

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

59 Loyang Drive  
Singapore 508969  
Tel: 6214 8300

**TP INSURER:** Tokio Marine Insurance Singapore Ltd (HQ)  
**CCPL**

Singapore

PARTICULARS OF CLAIM			
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Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	09/09/2024
Vehicle Reg. No.:	SHC7225L	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A)	Vehicle Reg. Date:	11/08/2016
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	D4FDGU662606	Chassis No:	KMHLB41UMGU092622
Odometer:	123109 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	1		

**Present Location:** COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS	Amount
Parts	536.00
Miscellaneous Items	12.00
Labour	350.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>898.00</b>
<b>+ GST 9.00% (S\$)</b>	<b>80.82</b>
<b>Nett Amount (S\$)</b>	<b>978.82</b>

**This claim is handled by: CHIANG LIAT CHOON**

Generated using Merimen e-Claims Internet Estimation & Adjusting System

**PAIR DETAILS**

**Reference**

Part Source:	MRM-SG	Version:	1.0 (Last Synchronised: 10 Sep 2024)
Parts:	143	HYUNDAI I40 1.7 L CRDI AT ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)	
Labour:	Repairer's	(Price-denominated Standard List)	
Print Code:	ComfortDelGro Engineering Pte Ltd/SHC7225L/10/09/2024 13:10		
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		*FRONT DOOR VIEW MIRROR RH / BR	20.00	0.00	*670.00 FL
						F=Franchise part, L=ListItemDisc.
						Sub Total (S\$)
						670.00
						- List Item Discount on L Items (S\$)
						134.00
						Total Parts (S\$)
						536.00

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### Estimates on Miscellaneous Items

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

### Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	PANEL BEATING	New	200.00
2	SPRAY PAINTING	New	150.00
<b>Gross Labour Cost (S\$)</b>			<b>350.00</b>

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< END OF ESTIMATES >

Steve CLKK)  
 11/9/24, 3.30pm  
 m k  
 LS  
 by AL Ly  
 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: \_\_\_\_\_

Team: ARC Repair TP(CFSO)1

**JOB CARD** Sales Order: 5953364

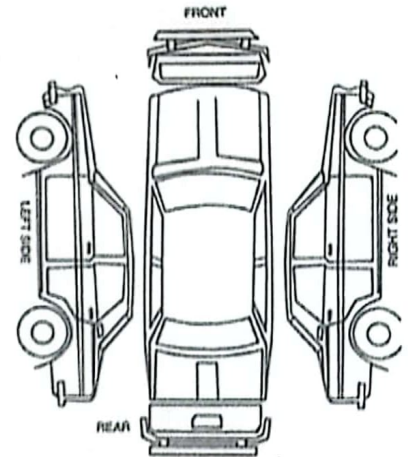
JC NO305603376

CUSTOMER  MR/MS CITYCAB PTE LTD CUSTOMER NO 7010070 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL (F) 65551188 (O) (P)  DISCOUNT CARD NO.	REGN NO: <b>SHC7225L</b>	MILEAGE
	MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....
	MODEL <b>I-40</b>	DATE/TIME IN <b>10.09.2024 08:40</b>
	YR OF MANU <b>11.08.2016</b>	TARGET DATE
	CHASSIS CODE <b>KMHLB41UMGU092622</b>	COMPLETION DATE/TIM

JOB DESCRIPTION

Accident Date: 09.09.2024  
NATURE: 3P 09.09.2024

S/NO                      LABOR CODE                      DESCRIPTION



CHECKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
SERVICE ADVISOR

\_\_\_\_\_  
CUSTOMER'S SIGNATURE

acknowledgement Slip

Name: \_\_\_\_\_

C No.: \_\_\_\_\_

Vehicle No.: **SHC7225L**                      **CHIANG**

Name of Service Advisor                      Signature/Data

to be returned to Service Reception upon collection

Exit Pass

Vehicle No.: **SHC7225L**

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	10/09/2024 12:04 (SGT)
Reported by	Actual Driver
Date of Accident	09/09/2024 16:05 (SGT)
Exact Location of Accident	79 Geylang Bahru Terrace, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7225L
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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) +65-93271677
Alternative Phone No	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
Variant	1.7 CRDI F/L AT ABS AIRBAG 4DR
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	1685
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	KMHLB41UMGU092622
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	FONG WAH SENG
NRIC No	SXXXX364D
Date Of Birth	11/01/1957
Occupation	Outdoor
Driving Pass Date	17/02/2003
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	21 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93271677
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 195A PUNGGOL ROAD # 16 - 508
Address complement	-
Postcode	821195
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)	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 09.09.2024 AT ABOUT 1605HRS, VEHICLE A SHC7225L WAS ALONG GEYLANG BAHRU TERRACE ON THE LEFT LANE TOWARDS GEYLANG BAHRU. NEAR UNIT 79, VEHICLE B YR1823U ON MY RIGHT, DROVE CLOSE TO VEHICLE A. VEHICLE B LEFT FRONT SAFETY STRAP HOOKED VEHICLE A RIGHT WING MIRROR AND IT BROKE. NO ONE IS INJURED. SCENE PHOTOS AND PARTICULARS TAKEN.

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 Reg. No.  
Vehicle Model  
Vehicle Variant  
NA\*

Registration Number .....	YR1823U
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	CANTER FEB21ER4SDEN (CBU)
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
NRIC No .....	SXXXX892Z
Contact Number .....	(Phone) +65-83144652
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	LEFT FRONT
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**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 based 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 **10.09.2024, 1000HRS**

Witnessed by Reporting Centre Personnel

**Sketch Plan**





Describe Circumstances of the Accident

ON 09.09.2024 AT ABOUT 1605HRS, VEHICLE A SHC7225L WAS ALONG GEYLANG BAHRU TERRACE ON THE LEFT LANE TOWARDS GEYLANG BAHRU. NEAR UNIT 79, VEHICLE B YR1823U ON MY RIGHT, DROVE CLOSE TO VEHICLE A. VEHICLE B LEFT FRONT SAFETY STRAP HOOKED VEHICLE A RIGHT WING MIRROR AND IT BROKE. NO ONE IS INJURED. SCENE PHOTOS AND PARTICULARS TAKEN.

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 10.09.2024. 1000HRS



Witnessed by Reporting Centre Personnel