

ComfortDelGro Engineering Pte Ltd (Co.Reg.No.198506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Jumani

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	22/07/2024
Vehicle Reg. No.:	SHA3948X	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS HYBRID, 1.8 CVT TAXI (A)	Vehicle Reg. Date:	31/05/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZR2C23699	Chassis No:	JTDKB3FU203081046
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	3,024.53
Miscellaneous Items	12.00
Labour	2,250.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	5,286.53
+ GST 9.00% (S\$)	475.79
Nett Amount (S\$)	5,762.32

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: 22 Jul 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/SHA3948X/22/07/2024 12:04

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	*503.04 FL
2	10		*REAR BUMPER CLIPS / MC	25.00	0.00	*22.00 FL
3	1		*REAR BUMPER CENTRE MOULDING / BR / CVT	25.00	0.00	*654.96 FL
4	1		*REAR BUMPER UNDER COVER LH X	25.00	0.00	*232.00 FL
5	1		*REAR BUMPER AIR DUCT LH / BR	25.00	0.00	*165.10 FL
6	1		*REAR FENDER LH / DD	25.00	0.00	*992.04 FL
7	1		*REAR FENDER SIDE BRACKET LH / BR	25.00	0.00	*94.80 FL
8	1		*REAR FENDER SHIELD LH X	25.00	0.00	*134.20 FL
9	1		*TAILLAMP ASSY UPPER LH / BR	25.00	0.00	*557.90 FL
10	1		*TAILLAMP ASSY LOWER LH / BR	25.00	0.00	*570.00 FL
11	1		*PATROL STICKER - CVT	0.00	0.00	*30.00 F
12	1		*REAR BUMPER MAT / AK	0.00	0.00	*50.00 F

F=Franchise part, L=List/ItemDisc.

Sub Total (S\$)	4,006.04
- List Item Discount on L Items (S\$)	981.51
Total Parts (S\$)	3,024.53

ComfortDelGro Engineering Pte Ltd/SHA3948X/22/07/2024 12:04. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

Particulars

Amount

Miscellaneous Items

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 JS x 3	New 1140	1,500.00
2	SPRAYPAINT	New 560	600.00
3	CHECK WIRING	New 30	50.00
4	TUFF KOTE	New 20	50.00
5	REMOVE/REFIX REVERSE SENSOR	New 20	50.00
Gross Labour Cost (S\$)			2,250.00

ComfortDelGro Engineering Pte Ltd/SHA3948X/22/07/2024 12:04. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Steve (LKK)

23/7/24, 3.30pm

m R

L/S

my Afl say

5 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:

Date/Time: 22.07.2024 11:44

Page : 1

ARC Repair TP(CLS0)1

JOB CARD Sales Order: 5947637

JC NO305598318

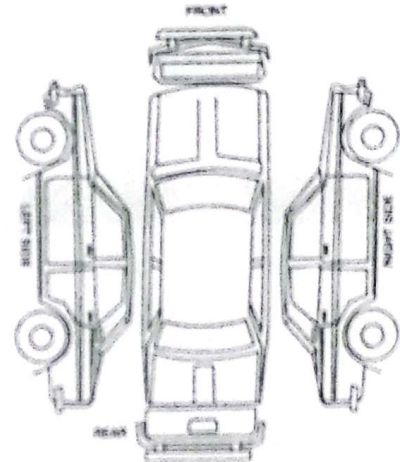
COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

REGN NO SHA3948X	MILEAGE
MAKE TOYOTA	FUEL E 1/2 F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 22.07.2024 09:05
YR OF MANU 31.05.2019	TARGET DATE
CHASSIS CODE JTKRB3FU203081046	COMPLETION DATE/TIME

JOB DESCRIPTION

cident Date: 22.07.2024
TURE: 3P.22.07.24

NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

to: SHA3948X JU TOKIO

Vehicle No: SHA3948X

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	22/07/2024 13:46 (SGT)
Reported by	Actual Driver
Date of Accident	22/07/2024 07:40 (SGT)
Exact Location of Accident	Tuas Rd, Singapore
Additional Location Information	AT THE ROUNDABOUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3948X
-----------------------------	----------

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) +65-98343597
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Príus
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

INSURANCE COMPANY

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

DRIVER

Name of Driver	KHAIRUL BIN ABU BAKAR
NRIC No	SXXXX733Z
Date Of Birth	25/03/1979
Occupation	Outdoor

Driving Pass Date	13/02/1998
Driving experience	26 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98343597
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 344 CHOA CHU KANG LOOP #05-49
Address complement	-
Postcode	680344
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 - Roundabout
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)	3
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

PASSENGER 2

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 22/07/2024 AT ABOUT 0740HRS I WAS DRIVING VEHICLE A(SHA3948X) ALONG TUAS ROAD AT THE ROUNDABOUT AND WANTED TO PROCEED TO PIE CHANGI. WHILE TRAVELLING AT THE MOST EXTREME LEFT LANE THERE WAS A MALAYSIAN VEHICLE WANTED TO CUT INTO MY LANE AND I HAD TO BRAKE AND SOUND THE HONK BUT UNFORTUNATELY VEHICLE B(YP6109B) DID NOT MANAGE TO BRAKE ON TIME AND HIT THE LEFT REAR BUMPER AREA OF MY VEHICLE. NO ONE WAS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

 Accident report SA1K247M000R

Vehicle Registration Number	YP6109B
Vehicle Manufacturer	Mitsubishi
Vehicle Model	CANTER FEB21ER4SDEB
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

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.

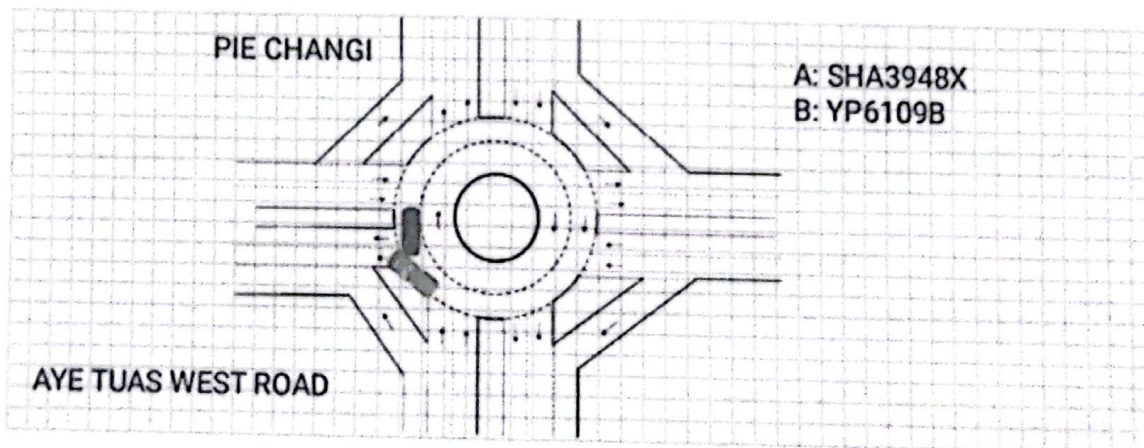
Policyholder's Signature / Date & Time

Sketch Plan

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

22/07/2024
1145hrs

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 22/07/2024 AT ABOUT 0740HRS I WAS DRIVING VEHICLE A(SHA3948X) ALONG TUAS ROAD AT THE ROUNDABOUT AND WANTED TO PROCEED TO PIE CHANGI. WHILE TRAVELLING AT THE MOST EXTREME LEFT LANE THERE WAS A MALAYSIAN VEHICLE WANTED TO CUT INTO MY LANE AND I HAD TO BRAKE AND SOUND THE HONK BUT UNFORTUNATELY VEHICLE B(YP6109B) DID NOT MANAGE TO BRAKE ON TIME AND HIT THE LEFT REAR BUMPER AREA OF MY VEHICLE. NO ONE WAS INJURED.

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

22/07/2024
1145hrs

Witnessed by Reporting Centre Personnel

