

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300TP INSURER:
CCPL

Tokio Marine Insurance Singapore Ltd (HQ)

Jumani

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	06/09/2024
Vehicle Reg. No.:	SHB3035A	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS TAXI, 1.8 (A)	Vehicle Reg. Date:	17/08/2017
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	2ZRS053595	Chassis No:	JTDKB3FU103560350
Odometer:	0 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	2		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,148.92
Miscellaneous Items	12.00
Labour	240.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,400.92
+ GST 9.00% (S\$)	126.08
Nett Amount (S\$)	1,527.00

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: 06 Sep 2024)

Parts: 144 TOYOTA PRIUS TAXI 1.8 (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHB3035A/06/09/2024 15:44

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 SIDE MIRROR ASSY RH ✓ BR	25.00	0.00	*1,390.10 FL
2	1		*FRT SIDE MIRROR COVER RH ✓ M1J	25.00	0.00	*141.80 FL
F=Franchise part. L=ListItemDisc.						
Sub Total (S\$)						1,531.90
- List Item Discount on L Items (S\$)						382.98
Total Parts (S\$)						1,148.92

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Estimates on Miscellaneous Items

Qty	Particulars	Amount
<u>Miscellaneous Items</u>		
1	OD/TP Case (Insurer)	12.00
Sub Total (\$\$)		12.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New 80	120.00
2	SPRAYPAINT CHARGES	New 80	120.00
Gross Labour Cost (\$\$)			240.00

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< END OF ESTIMATES >

Steve (LKK)

9/9/24, 3.30pm

m R

L/S

by AL ly

1 day

1 day

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: 06.09.2024 15:36

Page : 1

ARC Repair TP(CFS0)1

JOB CARD

Sales Order: 5953048

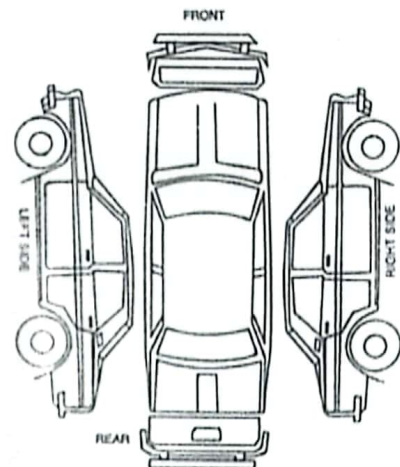
JC NO: 305602988

MER s CITYCAB PTE LTD OMER NO. 7010070 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (O) (P) JUNT CARD NO.	REGN NO.:	MILEAGE
	SHB3035A	
	MAKE:	FUEL
	TOYOTA	E.....1/2.....F
	MODEL	DATE/TIME IN
	PRIUS HYBRID(G4)06.09.2024 14:10	
	YR OF MANU.	TARGET DATE
	17.08.2017	
	CHASSIS CODE	COMPLETION DATE/TIME:
	JTDCB3FU103560350	

JOB DESCRIPTION

Accident Date: 06.09.2024
 Accurrence: 3P.06.09.24

NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Adgement Slip

Exit Pass

No.: SHB3035A

JU TOKIO

Vehicle No.:

SHB3035A

Service Advisor

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	06/09/2024 19:47 (SGT)
Reported by	Actual Driver
Date of Accident	06/09/2024 12:00 (SGT)
Exact Location of Accident	Aljunied Rd, Singapore
Additional Location Information	TOWARDS GEYLANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3035A
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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) +65-92701327
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	HYBRID 1.8 CVT
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	1798
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	JTDKB3FU103560350
Effective Date/Time of Ownership	-

INSURANCE COMPANY

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

DRIVER

Are accident
Was the
Rear

Name of Driver	CHEW WEE CHONG
NRIC No	SXXXX459D
Date Of Birth	07/01/1965
Occupation	Outdoor
Driving Pass Date	14/09/1987
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	37 YEARS
Gender	Male
Mobile Number	(Phone) +65-92701327
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 285 TAMPINES STREET 22 # 07 - 217
Address complement	-
Postcode	520285
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?	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 06.09.2024 AT ABOUT 1200HRS, VEHICLE A SHB3035A WAS STATIONARY ALONG ALJUNIED ROAD ON MIDDLE LANE . VEHICLE A WAS STATIONARY AS TRAFFIC LIGHTS JUNCTION OF SIMS AVE WAS RED. VEHICLE B SMW2083Y ON MY RIGHT SIDE SWIPE VEHICLE B LETT WING MIRROR ONTO STATIONARY VEHICLE A RIGHT WING MIRROR . PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION AT TO ROBINSON ROAD. SCENE PHOTOS AND PARTICULARS TAKEN.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes
Yes
FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMW2083Y
Vehicle Manufacturer	Honda
Vehicle Model	JAZZ 1.3 CVT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WILSON
Contact Number	(Phone) +65-98143625
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LEFT WING MIRROR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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 seated outside of Singapore, for one or more of the above Purposes.

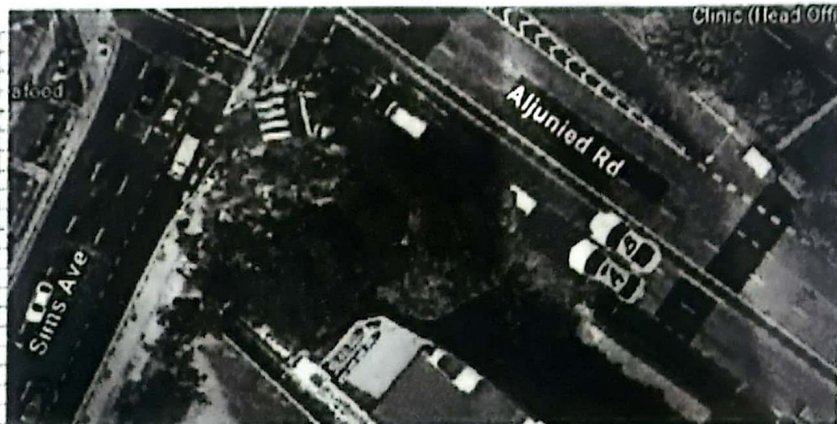
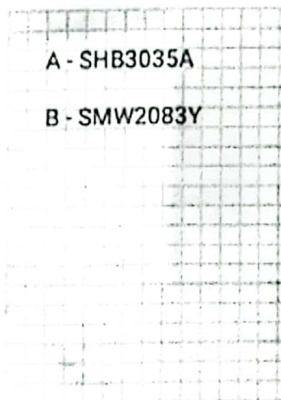


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 06.09.2024. 1530HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 06.09.2024 AT ABOUT 1200HRS, VEHICLE A SHB3035A WAS STATIONARY ALONG ALJUNIED ROAD ON MIDDLE LANE . VEHICLE A WAS STATIONARY AS TRAFFIC LIGHTS JUNCTION OF SIMS AVE WAS RED. VEHICLE B SMW2083Y ON MY RIGHT SIDE SWIPE VEHICLE B LETT WING MIRROR ONTO STATIONARY VEHICLE A RIGHT WING MIRROR . PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION AT TO ROBINSON ROAD. SCENE PHOTOS AND PARTICULARS TAKEN.

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 06.09.2024. 1530HRS

Witnessed by Reporting Centre Personnel

