

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)**

CP/P)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	31/08/2024
Vehicle Reg. No.:	SHC890L	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	BYD ALL-NEW E6, 2.0 (A)	Vehicle Reg. Date:	29/04/2023
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	BYD1814TZXS F322078827	Chassis No:	LC0CE4DC8P0007837
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	2,260.80
Miscellaneous Items	12.00
Labour	2,060.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,332.80
+ GST 9.00% (S\$)	389.95
Nett Amount (S\$)	4,722.75

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

3/9 @ 08:12 hrs.

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version:	1.0 (Last Synchronised: 03 Sep 2024)	Lim Tien Siong
Parts:	143	BYD ALL-NEW E6 2.0 (A) (Catalogue:Merimen Singapore 1.0)		
Labour:	Repairer's	(Price-denominated Standard List)		
Print Code:	ComfortDelGro Engineering Pte Ltd/SHC890L/03/09/2024 08:11			
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 DOOR RH / DD	20.00	0.00	*2,751.00 FL
2	1		*REAR DOOR 100% ELECTRIC RH / MC	0.00	0.00	*40.00 F
3	1		*REAR FENDER LINE STRIP RH / MC	0.00	0.00	*20.00 F
F=Franchise part. L=ListItemDisc.						
Sub Total (\$\$)						2,811.00
- List Item Discount on L Items (\$\$)						550.20
Total Parts (\$\$)						2,260.80

ComfortDelGro Engineering Pte Ltd/SHC890L/03/09/2024 08:11. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

Lim Tien Siong

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 450 X 1 (REAR FENDER ARCH RH ETC)	New 450	1,000.00
2	SPRAY PAINTING 450 X 1	New 900	1,000.00
3	TUFF KOTE	New 20	60.00
Gross Labour Cost (S\$)			2,060.00

ComfortDelGro Engineering Pte Ltd/SHC890L/03/09/2024 08:11. Not valid without Reference section.
Generated using Merlmen e-Claims IEAS

< END OF ESTIMATES >

Steve CLKK)
3/9/24, 3.00pm
m k
P/P
Ly Bel sy
2 hrs

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: 03.09.2024 08:13

Page : 1

JOB CARD

Team: ARC Repair TP(CFSO)1

Sales Order: 5952626

JC NO: 505602744

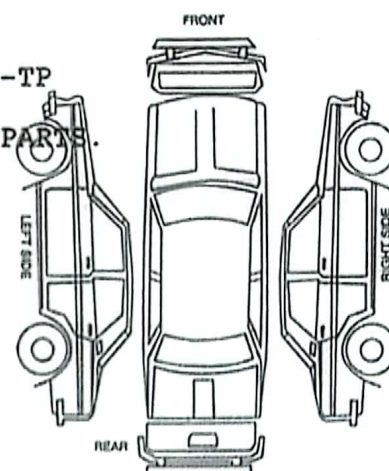
Customer: MS CITYCAB PTE LTD STOMER NO. 7010070 DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (P) 65551188 (O) (P) COUNT CARD NO.	REGN NO.: SHC 890L	MILEAGE
	MAKE: BYD	FUEL E.....1/2.....F
	MODEL NEW E6	DATE/TIME IN 02.09.2024 11:40
	YR OF MANU. 29.04.2023	TARGET DATE
	CHASSIS CODE LC0CE4DC8P0007837	COMPLETION DATE/TIME:

JOB DESCRIPTION

dent Date: 31.08.2024
RE: 3P 31.08.2024

	LABOR CODE
10	PB
20	SP
30	20-00
40	L
50	20-05

DESCRIPTION
PANEL BEATING-SHC 890L-TP
SPRAYPAINT CHARGE
TUFF COAT ON AFFECTED PARTS.
TRANSFER DOOR
TP MERIMEN



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

No.: SHC 890L LIMITS

Vehicle No.: SHC 890L

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	02/09/2024 17:44 (SGT)
Reported by	Actual Driver
Date of Accident	31/08/2024 16:20 (SGT)
Exact Location of Accident	Bedok North Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC890L
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) +65-98234629
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Byd
Model	E6 (ME-2)
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	0
Vehicle Fuel	Electric
First Registration Date	-
Chassis no	LC0CE4DC8P0007837
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	KOH SENG HUAT
NRIC No	SXXXX759J
Date Of Birth	04/04/1965
Occupation	Outdoor
Driving Pass Date	03/10/1983
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	40 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98234629
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 333 SEMBAWANG CLOSE # 14-421
Address complement	-
Postcode	750333
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 - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO : T/20240902/7028

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	GBJ2542M
Vehicle Manufacturer	Toyota
Vehicle Model	HIACE VAN TURBO 5DR MT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-98167577
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH SENG HUAT
Gender	Male
Phone No	(Phone) +65-98234629
Address	BLK 333 SEMBAWANG CLOSE # 14-421
Address Complement	-
Post Code	750333
Approximate Age Years Old	59
Injuries Sustained	INJURED
Injured person in which vehicle?	SHC890L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

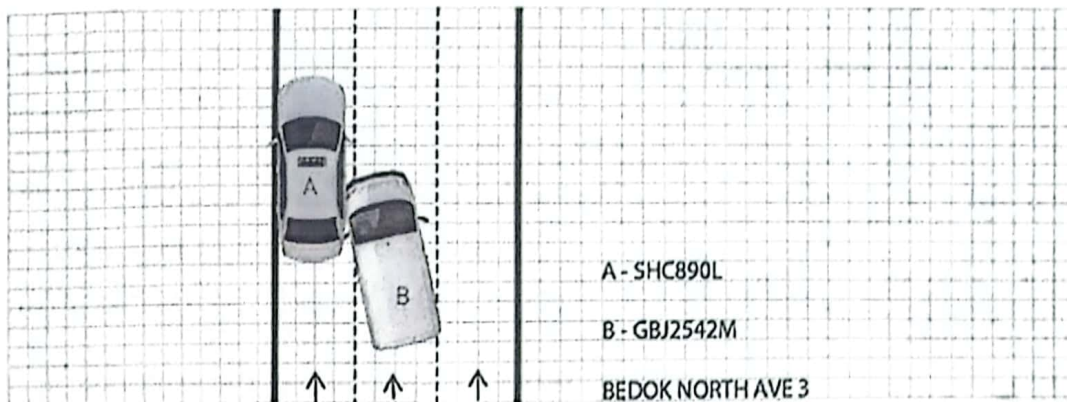


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

 02/09/2024
1340hrs


Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT NO : T/20240902/7028

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

02/09/2024
1340hrs

Witnessed by Reporting Centre
Personnel

