SMARTKEY X	20.00	0.00	*40.50 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	1,674.45
- List Item Discount on L Items (S\$)	313.89
Total Parts (S\$)	1,360.56

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Estimates on Miscellaneous Items

No	Qty	Particulars	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	SPRAYPAINT CHARGES	New	280 300.00
3	REMOVE/REFIX REVERSE SENSOR	New	20 50.00
4	TOWING FEE	New	105.00
Gross Labour Cost (S\$)			855.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

ster CLKK)
2/9/24, 3.00pm
m k
L/S
by AL by
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:

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	31/08/2024 14:07 (SGT)
Reported by	Actual Driver
Date of Accident	31/08/2024 00:50 (SGT)
Exact Location of Accident	Kim Keat Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2988G
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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) +65-96441128
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	KMHC851CVLU184586
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	TOH KHIAM CHENG
NRIC No	SXXXX328J
Date Of Birth	27/11/1968
Occupation	Outdoor
Driving Pass Date	06/01/1988
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	36 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96441128
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 123A RIVERVALE DRIVE #16-129
Address complement	-
Postcode	541123
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	Female

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 31/08/2024 AT ABOUT 0050HRS WHILE I WAS WAITING STATIONARY WITH VEHICLE A BEARING REGISTRATION NUMBER SHB2988G ON THE WAY TO DROP OFF MY PASSENGER EN-ROUTE FROM LORONG LIMAU TOWARDS GEYLANG LORONG 6 WHILE WAITING STATIONARY FOR THE RED LIGHT AT THE TRAFFIC JUNCTION OF KIM KEAT ROAD ON LANE 2 SUDDENLY I GOT A JERK FROM BEHIND IT WAS VEHICLE B BEARING REGISTRATION NUMBER SNQ4701D WHICH DID NOT MANAGE TO STOP ON TIME AND REAR ENDED VEHICLE A CAUSING DAMAGES TO VEHICLE A. NO PERSON WAS INJURED OR CONVEYED TO HOSPITAL DUE TO THIS 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	SNQ4701D
Vehicle Manufacturer	Hyundai
Vehicle Model	SX2 KONA 1.6 GDI HEV
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private hire
Name of Driver	-
Contact Number	(Phone) +65-92224373
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 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)**

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.

[Handwritten Signature]



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

31082024
0230HRS



Describe Circumstances of the Accident

ON 31/08/2024 AT ABOUT 0050HRS WHILE I WAS WAITING STATIONARY WITH VEHICLE A BEARING REGISTRATION NUMBER SHB2988G ON THE WAY TO DROP OFF MY PASSENGER EN-ROUTE FROM LORONG LIMAU TOWARDS GEYLANG LORONG 6 WHILE WAITING STATIONARY FOR THE RED LIGHT AT THE TRAFFIC JUNCTION OF KIM KEAT ROAD ON LANE 2 SUDDENLY I GOT A JERK FROM BEHIND IT WAS VEHICLE B BEARING REGISTRATION NUMBER SNQ4701D WHICH DID NOT MANAGE TO STOP ON TIME AND REAR ENDED VEHICLE A CAUSING DAMAGES TO VEHICLE A. NO PERSON WAS INJURED OR CONVEYED TO HOSPITAL DUE TO THIS INCIDENT.

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

31082024
0230HRS



Witnessed by Reporting Centre Personnel

Date/Time: 02.09.2024 08:32

Page : 1

Item: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 5952492

JC NO305602499

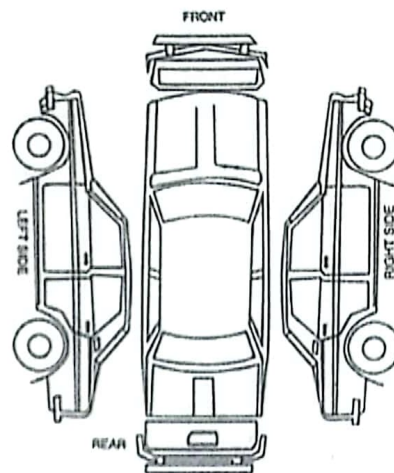
COMER S CITYCAB PTE LTD OMER NO 7010070 RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P)	REGN NO.: SHB2988G	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G3)	DATE/TIME IN 31.08.2024 00:50
	YR OF MANU. 30.10.2020	TARGET DATE
	CHASSIS CODE KMHC851CVLU184586	COMPLETION DATE/TIME:

DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 31.08.2024
 ATURE: 3P.31.08.24

'NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Idgement Slip

Exit Pass

lo.: SHB2988G

JU TOKIO

Vehicle No.:

SHB2988G

Service Advisor

Signature/Date

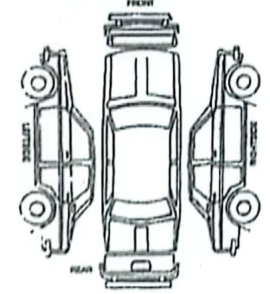
Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: <u>31/8/2024</u> Time Received: <u>01:00</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>TOH KHAM CHENG</u> Contact No. : <u>9644 1128</u> Vehicle No. : <u>SHB29886</u> Make / Model / Colour : <u>UX10</u> Email : _____		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
7. Location: <u>302 Balestier Rd</u>		6. Parts Replaced/Remarks: _____ _____ _____	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungai Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
Job Attended			
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> OTHERS Name of Driver : <u>Hui</u> Vehicle No. : <u>01:00</u> Time Dispatch : <u>01:30</u> Time of Arrival : <u>02:10</u> Time Completed : _____		 # : Cracked X : Dented / : Scratched O : Missing Signature of Customer _____	
Cash Invoice Details (if applicable)			
13. Cash Invoice No. : _____			
Customer Acknowledgement			
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.			
Date _____		Time _____	
		Signature of Customer <u>Dh</u>	
14. WORKSHOP			
Name of Attending Staff/Guard _____		Date & Time of Arrival _____	
		Signature of Attending Staff/Guard _____	

CUSTOMER'S COPY