

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

59 Loyang Drive  
Singapore 508969  
Tel: 6214 8300

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

Singapore

**PARTICULARS OF CLAIM**

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	22/06/2024
Vehicle Reg. No.:	SH9070X	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	BYD E6H, (A)	Vehicle Reg. Date:	31/05/2022
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	1814TZXS321037320	Chassis No:	LC0CE4DC6N0008773
Odometer:	171688 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	2,500.00
Miscellaneous Items	12.00
Labour	2,030.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>4,542.00</b>
<b>+ GST 9.00% (S\$)</b>	<b>408.78</b>
<b>Nett Amount (S\$)</b>	<b>4,950.78</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: 24 Jun 2024)
Parts:	M1-MPV	BYD E6H (A) (Catalogue:Merimen Singapore 1.0)	
Labour:	Repairer's	(Price-denominated Standard List)	
Print Code:	ComfortDelGro Engineering Pte Ltd/SH9070X/24/06/2024 12:40		
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 PANEL RH / 00	20.00	0.00	*2,950.00 FL
2	1		*REAR DOOR E100% STICKER RH / 112C	0	0.00	*100.00 FS
3	1		*REAR DOOR LINE STICKER RH / 112C	0	0.00	*40.00 FS
Sub Total (S\$)						3,090.00
- List Item Discount on L Items (S\$)						590.00
Total Parts (S\$)						2,500.00

F=Franchise part. S=SpcNett. L=ListItemDisc.

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## Estimates on Miscellaneous Items

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

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New 400	1,050.00
2	SPRAY PAINTING	New 750	900.00
3	TRANSFER DOOR PARTS	New 50	80.00
Gross Labour Cost (S\$)			2,030.00

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< END OF ESTIMATES >

Steve (LKK)

25/6/24, 9.30am

W R

P/P

by Bel sy

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	22/06/2024 11:38 (SGT)
Reported by	Actual Driver
Date of Accident	22/06/2024 07:30 (SGT)
Exact Location of Accident	Yishun Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9070X
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) +65-96209435
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

### INSURANCE COMPANY

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

### DRIVER

Name of Driver	PEH GIM HONG
NRIC No	SXXXX849C
Date Of Birth	10/06/1963
Occupation	Outdoor



Driving Pass Date	08/09/1983
Driving experience	40 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96209435
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	436 FAJAR ROAD # 07 - 380
Address complement	-
Postcode	670436
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	Side Swipe
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	Male

#### 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 22 JUNE 2024 AT ABOUT 0730HRS VEHICLE A SH9070X WAS ALONG YISHUN AVE 1. NEAR THE TRAFFIC LIGHTS JUNCTION OF LENTOR AVE, VEHICLE B GBD9497X ON MY RIGHT CUT INTO MY LANE. VEHICLE B FRONT LEFT SIDE SWIPE VEHICLE A RIGHT DOORS AND RIGHT REAR. PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION AT LOWER SELETAR PARK. SCENE PHOTOS TAKEN. PARTICULARS EXCHANGED.

#### 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	GBD9497X
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHEN JIN
NRIC No	SXXXX976C
Contact Number	(Phone) +65-96564508
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT LEFT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLANIMPORTANT 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

22.06.2024.

0930HRS

Witnessed by Reporting Centre Personnel




Describe Circumstances of the Accident

ON 22 JUNE 2024 AT ABOUT 0730HRS VEHICLE A SH9070X WAS ALONG YISHUN AVE 1, NEAR THE TRAFFIC LIGHTS JUNCTION OF LENTOR AVE, VEHICLE B GBD9497X ON MY RIGHT CUT INTO MY LANE. VEHICLE B FRONT LEFT SIDE SWIPE VEHICLE A RIGHT DOORS AND RIGHT REAR. PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION AT LOWER SELETAR PARK. SCENE PHOTOS TAKEN. PARTICULARS EXCHANGED.

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 22.06.2024. 0930HRS

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel