

## 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:	03/08/2024
Vehicle Reg. No.:	<b>SHB2003Z</b>	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI KONA, OS EV (A)	Vehicle Reg. Date:	29/12/2023
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	G4LLPS265118	Chassis No:	KMH8B811VRU037148
Odometer:	76994 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	<b>NO</b>		
Est. Duration of Repair (day)	5		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	4,291.06
Miscellaneous Items	12.00
Labour	2,165.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (\$\$)</b>	<b>6,468.06</b>
<b>+ GST 9.00% (\$\$)</b>	<b>582.13</b>
<b>Nett Amount (\$\$)</b>	<b>7,050.19</b>

**This claim is handled by: CHIANG LIAT CHOON**

Generated using Merimen e-Claims Internet Estimation & Adjusting System

## PAIR DETAILS

## Reference

Part Source:	MRM-SG	Version:	1.0 (Last Synchronised: 05 Aug 2024)
Parts:	144	HYUNDAI KONA OS EV (A) (Catalogue:Merimen Singapore 1.0)	
Labour:	Repairer's	(Price-denominated Standard List)	
Print Code:	ComfortDelGro Engineering Pte Ltd/SHB2003Z/05/08/2024 13:39		
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		*COVER ASSY BUMPER UPPER / CR4 (P/HOL)	20.00	0.00	*375.30 FL
2	1		*COVER ASSY BUMPER LOWER / CR4	20.00	0.00	*188.14 FL
3	1		*SKID PLATE ASSY BUMPER REAR / CR4	20.00	0.00	*537.48 FL
4	1		*BEAM- BUMPER REAR /	20.00	0.00	*582.00 FL
5	1		*PANEL ASSY TAIL GATE X R	20.00	0.00	*2,164.00 FL
6	1		*TAIL LAMP LH /	20.00	0.00	*935.40 FL
7	1		*EMBLEM- KONA / NK	20.00	0.00	*97.00 FL
8	1		*EMBLEM- H / NK	20.00	0.00	*47.00 FL
9	1		*TAIL GATE ZIG STICKER / NK	0	0.00	*40.00 FS
10	1		*TAIL GATE COMFORTDELGRO & TE NUMBER STICKER / NK	0	0.00	*80.00 FS
11	1		*REAR NUMBER PLATE X	0	0.00	*50.00 FS
12	1		*REAR REVERSE SENSOR X	0	0.00	*180.00 FS

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

Sub Total (\$\$)	5,276.32
- List Item Discount on L Items (\$\$)	985.26
Total Parts (\$\$)	4,291.06

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Generated using Merimen e-Claims IEAS



## Estimates on Miscellaneous Items

Qty	Particulars	Amount
<u>Miscellaneous Items</u>		
1	1 OD/TP Case (Insurer)	12.00
Sub Total (\$\$)		12.00

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New 760	1,150.00
2	SPRAY PAINTING	New 560	800.00
3	CHECK LIGHTING AND WIRING	New 30	60.00
4	REMOVE, REFIX REVERSE SENSOR	New 20	60.00
5	TOWING FEE	New (Bill) 1	95.00
Gross Labour Cost (\$\$)			2,165.00

ComfortDelGro Engineering Pte Ltd/SHB2003Z/05/08/2024 13:39. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Steve (LKK)  
6/8/24, 3.00pm  
m n  
P/P  
4 Bel sy  
2 dys

**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:

## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

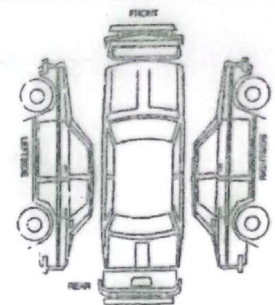
### Job Requisition

Date: <u>4/8/24</u> Time Received: <u>0730</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
<input type="checkbox"/> New <input checked="" type="checkbox"/> SPARK Kakis Name of Customer : Contact No. : <u>93882720</u> Vehicle No. : <u>SHB2003Z</u> Make / Model / Colour : <u>KONA</u> Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:
Location: <u>TPY</u> Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	

9. Odometer Reading : \_\_\_\_\_

Fuel Level : ☐ F ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ E

11. Radio / CD Player  
☐ OK  
☐ Faulty  
☐ Not tested



# : Cracked X : Dented  
/ : Scratched O : Missing

Signature of Customer

### Job Attended

1. Tow Truck / Recovery Van : ☐ VRS ☒ QA ☐ GAO ☐ OTHERS

Name of Driver : Shiny

Vehicle No. : YP2003A

Dispatch : 0730

Time of Arrival : 0800

Time Completed : 0830

### Cash Invoice Details (if applicable)

2. Cash Invoice No. : \_\_\_\_\_

### Customer Acknowledgement

I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.

I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.

Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

Date

Time

Signature of Customer

### WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

**CUSTOMER'S COPY**



## 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	05/08/2024 09:44 (SGT)
Reported by	Actual Driver
Date of Accident	03/08/2024 13:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	NEAR STEVEN ROAD EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2003Z
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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) +65-93882720
Alternative Phone No	(Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	SX KONA 1.6 GDI HEV
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
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101860MFCT

#### DRIVER

Name of Driver	LOW PAK SUM
NRIC No	SXXXX266C
Date Of Birth	02/06/1953
Occupation	Outdoor
Driving Pass Date	14/06/1996
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	28 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93882720
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 47 LORONG 6 TOA PAYOH #09-148
Address complement	-
Postcode	310047
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	Female

#### PASSENGER 3

Name	UNKNOWN
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No



es, against whom?

## CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT:T/20240803/2043

## ATTACHMENT(S)

Are accident photos available for attachment?

Yes

Was there any video captured by Car Camera?

No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF4922C
Vehicle Manufacturer	Mazda
Vehicle Model	MAZDA3 HATCHBACK 1.5 AT DELUXE EU6
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	BRUNO
Work Permit No	XXXXX616X
Contact Number	(Phone) +65-97484548
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	LOW PAK SUM
Gender	Male
Phone No	(Phone) +65-93882720
Address	47 LORONG TOA PAYOH #09-148
Address Complement	-
Post Code	310047
Approximate Age Years Old	71
Injuries Sustained	NECK PAIN AND LOWER BACK PAIN
Injured person in which vehicle?	SHB2003Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

# 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.

*[Handwritten Signature]*



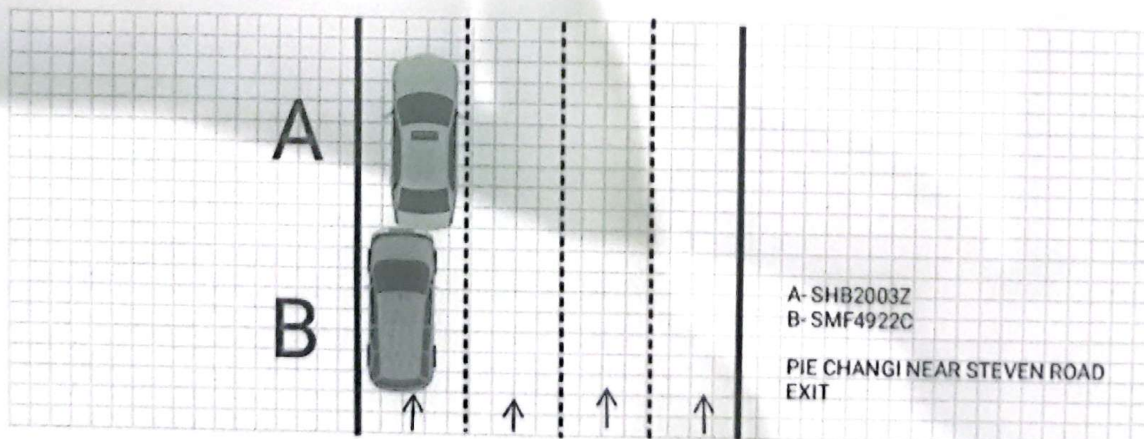
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

030824-1730HRS







# SINGAPORE POLICE FORCE



T/20240803/2043

1 of 3

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

Report No. T/20240803/2043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/08/2024 14:49	Vide Report No.:	Station Diary No.: 70
<b>Informant's Particulars</b>		
Name of Informant: LOW PAK SUM	Address: 47 LORONG 6 TOA PAYOH #09-148 SINGAPORE 310047	
ID Type / ID No.: NRIC NO / S1590266C	Contact No.: Home/Office:	Mobile: 93882720
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 61	Date of Birth: 02/06/1963
Type of Informant: Driver		
Race: Chinese		
Language:		
Occupation: Taxi driver	Driving Licence Information: Class: 3	
Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/08/2024 13:30	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SHB2003Z	Motor car	HYUNDAI	SX2 KONA 1.6 GDI HEV	Yellow	Slightly Damaged	3
SMF4922C	Motor car	MAZDA	MAZDA3 HATCHBAC K 1.5 AT DELUXE	Blue	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20240803/2043

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20240803/2043

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW PAK SUM	ID No.	S1590266C
Related Vehicle	SHB2003Z (Motor car)	Contact No.	93882720
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	03/08/2024	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of	Slight
Driver			
Name	PINAFFI ANDRUCIOLI	ID No.	M4435616X
Related Vehicle	SMF4922C (Motor car)	Contact No.	97484548
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On 03 August 2024 at about 1300hrs, I was driving along Pan Island Expressway towards Changi Airport exiting to Stevens Road Exit on lane 4. Out of a sudden, the vehicle in front of my vehicle jammed on the brakes. I also jammed on my brakes to prevent an accident. I then checked on the wellbeing of my passengers, which included one couple and a 3 to 4-year-old girl. One vehicle then hit my vehicle from behind. I then exited the vehicle safely and managed to exchange particulars with the other driver.

No police or ambulance attended to the scene. As a result of the accident, my vehicle sustained a misaligned, dented bumper and damaged rear door, amongst other damages.

Subsequently, I dropped off my passengers at their destination. As I felt discomfort on my back and neck area, I went to Horizon Medical Pte Ltd. I was given 04 days of Unfit for Duty from 03 August 2024 to 06 August 2024. I have a front and rear in car camera footage that I can provide to the police. As such, I am lodging this report for Traffic Police to assist me in the investigations.





**SINGAPORE  
POLICE FORCE**



T/20240803/2043

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 3

Report No. T/20240803/2043

CONTINUATION OF REPORT

Signature of Officer Recording The  
E /  
SGT 3 ROLAN LEE KOON LENG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
INSP (2) LOW MENG FATT  
Contact No.: 97577566

Signature Of Informant:

Date/Time:  
03/08/2024 14:49

Classification Of Case:

NP168

Describe Circumstances of the Accident

PLEASE REFER TO POLICE  
REPORT:T/20240803/2043

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

030824- 1730HRS



Witnessed by Reporting Centre  
Personnel