

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CCPL

Tokio Marine Insurance Singapore Ltd (HQ)

Jumani

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	02/07/2024
Vehicle Reg. No.:	SHD8622L	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	04/12/2018
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	G4LEJU112374	Chassis No:	KMHC851CVKU115263
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	5		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	1,257.32
Miscellaneous Items	12.00
Labour	2,150.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,419.32
+ GST 9.00% (S\$)	307.74
Nett Amount (S\$)	3,727.06

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: 02 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/SHD8622L/02/07/2024 15:23
 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 ASSY <i>x R</i>	20.00	0.00	*481.10 FL
2	1		*FRT BUMPER SIDE BRACKET RH <i>x nn</i>	20.00	0.00	*35.00 FL
3	1		*FRT FENDER RH <i>PD</i>	20.00	0.00	*588.80 FL /
4	1		*FRT FENDER EMBLEM RH <i>112</i>	20.00	0.00	*26.60 FL /
5	1		*FRT WHEEL RIM CAP <i>BR</i>	20.00	0.00	*346.40 FL /
6	1		*FRT DOOR COMFORT LOGO <i>112</i>	0.00	0.00	*75.00 F /

F=Franchise part, L=List Item Disc.

Sub Total (S\$)	1,552.90
- List Item Discount on L Items (S\$)	295.58
Total Parts (S\$)	1,257.32

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961.80
 -20%
 769.44 + 75 nett

Estimates on Miscellaneous Items

Qty Particulars

Amount

Miscellaneous Items

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

1,200.00

2 SPARYPAINT CHARGES

New

840

900.00

3 TUFF KOTE

New

20

50.00

Gross Labour Cost (\$\$)

2,150.00

ComfortDelGro Engineering Pte Ltd/SHD8622L/02/07/2024 15:23. Not valid without Reference section.
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< END OF ESTIMATES >

1252

Steve (LKK)

3/7/24, 4.10pm

m R

L/S

by AL sy

32 dys

2096.44

L/S - 1677.15
= 1700

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: 02.07.2024 13:11

Page : 1

ARC Repair TP(CFSO)1

JOB CARD Sales Order: 5945383

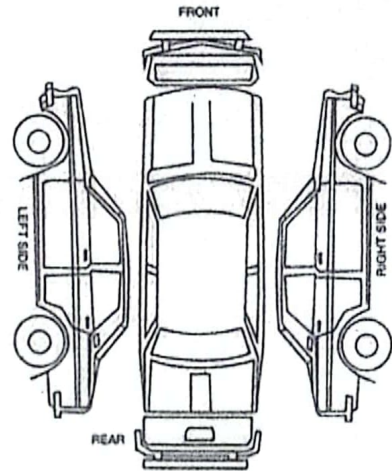
JC NO305596421

CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P)	REGN NO:	SHD8622L	MILEAGE
	MAKE:	HYUNDAI	FUEL
	MODEL:	IONIQ(G2)	DATE/TIME IN
	YR OF MANU:	04.12.2018	TARGET DATE
	CHASSIS CODE:	KMHC851CVKU115263	COMPLETION DATE/TIME:

JOB DESCRIPTION

cident Date: 02.07.2024
TURE: 3P.02.07.24/C

NO LABOR CODE DESCRIPTION



VED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Idgement Slip

Exit Pass

o.: SHD8622L JU TOKIO

Vehicle No.: SHD8622L

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	02/07/2024 15:29 (SGT)
Reported by	Actual Driver
Date of Accident	02/07/2024 08:55 (SGT)
Exact Location of Accident	Upper Pickering St, Singapore
Additional Location Information	TOWARDS PARK ROYAL HOTEL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8622L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-90698832
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	HEV 1.6 DCT
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-24101860MFCT

DRIVER

Name of Driver	ONG HOCK CHUAN (WANG FUQUAN)
NRIC No	SXXXX003D
Date Of Birth	19/02/1971
Occupation	Outdoor



Accident report SA1K2472000B

Driving Pass Date	08/02/2002
Driving experience	22 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90698832
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	50 LOR 28 GEYLANG # 08 - 03
Address complement	-
Postcode	398453
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 - Cross Junction
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 02.07.2024 AT ABOUT 0855HRS VEHICLE A SHD8622L WAS ALONG UPPER PICKERING STREET ON LANE 2. VEHICLE A SIGNAL RIGHT AND WAS IN THE YELLOW BOX, TURNING INTO PARK ROYAL HOTEL WHEN VEHICLE B SNN5935E CAME FROM BEHIND ON MY RIGHT. VEHICLE B LEFT FRONT THEN SIDE SWIPE VEHICLE A RIGHT FRONT. PASSENGER IS NOT INJURED AND HE WALK HIMSELF INTO PARK ROYAL HOTEL. SCENE PHOTOS AND PARTICULARS TAKEN.

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	SNN5935E
Vehicle Manufacturer	Toyota
Vehicle Model	COROLLA ALTIS HYBRID
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MR CHANG
Contact Number	(Phone) +65-98268110
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 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 lodging 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 enquires 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

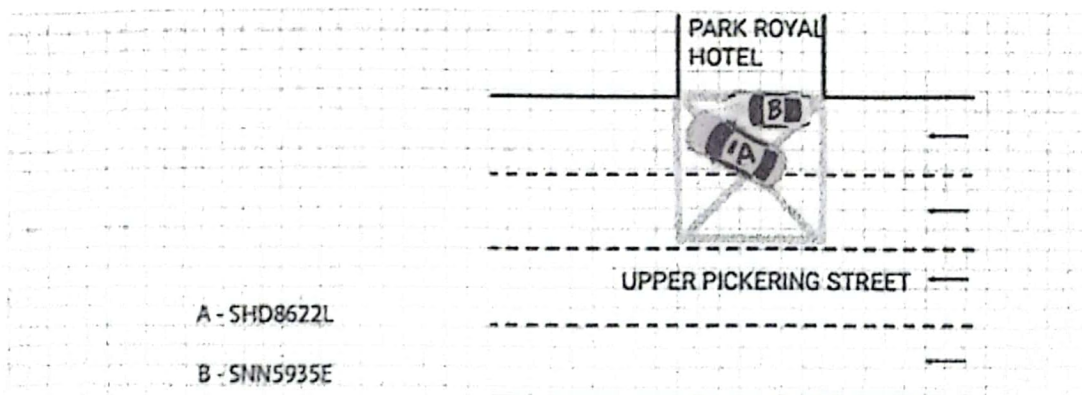
Sketch Plan

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

02.07.2024

1215HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 02.07.2024 AT ABOUT 0855HRS VEHICLE A SHD8622L WAS ALONG UPPER PICKERING STREET ON LANE 2. VEHICLE A SIGNAL RIGHT AND WAS IN THE YELLOW BOX, TURNING INTO PARK ROYAL HOTEL WHEN VEHICLE B SNNS935E CAME FROM BEHIND ON MY RIGHT. VEHICLE B LEFT FRONT THEN SIDE SWIPE VEHICLE A RIGHT FRONT. PASSENGER IS NOT INJURED AND HE WALK HIMSELF INTO PARK ROYAL HOTEL. SCENE PHOTOS AND PARTICULARS TAKEN.

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 02.07.2024. 1215HRS

Witnessed by Reporting Centre Personnel

