

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 Authorised 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 Report	21/05/2019 15:01
Date Of Accident	18/05/2019 19:15
Exact Location Of Accident	PIE(TUAS) NEAR TOH GUAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3950Y
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	LEE LIN WANG
NRIC No	S1129732C
Date Of Birth	01/01/1955
Occupation	OUTDOOR
Date Of Driving Pass	12/04/1976
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98937621
Fax Number	
Contact Number	
Email Address	LEE_PEKNOI@YAHOO.COM.SG

Address	BLK 436 ANG MO KIO AVENUE 10 #02-1363
Postcode	560436
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGW1497P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH YU SHENG
NRIC/Passport Number	S9019628F
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	REAR AND FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLZ8735D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHOO WENJUN LESLIE
NRIC/Passport Number	S8119793H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

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 Authorised 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. 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 centre 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

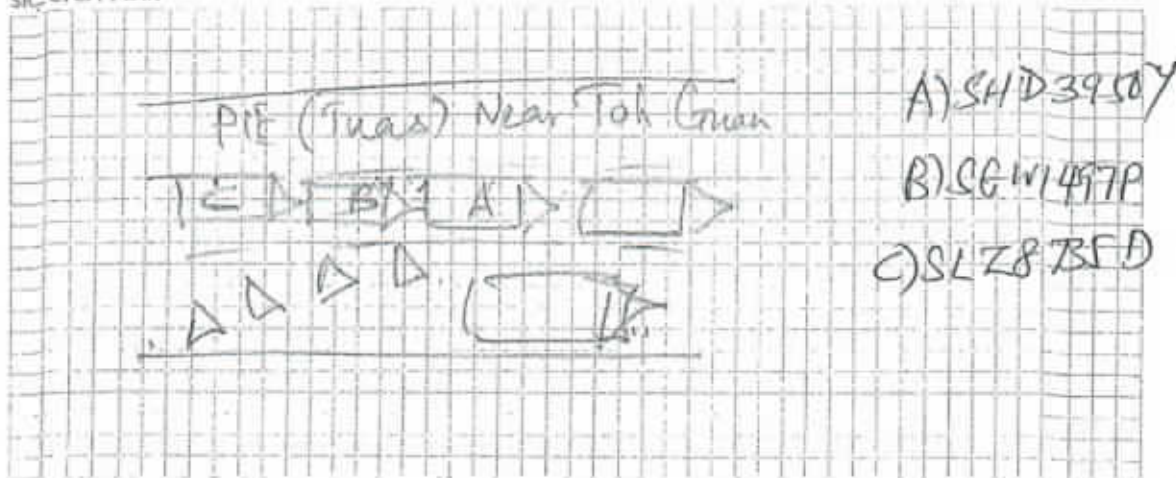
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/5/19 at about 1915hrs while I Veh A slowed down because vehicles in front slowed down. Veh B collided into the rear of my vehicle. When I came out to check it was realized that Veh C was also involved in the chain collision.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

DATE 22/5/2019

Tyre: $\frac{\text{Verlakte}}{215/60}$

LKY - Kalvin

MODEL : HYUNDAI SONATA

Page 1 of 1

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

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

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	18/05/2019
Vehicle Reg. No.:	SHD3950Y	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI SONATA, 2.0 D CRDI TURBO (NF) (A)	Vehicle Reg. Date:	29/06/2011
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4EAB967981	Chassis No:	KMHET41VMBA811920
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	2		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	1,261.22
Miscellaneous Items	10.00
Labour	970.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,241.22
+ GST 7.00% (S\$)	156.89
Nett Amount (S\$)	2,398.11

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 23 May 2019)**Parts:** 143 HYUNDAI SONATA 2.0 D CRDi Turbo (NF) (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHD3950Y/23/05/2019 07:16**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	20.00	0.00	*578.40 FL <i>AR</i>
2	1		*REAR BUMPER UNDER COVER	20.00	0.00	*185.80 FL <i>XSVC</i>
3	1		*REAR BUMPER REINFORCEMENT	20.00	0.00	*483.30 FL <i>XSVC</i>
4	1		*REAR BUMPER SPONGE	20.00	0.00	*137.40 FL <i>XSVC</i>
5	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL <i>PHN</i>
6	1		*REVERSE SENSOR	0.00	0.00	*135.70 F <i>XSVC</i>

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	1,542.60
- List Item Discount on L Items (\$\$)	281.38
Total Parts (\$\$)	1,261.22

ComfortDelGro Engineering Pte Ltd/SHD3950Y/23/05/2019 07:16. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	10.00 ✓
Sub Total (S\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	700 400.00
2	SPRAY PAINTING	New	700 400.00
3	WIRING CHECK	New	50.00 x121
4	R/I REVERSE SENSOR	New	120.00 x121
Gross Labour Cost (S\$)			970.00

ComfortDelGro Engineering Pte Ltd/SHD3950Y/23/05/2019 07:16. Not valid without Reference section.
Generated using Merimen e-Claims IEAS


< END OF ESTIMATES >

Date/Time: 21.05.2019 16:04 Page : 1

Team:	ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JG NO.: 305296886
OWNER:	COMFORT TRANSPORTATION PTE LTD	REGN NO.	SHD3950Y	MILEAGE
	7010045	MAKE	HYUNDAI	FUEL
	383 SIN MING DRIVE	MODEL	SONATA	DATE/TIME IN
	Singapore SINGAPORE 575717	YR OF MANU	29.06.2011	TARGET DATE
	65508755	CHASSIS CODE	KMHET41VMBA811920	COMPLETION DATE/TIME
UNIT CARD NO.				

Accident Date: 18.05.2019
NATURE: 3P 18.05.19

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR: _____ CUSTOMER'S SIGNATURE: _____

Engagement Slip: _____ Exit Pass: _____

Vehicle No.: SHD3950Y

Signature/Date: _____ Name of Service Advisor: _____ Date: _____

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305296886
REGN NO : SHD3950Y
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : SONATA
DATE OF REGN : 29.06.2011
DATE/TIME IN : 21.05.2019 10:45
ACCIDENT DATE : 18.05.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 PB	PANEL BEATING	200.00
0001 SP	SPRAYPAINT CHARGE	200.00
0002 20-05	TP MERIMEN	10.00

SUB-TOTAL : 410.00

TOTAL : 410.00



MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305296886

Date : 23/05/19

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD3950Y

Date of Accident : 18-May-19

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: TOKIO MARINE --- SGW1497P

2. The finalized amount shall be:

(a) Spare Parts after List discount NIL

(b) Labour Charges \$410.00

Total for Part-By-Part Repair Cost \$410.00

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

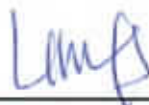
3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature :



Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature



Name

KALVIN

Date

23/5/19

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607196R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/TMI19009049/K1TD3N2

Date: 29/05/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MT104336
Claimant Vehicle No :	SHD3950Y	Insured Vehicle No :	SGW1497P
Date of Loss:	18/05/2019	Nature of Claim:	TP
		Claim No:	M1903662

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD3950Y	Engine No:	D4EAB967981
Make & Model:	HYUNDAI SONATA, 2.0 D CRDi Turbo (NF) (A)	Chassis No:	KMHET41VMBA811920
Reg. Date:	29/06/2011 (Man. Year: 2011)	Odometer:	468132 km
Colour:	Blue		
Engine Capacity:	1991 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Good

CONDITION OF TYRES

Front Tyre Size:	215/60R16	Rear Tyre Size:	215/60R16
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,261.22	0.00	1,261.22	100.00
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	970.00	400.00	570.00	58.76
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,241.22	410.00	1,831.22	81.71
+ GST 7.00/7.00% (S\$)	156.89	28.70	128.19	81.71
Nett Amount (S\$)	2,398.11	438.70	1,959.41	81.71

INSPECTION

Date of Assignment:	23/05/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	22/05/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days		

Adjuster: KALVIN ANG WEI KUN

Manager: DENISE TAY KWEE CHENG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference		
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 29 May 2019)
Parts:	143	HYUNDAI SONATA 2.0 D CRDi Turbo (NF) (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHD3950Y)	
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 *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Repair	578.40 FL	*- FL
2	1		*REAR BUMPER UNDER COVER	Serviceable	185.80 FL	*- FL
3	1		*REAR BUMPER REINFORCEMENT	Serviceable	483.30 FL	*- FL
4	1		*REAR BUMPER SPONGE	Serviceable	137.40 FL	*- FL
5	10		*REAR BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
6	1		*REVERSE SENSOR	Serviceable	135.70 F	*- FS

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

Sub Total (\$\$)	1,542.60	0.00
- List Item Discount on L Items 20.00/20.00% (\$\$)	281.38	0.00
Total Parts (\$\$)	1,261.22	0.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<u>Miscellaneous Items</u>				
1	1	OD/TP Case (Insurer)	10.00	10.00
Sub Total (S\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	400.00	200.00
2	SPRAY PAINTING	New	400.00	200.00
3	WIRING CHECK	New	50.00	0.00
4	R/I REVERSE SENSOR	New	120.00	0.00
Gross Labour Cost (S\$)			970.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >