

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Jumani CP/P)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	25/12/2024
Vehicle Reg. No.:	SHA4558G	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS HYBRID, 1.8 CVT TAXI (A)	Vehicle Reg. Date:	30/09/2024
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZR3B88306	Chassis No:	KMHLB41UMHU097707
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	3,050.48
Miscellaneous Items	12.00
Labour	1,655.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	4,717.48
+ GST 9.00% (\$\$)	424.57
Nett Amount (\$\$)	5,142.05

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 26 Dec 2024)

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/SHA4558G/26/12/2024 15:02

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 BUMPER ASSY / BR	25.00	0.00	*601.00 FL
2	1		*REAR BUMPER BEAM / BT	25.00	0.00	*451.50 FL
3	10		*REAR BUMPER CLIPS / MC	25.00	0.00	*57.00 FL
4	1		*REAR BUMPER CENTRE MOULDING / BR	25.00	0.00	*779.00 FL
5	1		*TAILLAMP ASSY RH / BR	25.00	0.00	*984.50 FL
6	1		*REAR REFLECTOR RH / BR	25.00	0.00	*282.10 FL
7	1		*BOOTLID EMBLEM - PRIUS / MC	25.00	0.00	*124.28 FL
8	1		*BOOTLID COMFORT LOGO / MC	0.00	0.00	*30.00 F
9	1		*BOOTLID COMFORT TEL.NOS LOGO / MC	0.00	0.00	*30.00 F
10	1		*BOOTLID APPS LOGO / MC	0.00	0.00	*40.00 F
11	1		*REVERSE SENSOR / ?	0.00	0.00	*180.00 F
12	1		*BOOTLID EMBLEM - HEW / MC	25.00	0.00	*70.00 FL
13	1		*REAR BUMPER SIDE BRACKET RH / ?	25.00	0.00	*132.90 FL
14	1		*REAR FENDER MOULDING RH / ?	25.00	0.00	*211.70 FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	3,973.98
- List Item Discount on L Items (\$\$)	923.50
Total Parts (\$\$)	3,050.48

ComfortDelGro Engineering Pte Ltd/SHA4558G/26/12/2024 15:02. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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	380 800.00
2	SPRAYPAINT CHARGES	New	560 600.00
3	CHECK WIRING	New	30 50.00
4	TUFF KOTE	New	X 50.00
5	REMOVE/REFIX REVERSE SENSOR	New	20 50.00
6	TOWING CHARGES	New	/ 105.00
Gross Labour Cost (S\$)			1,655.00

ComfortDelGro Engineering Pte Ltd/SHA4558G/26/12/2024 15:02. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Steve CLKK)
27/12/24, 3.17p

m JL
P/P

Ly AL Ly
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:

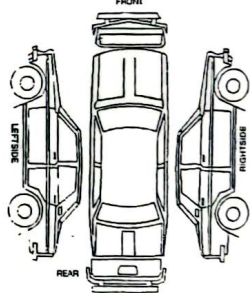
Date:

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>25.12.24</u> Time Received: <u>13:48</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>CHUA BOON YEOW</u> Contact No. : <u>97645578</u> Vehicle No. : <u>SHA4558G</u> Make / Model / Colour : <u>PRIVS G5</u> Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:

7. Location: <u>Tampines ave 7</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____		

10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	 #: Cracked X: Dented /: Scatched O: Missing Signature of Customer
---	--	--

Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> OTHERS
Name of Driver : <u>gan 9</u>
Vehicle No. : <u>YR9009B</u>
Time Dispatch : <u>13:48</u>
Time of Arrival : <u>14:20</u>
Time Completed : <u>14:48</u>

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™.

25.12.24 Date _____ 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: 26.12.2024 14:05

Page : 1

ARC Repair TP(CLS0)1

JOB CARD Sales Order: 5965569

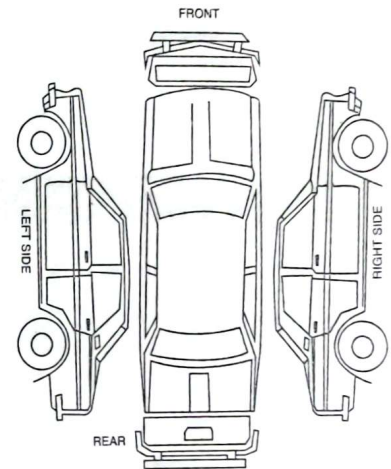
JC NO305613919

DRIVER S COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO. SHA4558G	MILEAGE
	MAKE TOYOTA	FUEL E.....1/2.....F
	MODEL TOY PRIUS HYBRID25	DATE/TIME IN 12.2024 14:00
	YR OF MANU 30.09.2024	TARGET DATE
	CHASSIS CODE KMHLB41UMHU097707	COMPLETION DATE/TIME:
	JUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 25.12.2024
 Accurrence: 3P.25.12.24

NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: **SHA4558G** **JU TOKIO**

Vehicle No.: **SHA4558G**

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned 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	25/12/2024 19:08 (SGT)
Reported by	Actual Driver
Date of Accident	25/12/2024 13:40 (SGT)
Exact Location of Accident	Tampines Ave 4, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4558G
-----------------------------	----------

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) +65-97645578
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	TAXI HATCHBACK (AT)(2WD)
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	JTDAE3AU703008541
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	CHUA BOON YEOW
NRIC No	SXXXX626F
Date Of Birth	08/05/1960
Occupation	Outdoor
Driving Pass Date	29/07/1981
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	43 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97645578
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 953 HOUGANG AVENUE 9#14-672
Address complement	-
Postcode	530953
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 - Head to Rear
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 THE 25/12/24 AROUND 13:40HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER ALONG TAMPINES AVENUE 4 TOWARDS TAMPINES MALL. WHILE I WAS STATIONARY WAITING FOR TRAFFIC GREEN LIGHT SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER GBL8830G COMING FROM BEHIND HIT ONTO MY VEHICLE A BACK BUMPER. NOBODY WAS INJURED DURING THE ACCIDENT

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

Registration Number
Manufacturer
Model
Variant
Colour
Category
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)

GBL8830G
Honda
N-VAN + STYLE FUN TURBO AUTO

-
-
Commercial vehicle
WINSON
(Phone) +65-91814581

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.



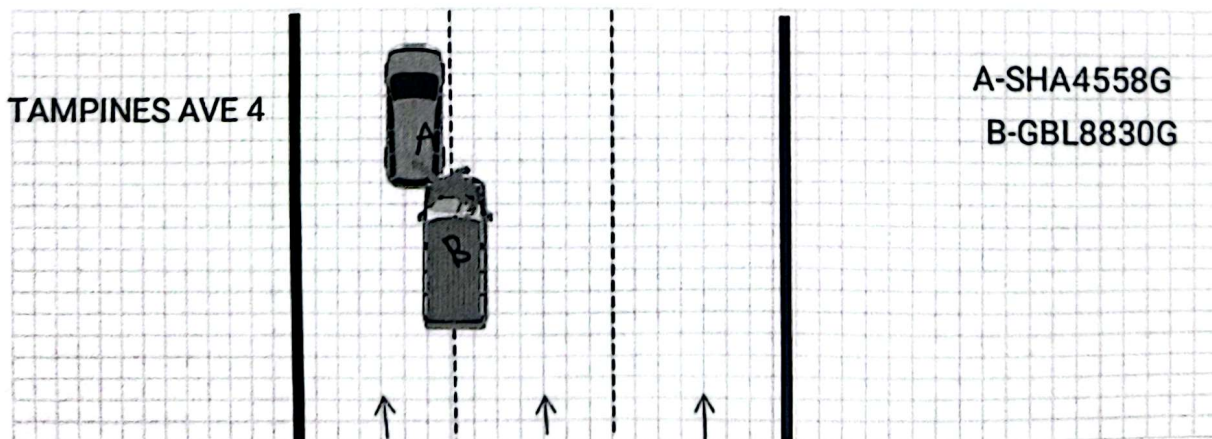
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

25/12/24
16:15HRS



Describe Circumstances of the Accident

ON THE 25/12/24 AROUND 13:40HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER ALONG TAMPINES AVENUE 4 TOWARDS TAMPINES MALL. WHILE I WAS STATIONARY WAITING FOR TRAFFIC GREEN LIGHT SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER GBL8830G COMING FROM BEHIND HIT ONTO MY VEHICLE A BACK BUMPER. NOBODY WAS INJURED DURING THE ACCIDENT

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

25/12/24
16:15HRS



Witnessed by Reporting Centre Personnel