

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)**

Singapore

LKK-Taufik.

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	30/06/2024
Vehicle Reg. No.:	SHC3231U	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	03/09/2018
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEJU080996	Chassis No:	KMHC851CVKU107448
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	3,279.40
Miscellaneous Items	12.00
Labour	740.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,031.40
+ GST 9.00% (S\$)	362.83
Nett Amount (S\$)	4,394.23

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

1/7 @ 1637 hrs.

REPAIR DETAILS

Reference

Lim Tien Siong

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 01 Jul 2024)

Parts: 192 HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHC3231U/01/07/2024 16:37

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	20.00	0.00	cur *481.10 FL
2	10		*FRT BUMPER CLIPS	20.00	0.00	new *22.00 FL
3	1		*FRT BUMPER UPPER MOULDING	20.00	0.00	cut *368.50 FL
4	1		*FRT BUMPER SIDE BRKT RH	20.00	0.00	X *35.00 FL
5	1		*HEADLAMP RH	20.00	0.00	cut *2,110.30 FL
6	1		*DAYLIGHT RH	20.00	0.00	X *642.50 FL
7	1		*DAYLIGHT GRILLE RH	20.00	0.00	cut *93.45 FL
8	1		*FRT WHEEL CAP RH	20.00	0.00	X *346.40 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	4,099.25
- List Item Discount on L Items (S\$)	819.85
Total Parts (S\$)	3,279.40

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Estimates on Miscellaneous Items

No Qty Particulars

Lim Tien Siong

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 380 250

400.00

2 SPRAY PAINTING

New 280 250

300.00

3 CHECK LIGHTINGS

New 30

40.00

Gross Labour Cost (S\$)

740.00

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< END OF ESTIMATES >

Tanpik 9749549

Wk ' 2/7/24 12pm

• 2 days

c/s Resurvey after repair

tanpik e/kkauto.com

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: 01.07.2024 15:51 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5945279

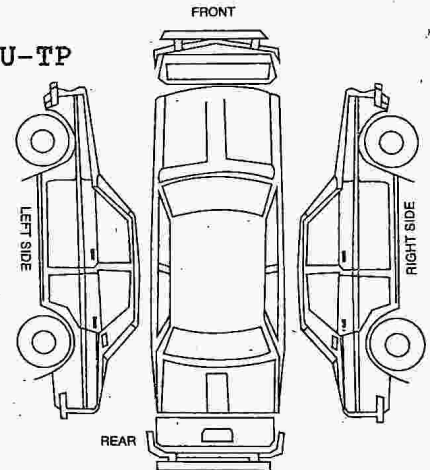
JC NO305596169

STOMER	REGN NO SHC3231U	MILEAGE
/MS COMFORT TRANSPORTATION PTE LTD	MAKE HYUNDAI	FUEL E.....1/2.....F
STOMER NO. 7010045	MODEL IONIQ(G2)	DATE/TIME IN 01.07.2024 12:50
DRESS 383 SIN MING DRIVE	YR OF MANU 03.09.2018	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE KMHC851CVKU107448	COMPLETION DATE/TIME:
65508755 (R) (O) (P)		
COUNT CARD NO.		

dent Date: 30.06.2024

RE: 3P 30.06.2024

JOB DESCRIPTION

LS
Tok MarGBF
5607LDESCRIPTION
LUMPSUM REPAIR-SHC3231U-TP
TP MERIMEN

LABOR CODE

10 PB
20 20-05

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedge ment Slip

Exit Pass

No.: SHC3231U LIMITS

Vehicle No.: SHC3231U

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	01/07/2024 18:28 (SGT)
Reported by	Actual Driver
Date of Accident	30/06/2024 15:00 (SGT)
Exact Location of Accident	412 Saujana Rd, Block 412, Singapore 670412
Additional Location Information	OSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3231U
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) +65-98787188
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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	1580

INSURANCE COMPANY

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

DRIVER

Name of Driver	KHOO JUAT THENG (QIU YUE TING)
NRIC No	SXXXX434B
Date Of Birth	04/03/1985
Occupation	Outdoor

Driving Pass Date	07/11/2008
Driving experience	15 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98787188
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 146 GANGSA ROAD # 03 - 265
Address complement	-
Postcode	670146
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	Collided into Parked Vehicle
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 30.06.2024 AT ABOUT 1500HRS , I RETURN VEHICLE A SHC3231U TO MY HIRE AT BLOCK 412 SAUJANA ROAD OSCP. AT 2300HRS , MY HIRER SAW A NOTE ON THE RIGHT WING MIRROR WITH A NOTE STATING THAT VEHICLE B GBF5607L HAD COLLIDED PARKED VEHICLE A RIGHT FRONT. AFTER CONTACTING VEHICLE B DRIVER, HE CONFIRM THAT VEHICLE B HAD COLLIDED ONTO VEHICLE A AT ABOUT 1500HRS. NO 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

Vehicle Registration Number	GBF5607L
Vehicle Manufacturer	Nissan
Vehicle Model	NV350 PANEL VAN 2.5 5AT 5DR EURO V
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	ABDUL GHANI BIN JOKI
NRIC No	SXXXX565I
Contact Number	(Phone) +65-98362511
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

01.07.2024.

1415HRS

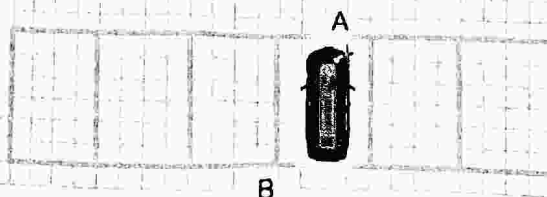
Witnessed by Reporting Centre Personnel



A - SHC3231U

B - GBF5607L

BLOCK 412 SAUJANA ROAD
OSCP



Describe Circumstances of the Accident

ON 30.06.2024 AT ABOUT 1500HRS, I RETURN VEHICLE A SHC3231U TO MY HIRE AT BLOCK 412 SAUJANA ROAD OSCP.
AT 2300HRS, MY HIRER SAW A NOTE ON THE RIGHT WING MIRROR WITH A NOTE STATING THAT VEHICLE B GBF5607L HAD COLLIDED PARKED VEHICLE A RIGHT FRONT. AFTER CONTACTING VEHICLE B DRIVER, HE CONFIRM THAT VEHICLE B HAD COLLIDED ONTO VEHICLE A AT ABOUT 1500HRS. NO SCENE PHOTOS TAKEN. PARTICULARS EXCHANGED.

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 01.07.2024. - 1415HRS

Witnessed by Reporting Centre Personnel

