

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:	27/12/2024
Vehicle Reg. No.:	SHC3316J	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS TAXI, 1.8 HATCHBACK(AT)(2WD) (A)	Vehicle Reg. Date:	31/05/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZR2C26673	Chassis No:	JTDKB3FU003081224
Odometer:	472254 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,354.44
Miscellaneous Items	12.00
Labour	1,060.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,426.44
+ GST 9.00% (S\$)	218.38
Nett Amount (S\$)	2,644.82

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: 28 Dec 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/SHC3316J/28/12/2024 09:54

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 <i>x R</i>	25.00	0.00	*503.04 FL
2	1		*REAR BUMPER LOWER COVER <i>✓ ruf</i>	25.00	0.00	*654.96 FL
3	1		*REAR BUMPER REINFORCEMENT <i>?</i>	25.00	0.00	*378.32 FL
4	10		*REAR BUMPER CLIP <i>x</i>	25.00	0.00	*22.00 FL
5	1		*REAR BUMPER MAT <i>x</i>	0	0.00	*50.00 FS
6	1		*REAR REVERSE SENSOR <i>?</i>	0	0.00	*135.70 FS

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

Sub Total (S\$)	1,744.02
- List Item Discount on L Items (S\$)	389.58
Total Parts (S\$)	1,354.44

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Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	12.00
Sub Total (\$)			12.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	380 700.00
2	SPRAY PAINTING	New	280 300.00
3	REMOVE/REFIX REVERSE SENSOR.	New	20 60.00
Gross Labour Cost (\$)			1,060.00

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< END OF ESTIMATES >

Steve CLKK
30/12/24, 3:00pm
W h
L/S
by Mr 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:

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 5965811

JC NO305614153

CUSTOMER COMFORT TRANSPORTATION PTE LTD MS 7010045 CUSTOMER NO 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 (R) 65508755 (P) COUNT CARD NO.	REGN NO: SHC3316J	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL: PRIUS HYBRID(G4)27.12.2024 16:10	DATE/TIME IN
	YR OF MANU: 31.05.2019	TARGET DATE
	CHASSIS CODE: JTDKB3FU003081224	COMPLETION DATE/TIME:

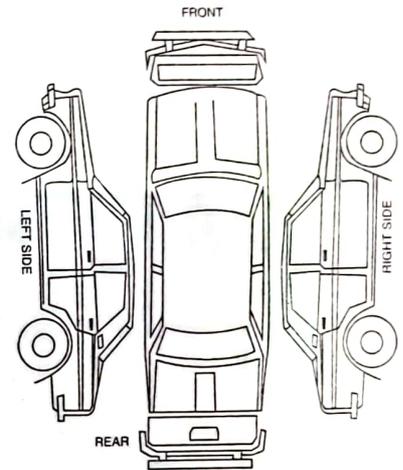
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JOB DESCRIPTION

Ident Date: 27.12.2024

NATURE: 3P 27.12.2024

;/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: **SHC3316J**

CHIANG

Vehicle No.: **SHC3316J**

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	28/12/2024 09:40 (SGT)
Reported by	Actual Driver
Date of Accident	27/12/2024 15:05 (SGT)
Exact Location of Accident	Yishun Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC3316J

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) +65-96231353
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	5DR HATCHBACK (AUTO)
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	JTDKB3FU003081224
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	TOH YEO CHAI
NRIC No	SXXXX691A
Date Of Birth	04/12/1957
Occupation	Outdoor
Driving Pass Date	08/07/1975
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	49 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96231353
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 670 WOODLANDS DRIVE 71 #03-23
Address complement	-
Postcode	730670
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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)	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	Female

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 271224 AT ABOUT 1505HRS, VEHICLE A SHC3316J WAS STATIONARY ALONG YISHUN AVE 2 TRAFFIC LIGHTS JUNCTION. VEHICLE B SMJ5497K REAR ENDED STATIONARY VEHICLE A. PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION AT YISHUN AVE 6. NO ONE IS INJURED. SCENE PHOTOS TAKEN. PARTICULARS EXCHANGED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Is 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 SMJ5497K
Vehicle Manufacturer Mercedes
Vehicle Model E200 EXCLUSIVE (R18 LED)
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver YAP GUAN TIONG
Contact Number (Phone) +65-88772868
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage FRONT
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.

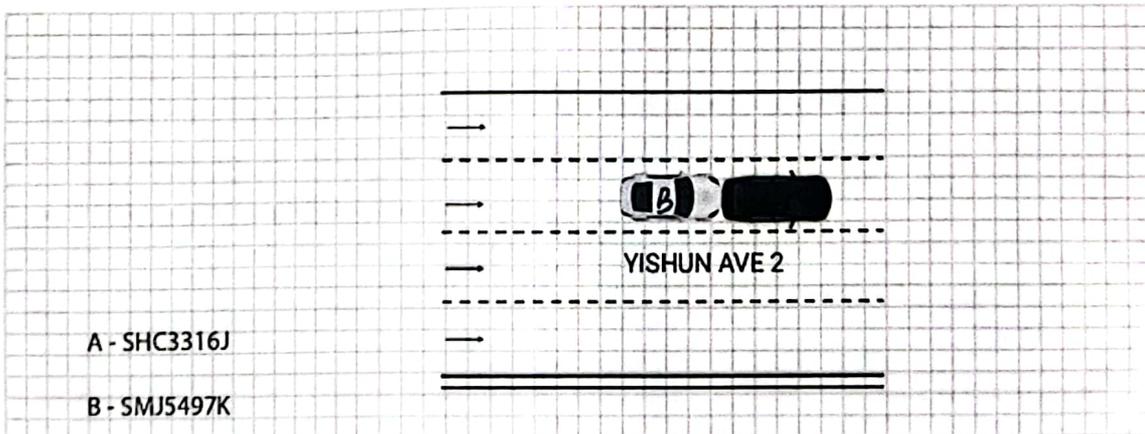


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 27.12.2024. 1700HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 271224 AT ABOUT 1505HRS, VEHICLE A SHC3316J WAS STATIONARY ALONG YISHUN AVE 2 TRAFFIC LIGHTS JUNCTION. VEHICLE B SMJ5497K REAR ENDED STATIONARY VEHICLE A. PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION AT YISHUN AVE 6. 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 27.12.2024. 1700HRS

Witnessed by Reporting Centre Personnel