

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)**

CL5

Singapore

LKK-

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	05/12/2024
Vehicle Reg. No.:	SHA4498X	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS HYBRID, 1.8 CVT TAXI (A)	Vehicle Reg. Date:	23/12/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZRR971263	Chassis No:	JTDKB3FUX03539075
Odometer:	0 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	5		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	9,464.87
Miscellaneous Items	12.00
Labour	2,145.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	11,621.87
+ GST 9.00% (S\$)	1,045.97
Nett Amount (S\$)	12,667.84

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

6/12 @ 09:13 hrs.

PAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 06 Dec 2024) Lim Tien Siong
 Parts: 144 TOYOTA PRIUS HYBRID 1.8 CVT TAXI (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: ComfortDelGro Engineering Pte Ltd/SHA4498X/06/12/2024 09:13
 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		*FRT BUMPER / BR	25.00	0.00	*586.18 FL
2	1		*FRT BUMPER UPR BRKT RH ?	25.00	0.00	*82.30 FL
3	1		*FRT BUMPER RETAINER RH - BR	25.00	0.00	*77.00 FL
4	10		*FRT BUMPER CLIPS - MC	25.00	0.00	*22.00 FL
5	1		*FRT FENDER RH - DD	25.00	0.00	*1,111.93 FL
6	1		*FRT FENDER SHIELD RH - CR4	25.00	0.00	*198.50 FL
7	1		*FRT FENDER (HYBRID) RH - MC	25.00	0.00	*86.50 FL
8	1		*FRT WHEEL RIM RH X R	25.00	0.00	*1,570.55 FL
9	1		*FRT BUMPER UPPER GRILLE X CR4	25.00	0.00	*301.90 FL
10	1		*FRT BUMPER LOWER GRILLE - CR4	25.00	0.00	*193.18 FL
11	1		*BONNET X R	25.00	0.00	*1,117.93 FL
12	1		*HEADLAMP RH - BR	25.00	0.00	*2,637.60 FL
13	1		*DAYLIGHT RH X	25.00	0.00	*920.00 FL
14	1		*HEADLAMP TOP PANEL X R	25.00	0.00	*364.98 FL
15	1		*HEADLAMP PANEL RH X R	25.00	0.00	*240.10 FL
16	1		*HEADLAMP LOWER PANEL X	25.00	0.00	*320.65 FL
17	1		*RADIATOR GRILLE / CR4	25.00	0.00	*438.00 FL
18	1		*RADIATOR GRILLE EMBLEM - MC	25.00	0.00	*88.00 FL
19	1		*FRT BUMPER SPONGE / BR	25.00	0.00	*78.80 FL
20	1		*FRT BUMPER REINFORCEMENT X	25.00	0.00	*812.89 FL
21	1		*WIPER WASHER TANK / CR4	25.00	0.00	*486.70 FL
22	1		*WIPER WASHER TANK MOTOR X	25.00	0.00	*242.70 FL
23	1		*FRT NO.PLATE WITH TRIM COVER / CR4	0.00	0.00	*55.00 F
24	1		*FRT NO.PLATE BASE GARNISH / CR4	25.00	0.00	*99.00 FL
25	1		*ENGINE UNDER COVER ?	25.00	0.00	*288.30 FL
26	1		*FRT SIDE UNDER COVER RH ?	25.00	0.00	*180.80 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	12,601.49
- List Item Discount on L Items (S\$)	3,136.62
Total Parts (S\$)	9,464.87

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 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

Lim Tien Siong

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	760 800.00
2	SPRAY PAINTING	New	840 900.00
3	CHECK LIGHTINGS	New	30 40.00
4	TUFF KOTE	New	20 60.00
5	R/I RADIATOR & CONDENSER ETC	New	X 120.00
6	WHEEL ALIGNMENT	New	80 120.00
7	TOWING FEE - chit attached	New	/ 105.00
Gross Labour Cost (S\$)			2,145.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Stew (LKK)
6/12/24, 3:30pm
m IL
L/S
by AL sm
34 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:



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: 5-12-2024 Time Received: 1030

2. ☒ New ☐ SPARK Kakis
Name of Customer : Lm Tuck keong

Contact No. : 87521196

Vehicle No. : Sh 94498x

Make / Model / Colour : Peru

Email : _____

3. Vehicle Type:

- ☐ Private
☒ Taxi (CTPL/CCPL)
☐ Fleet
☐ STK (Boon Lay)

4. Type of Towing:

- ☒ Normal Tow
☐ King Dolly
☐ Flat Bed
☐ Crane-up

5. Nature of Service:

- ☐ Jumpstart
☐ Recovery
☐ Change Tyre / Battery

6. Parts Replaced/Remarks:

7. Location: hrg lmau

9. Preferred Workshop:

- ☐ Braddell ☒ Loyang ☐ Pandan
☐ Sin Ming ☐ Sungei Kadut ☐ Ubi
☐ Komoco (UBI / Leng Kee) ☐ Cycle & Carriage (PD)
☐ Others: _____

8. Vehicle Tow - In Workshop:

- ☐ Smoky Exhaust ☐ Wheel Jammed
☐ Overheating ☐ Steering Faulty
☐ Brake Faulty ☐ Alternator Faulty
☐ Starting Problem ☐ Loss Power
☒ Accident ☐ Engine Stalled
☐ Return Taxi

10. Odometer Reading : _____

Fuel Level : ☐ F ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ E

11. Radio / CD Player

- ☐ OK
☐ Faulty
☐ Not tested

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☐ QA ☒ GAO ☐ OTHERS

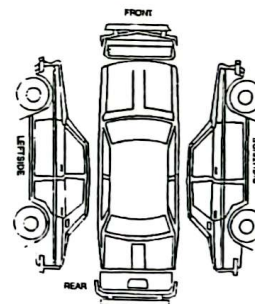
Name of Driver : Michael

Vehicle No. : 619F907

Time Dispatch : 1030

Time of Arrival : 1130

Time Completed : 1155



: Cracked X : Dented
/ : Scratched O : Missing

Signature of Customer

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

5-12-2024

Date

1155

Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY

Date/Time: 05.12.2024 16:25

Page : 1

ARC Repair TP(CLS0)1

JOB CARD Sales Order: 5963306

JC NO 305612036

OWNER

COMFORT TRANSPORTATION PTE LTD

7010045

S

OWNER NO

LESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

JUNT CARD NO.

REGN NO

SHA4498X

MILEAGE

MAKE

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)05.12.2024 10:15

DATE/TIME IN

YR OF MANU

23.12.2016

TARGET DATE

CHASSIS CODE

JTDKB3FUX03539075

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.12.2024

ATURE: 3P 05.12.2024

'NO

10010

10020

LABOR CODE

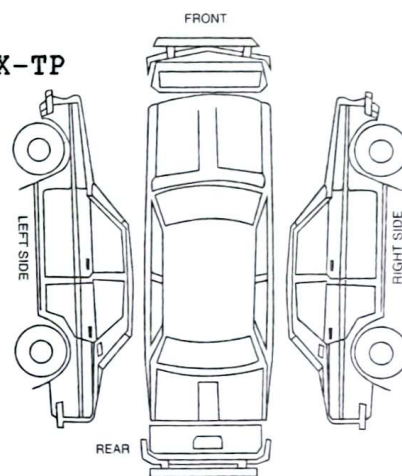
PB

23-01

DESCRIPTION

LUMP SUM REPAIR-SHA4498X-TP

TOWING FEE



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Jo.:

SHA4498X

LIMTS

Vehicle No.:

SHA4498X

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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	05/12/2024 16:31 (SGT)
Reported by	Actual Driver
Date of Accident	05/12/2024 10:15 (SGT)
Exact Location of Accident	Lor Limau, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4498X
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) +65-87521196
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	HYBRID 1.8 CVT
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
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	JTDKB3FUX03539075
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	LIM TUCK KEONG (LIN DAQIANG)
NRIC No	SXXXX088B
Date Of Birth	19/09/1975
Occupation	Outdoor
Driving Pass Date	04/02/1998
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	26 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87521196
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 108 COMMONWEALTH CRESCENT #04-240
Address complement	-
Postcode	140108
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 - Major/Minor Rd
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 05.12.2024 AT ABOUT 1015HRS, VEHICLE A SHA4498X WAS ALONG LOR LIMAU DRIVING STRAIGHT. VEHICLE B GBB1238R ON MY RIGHT, DROVE OUT FROM WHAMPOA DRIVE OSCP AND TURN RIGHT INTO LOR LIMAU. VEHICLE B LEFT FRONT COLLIDED ONTO VEHICLE A RIGHT FRONT. NO ONE IS INJURED. 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	GBB1238R
Vehicle Manufacturer	Suzuki
Vehicle Model	EVERY GA 660 A
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN HEE SOON
NRIC No	SXXXX324I
Contact Number	(Phone) +65-96478331
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LEFT FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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 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. 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
 05.12.2024. 1430HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 05.12.2024 AT ABOUT 1015HRS, VEHICLE A SHA4498X WAS ALONG LOR LIMAU DRIVING STRAIGHT. VEHICLE B GBB1238R ON MY RIGHT, DROVE OUT FROM WHAMPOA DRIVE OSCP AND TURN RIGHT INTO LOR LIMAU. VEHICLE B LEFT FRONT COLLIDED ONTO VEHICLE A RIGHT FRONT. NO ONE IS INJURED. SCENE PHOTOS TAKEN. PARTICULARS EXCHANGED.

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
05.12.2024. 1430HRS



Witnessed by Reporting Centre Personnel