

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:	10/06/2024
Vehicle Reg. No.:	SHD6828Z	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS TAXI, 1.8 HATCHBACK(AT)(2WD) (A)	Vehicle Reg. Date:	29/09/2020
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZR2G82339	Chassis No:	JTDKB3FU603091577
Odometer:	574089 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	1,149.00
Miscellaneous Items	12.00
Labour	300.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,461.00
+ GST 9.00% (S\$)	131.49
Nett Amount (S\$)	1,592.49

This claim is handled by: CHIANG LIAT CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 10 Jun 2024)
 Parts: 144 TOYOTA PRIUS TAXI 1.8 HATCHBACK(AT)(2WD) (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: ComfortDelGro Engineering Pte Ltd/SHD6828Z/10/06/2024 16:26
 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 WING MIRROR ASSY RH / <i>RR</i>	25.00	0.00	*1,390.10 FL /
2	1		*FRONT WING MIRROR COVER RH / <i>RR</i>	25.00	0.00	*141.90 FL /
F=Franchise part. L=ListItemDisc.						
Sub Total (\$\$)						1,532.00
- List Item Discount on L Items (\$\$)						383.00
Total Parts (\$\$)						1,149.00

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Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	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	100 150.00
2	SPRAY PAINTING	New	80 150.00
Gross Labour Cost (\$\$)			300.00

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< END OF ESTIMATES >

Sten (LKK)

11/6/24, 9.30am

W R

L/S

M AC M

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: 10.06.2024 15:09

Page : 1

ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5942790

JC NO 305594102

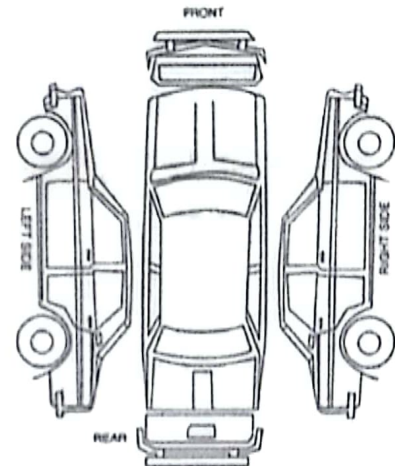
CUSTOMER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P) (O)	REGN NO:	SHD6828Z	MILEAGE
	MAKE:	TOYOTA	FUEL
	MODEL:	PRIUS HYBRID(G4A10.06.2024 10:40	DATE/TIME IN
	YR OF MANU:	29.09.2020	TARGET DATE
	CHASSIS CODE:	JTDKB3FU603091577	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 10.06.2024
NATURE: 3P 10.06.2024

:/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

No.: SHD6828Z CHIANG

Vehicle No.: SHD6828Z

Signature of 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	10/06/2024 13:57 (SGT)
Reported by	Actual Driver
Date of Accident	10/06/2024 09:20 (SGT)
Exact Location of Accident	Pasir Panjang Rd, Singapore
Additional Location Information	BEFORE MAPLETREE BUSINESSES CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6828Z
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) +65-98399333
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798

INSURANCE COMPANY

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

DRIVER

Name of Driver	LEE PHENG TAH
NRIC No	SXXXX142G
Date Of Birth	08/05/1953
Occupation	Outdoor

Driving Pass Date	27/02/1976
Driving experience	48 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98399333
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 5 JURONG EAST STREET 32 #13-04
Address complement	-
Postcode	609479
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	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 10/06/2024 AT ABOUT 0920HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SHD6828Z ENROUTE FROM PICKING UP MY PASSENGER AT WOODLANDS CHECKPOINT TO DROP OFF MY PASSENGER AT MAPLETREET BUSINESSES CITY FOR WORK PURPOSES. WHILE STATIONARY ALONG PASIR PANJANG ROAD BEFOFE MAPLETREE BUSINESSES PARK IN LANE 3 BEHIND A YELLOW BOX ALL OF A SUDDEN VEHICLE (B) BEARING REGISTRATION NUMBER IS SMM7175K IN LANE 2 HIT ONTO MY VEHICLE RIGHT SIDE MIRROR WITH VEHICLE (B) LEFT SIDE MIRROR WHILE VEHICLE (B) IS MAKING A LANE CHANGE. NOBODY 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	SMM7175K
Vehicle Manufacturer	Honda
Vehicle Model	FIT 1.3GF CVT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	(Phone) +65-96493109
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
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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

10/06/2024 1155HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 10/06/2024 AT ABOUT 0920HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SHD6828Z ENROUTE FROM PICKING UP MY PASSENGER AT WOODLANDS CHECKPOINT TO DROP OFF MY PASSENGER AT MAPLETREET BUSINESSES CITY FOR WORK PURPOSES. WHILE STATIONARY ALONG PASIR PANJANG ROAD BEFOFE MAPLETREE BUSINESSES PARK IN LANE 3 BEHIND A YELLOW BOX ALL OF A SUDDEN VEHICLE (B) BEARING REGISTRATION NUMBER IS SMM7175K IN LANE 2 HIT ONTO MY VEHICLE RIGHT SIDE MIRROR WITH VEHICLE (B) LEFT SIDE MIROR WHILE VEHICLE (B) IS MAKING A LANE CHANGE. NOBODY 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
10/06/2024 1155HRS

Witnessed by Reporting Centre
Personnel

