
	
N/S	O/S
	

# 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:	07/09/2020
Vehicle Reg. No.:	<b>SHD7087M</b>	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS HYBRID, 1.8 CVT (A)	Vehicle Reg. Date:	11/11/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZRR959465	Chassis No:	JTDKB3FU003536878
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	<b>NO</b>		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

## COST OF CLAIMS

	Amount
Parts	2,333.22
Miscellaneous Items	11.00
Labour	1,420.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>3,764.22</b>
<b>+ GST 7.00% (S\$)</b>	<b>263.50</b>
<b>Nett Amount (S\$)</b>	<b>4,027.72</b>

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

## REPAIR DETAILS

## Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 08 Sep 2020)

Parts: 144 TOYOTA PRIUS HYBRID 1.8 CVT (A) (Catalogue Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHD7087M/08/09/2020 11:00

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	de / 20.00	0.00	*458.60 FL
2	1		*REAR BUMPER UNDER COVER	de / 20.00	0.00	*552.60 FL
3	1		*REAR BUMPER REINFORCEMENT	photo ? 20.00	0.00	*318.80 FL
4	2		*REAR BUMPER REINFORCEMENT STAY ARM LH/RH	? 20.00	0.00	*279.20 FL
5	10		*REAR BUMPER CLIPS	nei / 20.00	0.00	*22.00 FL
6	2		*REAR BUMPER SIDE RETAINER LH/RH	x 20.00	0.00	*225.40 FL
7	1		*REAR BUMPER TOW COVER	de / 20.00	0.00	*82.70 FL
8	1		*REAR BUMPER UNDER COVER CENTRE	x 20.00	0.00	*232.00 FL
9	1		*SMART KEY ANTENNA SENSOR	? 20.00	0.00	*147.00 FL
10	1		*REAR TRUNK LID PRIUS EMBLEM	nei / 20.00	0.00	*52.40 FL
11	1		*REAR TRUNK LID HYBRID EMBLEM	nei / 20.00	0.00	*52.90 FL
12	1		*REAR TRUNK LID TOTOTA EMBLEM	nei / 20.00	0.00	*60.80 FL
13	1		*REAR TRUNK LID APP STICKER	nei / 0	0.00	*40.00 FS
14	2		*REAR TRUNK LID COMFORT & TEL NO. STICKER	nei / 0	0.00	*120.00 FS
15	1		*REAR REVERSE SENSOR	nei / 0	0.00	*135.70 FS
16	1		*REAR BUMPER MAT	nei / 0	0.00	*50.00 FS

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

Sub Total (\$)	2,830.10
- List Item Discount on L Items (\$)	496.88
<b>Total Parts (\$)</b>	<b>2,333.22</b>

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Generated using Merimen e-Claims IEAS

## Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			11.00

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	480. 680.00
2	SPRAY PAINTING	New	400 500.00
3	WIRING CHARGE	New	30. 60.00
4	TUFF COATING	New	X 120.00
5	REMOVE/REFIX REVERSE SENSOR	New	30 60.00
Gross Labour Cost (S\$)			1,420.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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:

Tanphie 97495749  
WP' 8/4/20 @ 3pm  
1/3 Resurvey after repair  
Tanphie 1/10/20 @ 10am  
2-3 days.  
Davit

Postcode

COMFORTDELGRO  
ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 571 01  
Mainline + 65 6383 6280 Facsimile + 65 6282 9755

Workshops

59 Loyang Drive Singapore 509969 24 Serangoon Road Singapore 556119  
383 Sin Ming Drive Singapore 575717 7 Geylang Road Singapore 700007  
45 Pandan Road Singapore 209096 501 Yishun Industrial Park A Singapore 750007

Date/Time: 08.09.2020 10:16

Page :

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.: 30542128

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

/MS 7010045

CUSTOMER NO.

ADDRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(R)

(O)

(P)

COUNT CARD NO.

REGN NO.

SHD7087M

MILEAGE

MAKE:

TOYOTA

FUEL

E.....1/2.....

MODEL

PRIUS HYBRID(G4)07.09.2020 17:00

DATE/TIME IN

YR OF MANU.

11.11.2016

TARGET DATE

CHASSIS CODE

JTDKB3FU003536878

COMPLETION DATE/T

## JOB DESCRIPTION

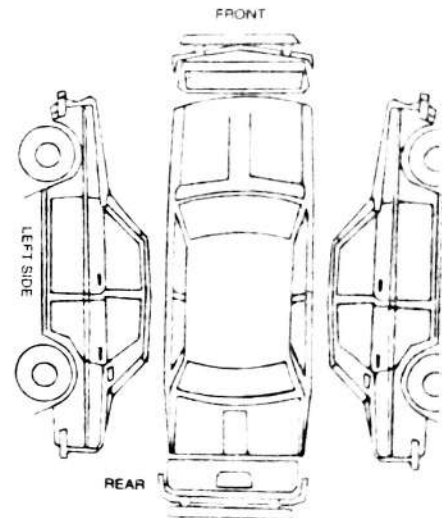
Accident Date: 07.09.2020

NATURE: 3P 07.09.2020

S/NO

LABOR CODE

DESCRIPTION



CHECKED &amp; PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.

SHD7087M

CHIANG

Vehicle No.:

SHD7087M

of Services Provided

## 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 08/09/2020 08:33  
Date Of Accident 07/09/2020 15:30  
Exact Location Of Accident TUAS AVE 1  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE:

Vehicle Registration Number SHD7087M  
**Insured/Policyholder**  
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD  
Co Reg No 1XXXXX821R  
Email Address FLEETSAFETY@CDGETAXI.COM.SG  
Mobile Phone No  
Alternative Phone No OFFICE-65508768

### Vehicle Particulars

Manufacturer TOYOTA  
Model PRIUS  
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-18088937MFSH  
Cover Note Number

### Driver

Name of Driver NG LOO KUANG  
NRIC No SXXXXX047A  
Date Of Birth 24/02/1966  
Occupation OUTDOOR  
Date Of Driving Pass 14/10/1989  
Driving Experience 30 YEARS AND 10 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-92278550  
Fax Number  
Contact Number  
EMail Address NOEMAIL

Address BLK 48 TEBAN GARDENS ROAD  
#02-248  
Postcode 600048  
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 -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

#### 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 this accident? NO  
Number of vehicles (including own vehicle) involved in the accident 2  
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) 4  
Passenger 1 NAME: : -  
GENDER: : MALE  
Passenger 2 NAME: : -  
GENDER: : MALE  
Passenger 3 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

REFER 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

Vehicle Registration Number GBH3057B  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver MD SHAMSUL BIN ABDULRAHIM

NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

FRONT



# 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 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.
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, investigation, 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

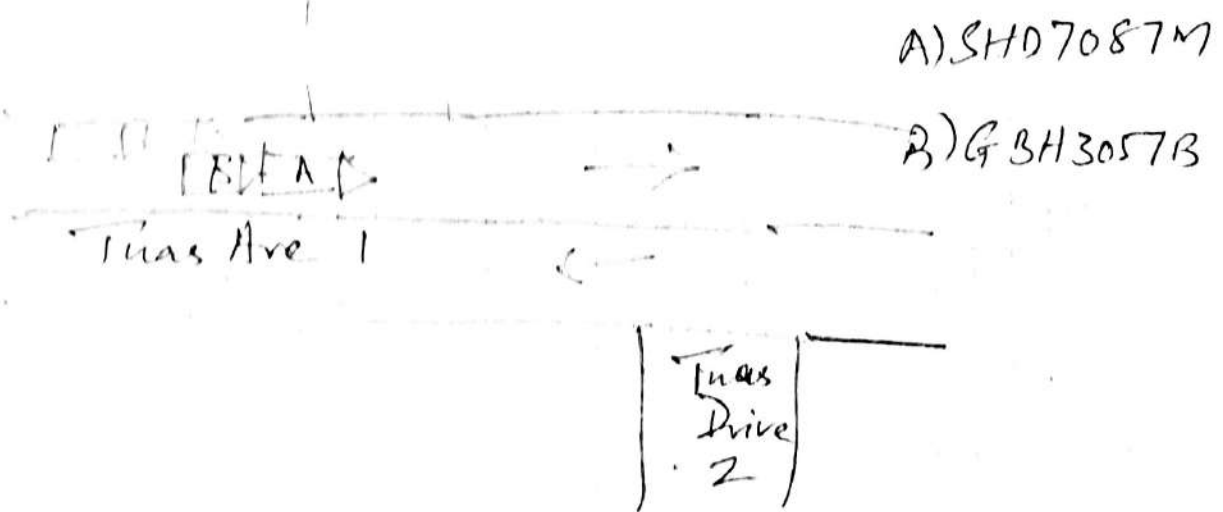



Policyholder's Signature  
Date & Time:

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

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

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/9/20 at about 1530 when I Vch A was travelling along the main road, Vch B collided into the rear of my vehicle.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
C.O. REG. NO. 199303621R

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