

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)59 Loyang Drive
Singapore 508969
Tel: 6214 8300

Lim Tien Siong

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

4/8

Singapore

LKK-**PARTICULARS OF CLAIM**

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	23/09/2024
Vehicle Reg. No.:	SHA3136Y	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	30/09/2020
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU408599	Chassis No:	KMHC851CVLU189801
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	1,874.68
Miscellaneous Items	12.00
Labour	1,480.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,366.68
+ GST 9.00% (S\$)	303.00
Nett Amount (S\$)	3,669.68

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

23/9 @ 14:34 hrs

PAIR DETAILS

Reference

Lim Tien Siong

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 23 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/SHA3136Y/23/09/2024 14:34	
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 RH / <i>OD</i>	20.00	0.00	*1,797.20 FL
2	1		*FRONT DOOR PROTECTOR RH / <i>MEC EUT</i>	20.00	0.00	*186.20 FL
3	1		*REAR DOOR PROTECTOR RH / <i>MEC</i>	20.00	0.00	*166.20 FL
4	1		*FRONT DOOR (COMFORTDELGRO) RH / <i>MEC</i>	0.00	0.00	*75.00 F
5	1		*REAR DOOR (ZIG) APPS RH / <i>MEC</i>	0.00	0.00	*80.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	2,304.60
- List Item Discount on L Items (\$\$)	429.92
Total Parts (\$\$)	1,874.68

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Estimates on Miscellaneous Items

Lim Tien Siong

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 (REAR DOOR RH ETC)	New 280	800.00
2	SPRAY PAINTING → Rocker Panel Garnish RH X 1 (#280) ✓ (Supp Lab) Cut	New 560	600.00
3	TUFF KOTE	New 20	80.00
Gross Labour Cost (\$\$)			1,480.00

ComfortDelGro Engineering Pte Ltd/SHA3136Y/23/09/2024 14:34. Not valid without Reference section.
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< END OF ESTIMATES >

Steve (LKK)
24/9/24, 3.30pm
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L/S
by AL sky
3 dys

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: 23.09.2024 13:54

Page : 1

JOB CARD

Sales Order: 5954924

JC NO.:

305604697

Team: ARC Repair TP(CLSO)1
CUSTOMER

REGN NO.:

SHA3136Y

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G3)

DATE/TIME IN

23.09.2024 11:00

YR OF MANU.

30.09.2020

TARGET DATE

CHASSIS CODE

KMHC851CVLU189801

COMPLETION DATE/TIME:

MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

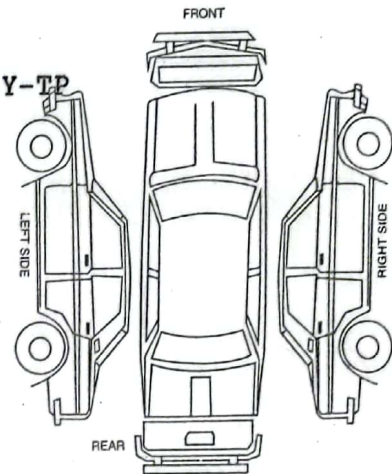
COUNT CARD NO.

JOB DESCRIPTION

Ident Date: 23.09.2024
RE: 3P 23.09.2024

LABOR CODE
10 PB
20 20-05

DESCRIPTION
LUMP SUM REPAIR-SHA3136Y-TP
TP MERIMEN



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

pledgement Slip

Exit Pass

No.:

SHA3136Y

LIMITS

Vehicle No.:

SHA3136Y

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned 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	23/09/2024 18:54 (SGT)
Reported by	Actual Driver
Date of Accident	23/09/2024 09:00 (SGT)
Exact Location of Accident	Collyer Quay, Singapore
Additional Location Information	TOWARDS FINLAYSON GREEN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3136Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-84588689
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	KMHC851CVLU189801
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101861MFCT

DRIVER

Name of Driver TAY SOON HUA
 NRIC No SXXXX389J
 Date Of Birth 03/02/1967
 Occupation Outdoor
 Driving Pass Date 26/12/1984
 Driving License Pass Class 3
 Driving License Validity Valid
 Driving experience 39 YEARS AND 9 MONTHS
 Gender Male
 Mobile Number (Phone) +65-84588689
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 117 TAMPINES ST 11 #08-516
 Address complement -
 Postcode 521117
 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) 4
 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

PASSENGER 2

Name UNKNOWN
 Gender Female

PASSENGER 3

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 230924 AT ABOUT 0900HRS I WAS DRIVING VEHICLE A (SHA3136Y) ALONG COLLYER QUAY TOWARDS FINLAYSON GREEN. WHERE I WAS GOING TO DROP OFF MY PASSENGER AT SUNTEC CITY TOWER 1. WHILE DRIVING ALONG COLLYER ROAD ENTERING FINLAYSON GREEN SUDDENLY VEHICLE B (SNR7043U) CUT INTO MY LANE WANTING TO MAKE A LEFT TURN AND WHICH VEHICLE B COLLIDED ONTO THE RIGHT SIDE FRONT AND REAR DOOR OF MY VEHICLE. NO ONE WAS INJURED.

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	SNR7043U
Vehicle Manufacturer	Toyota
Vehicle Model	COROLLA ALTIS HYBRID
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	-
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 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 sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

23/09/2024
1200hrs



Witnessed by Reporting Centre Personnel



A - SHA3136Y

B - SNR7043U

COLLYER QUAY

Describe Circumstances of the Accident

ON 230924 AT ABOUT 0900HRS I WAS DRIVING VEHICLE A (SHA3136Y) ALONG COLLYER QUAY TOWARDS FINLAYSON GREEN. WHERE I WAS GOING TO DROP OFF MY PASSENGER AT SUNTEC CITY TOWER 1. WHILE DRIVING ALONG COLLYER ROAD ENTERING FINLAYSON GREEN SUDDENLY VEHICLE B (SNR7043U) CUT INTO MY LANE WANTING TO MAKE A LEFT TURN AND WHICH VEHICLE B COLLIDED ONTO THE RIGHT SIDE FRONT AND REAR DOOR OF MY VEHICLE. NO ONE WAS INJURED.

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

23/09/2024
1200hrs

Witnessed by Reporting Centre
Personnel

