

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CCPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	18/07/2024
Vehicle Reg. No.:	SHA457R	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ, 1.6 (A)	Vehicle Reg. Date:	30/04/2019
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	G4LEJU188871	Chassis No:	KMHC851CVKU141011
Odometer:	456996 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,614.56
Miscellaneous Items	12.00
Labour	780.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,406.56
+ GST 9.00% (S\$)	216.59
Nett Amount (S\$)	2,623.15

This claim is handled by: LOKE WEI YIENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

AIR DETAILS

Reference

Source: MRM-SG

Version: 1.0 (Last Synchronised: 20 Jul 2024)

ts: 143

HYUNDAI IONIQ 1.6 (A) (Catalogue:Merimen Singapore 1.0)

bour: Repairer's

(Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHA457R/20/07/2024 08:12

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 COVER X R	20.00	0.00	*459.40 FL
2	1		*REAR BUMPER CLIPS X nn	20.00	0.00	*22.00 FL
3	1		*REAR BUMPER CENTRE MOULDING ASSY / Def	20.00	0.00	*451.25 FL /
4	1		*REAR BUMPER REINFORCEMENT x nn	20.00	0.00	*394.80 FL
5	1		*ANTENNA SMARTKEY x nn	20.00	0.00	*40.50 FL
6	1		*REAR BUMPER FOG LAMP x nn	20.00	0.00	*201.50 FL
7	1		*REAR BUMPER LOWER CTR MOULDING ASSY X nn	20.00	0.00	*155.00 FL
8	1		*REAR NUMBER PLATE WITH TRIM COVER / OR	0.00	0.00	*55.00 F / nett
9	1		*REAR BUMPER REVERSE SENSOR / cut / Shok d	0.00	0.00	*180.00 F / nett
Sub Total (\$\$)						1,959.45
- List Item Discount on L Items (\$\$)						344.89
Total Parts (\$\$)						1,614.56

F=Franchise part. L=ListItemDisc.

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451.25
-20%
361 + 235 nett

Estimates on Miscellaneous Items

Qty Particulars

Amount

Miscellaneous Items

1 OD/TP Case (Insurer)

12.00 /

Sub Total (S\$)

12.00

12

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1 PANEL BEATING

New

380

400.00

2 SPRAY PAINTING CHARGE

New

280

300.00

3 REMOVE/REFIX REVERSE SENSOR

New

30

80.00

690

Gross Labour Cost (S\$)

780.00

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< END OF ESTIMATES >

Steve (LKK)

1298

23/7/24, 3.15pm

L/S - 1038.40
= 1050

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:

L/S

by AL SW

2 days

with PML



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	19/07/2024 10:07 (SGT)
Reported by	Actual Driver
Date of Accident	18/07/2024 17:30 (SGT)
Exact Location of Accident	Upper Changi Rd, Singapore
Additional Location Information	EAST TOWARDS XILIN AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA457R
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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) +65-81824307
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-24101860MFCT

DRIVER

Name of Driver	SHAIK AMIR HUSSIN BIN SHAIK ASROUP ALI
NRIC No	SXXXX655H
Date Of Birth	09/11/1959
Occupation	Outdoor



Accident report SA1K247J0008

Driving Pass Date	07/10/1980
Driving experience	43 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81824307
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	722 YISHUN STREET 71 #02-305
Address complement	-
Postcode	760722
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 18/07/2024 AT ABOUT 1730HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SHA457R ENROUTE AFTER DROPPING OFF SIMEI STREET TO ARAB STREET FOR PERSONAL PURPOSES. WHILE STATIONARY IN LANE 2 OF UPPER CHANGI ROAD EAST TOWARDS XILIN AVE BEHIND VEHICLES AT THE RED LIGHT. WHEN THE LIGHT TURN GREEN THE VEHICLES INFRONT SLOWLY STARTED TO MOVE OFF AND I WAS ABOUT TO MOVE OFF WHEN ALL OF A SUDDEN THE FRONT OF VEHICLE (B) BEARING REGISTRATION NUMBER SMH8837D HIT ONTO THE REAR OF MY VEHICLE. NOBODY WAS INJURED.

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	SMH8837D
Vehicle Manufacturer	Honda
Vehicle Model	FREED HYBRID 1.5G

 Accident report SA1K247J0008

Variant	-
Colour	-
Category	Private hire
Name of Driver	MR CHUA
Contact Number	(Phone) +65-91397206
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.

6. 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 based outside of Singapore, for one or more of the above Purposes.

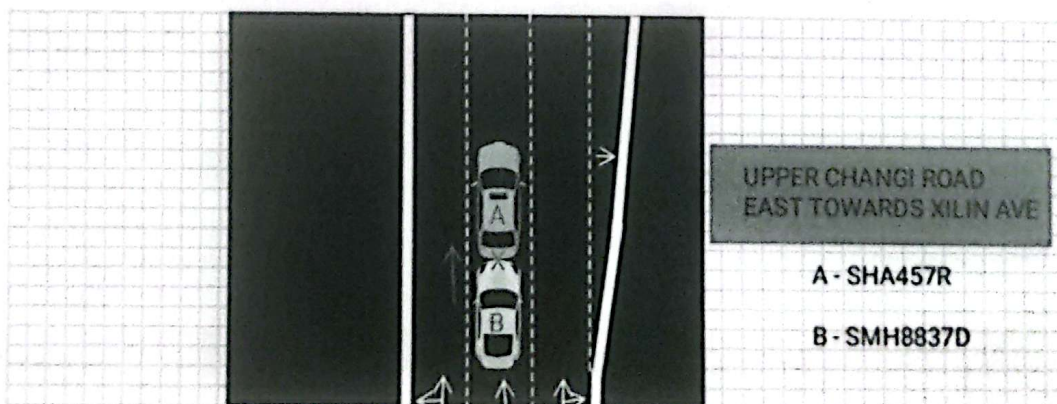
Policyholder's Signature / Date & Time

Sketch Plan

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

18/07/2024 1825HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 18/07/2024 AT ABOUT 1730HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SHA457R ENROUTE AFTER DROPPING OFF SIMEI STREET TO ARAB STREET FOR PERSONAL PURPOSES. WHILE STATIONARY IN LANE 2 OF UPPER CHANGI ROAD EAST TOWARDS XILIN AVE BEHIND VEHICLES AT THE RED LIGHT. WHEN THE LIGHT TURN GREEN THE VEHICLES INFRONT SLOWLY STARTED TO MOVE OFF AND I WAS ABOUT TO MOVE OFF WHEN ALL OF A SUDDEN THE FRONT OF VEHICLE (B) BEARING REGISTRATION NUMBER SMH8837D HIT ONTO THE REAR OF MY VEHICLE. NOBODY WAS INJURED.

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

18/07/2024 1825HRS

Witnessed by Reporting Centre Personnel