

## 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)    |                    |                   |

| <b>COST OF CLAIMS</b>    | <b>Amount</b>   |
|--------------------------|-----------------|
| Parts                    | 1,149.00        |
| Miscellaneous Items      | 12.00           |
| Labour                   | 300.00          |
| Paintwork Labour         | 0.00            |
| Towing                   | 0.00            |
| <b>Gross Total (S\$)</b> | <b>1,461.00</b> |
| <b>+ GST 9.00% (S\$)</b> | <b>131.49</b>   |
| <b>Nett Amount (S\$)</b> | <b>1,592.49</b> |

**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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 Generated using Merimen e-Claims IEAS

# 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

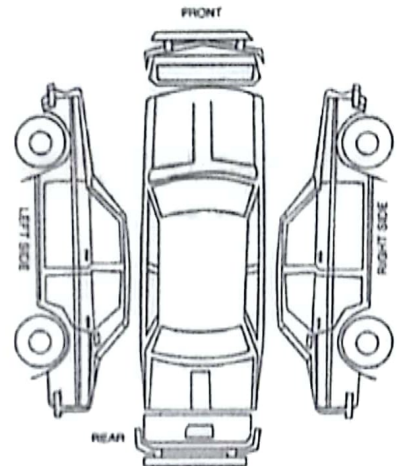
|  |               |                                  |                       |
|--|---------------|----------------------------------|-----------------------|
| CUSTOMER<br>COMFORT TRANSPORTATION PTE LTD<br>7010045<br>383 SIN MING DRIVE<br>Singapore SINGAPORE 575717<br>65508755<br>(R) (P) (O) | REGN 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
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

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