

ComfortDelGro Engineering Pte Ltd (Co. Reg. No. 199506048W)
59 Loyang Drive
Singapore 508969
Tel: 6214 8300

Lim Tien Siong

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

marcus

CLKK-Steve

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	26/11/2020
Vehicle Reg. No.:	SHA6206J	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	30/04/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU211003	Chassis No:	KMHC851CVKU146253
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	32		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

not Allowed
dhr

P/P
MP90096608
marcus@kcar.to.com

COST OF CLAIMS	Amount
Parts	1,804.84
Miscellaneous Items	11.00
Labour	720.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	2,535.84
+ GST 7.00% (\$\$)	177.51
Nett Amount (\$\$)	2,713.35

This claim is handled by: LIM TIEN SIONG

LKK Auto Consultants hence notify the Repairer of the following:

Generated using Merimen e-Claims Internet Estimation & Adjusting System

- 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:

REPAIR DETAILS**Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 26 Nov 2020)

Parts: 192 HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: ComfortDelGro Engineering Pte Ltd/SHA6206J/26/11/2020 15:30

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 <i>De/harpus</i>	20.00	0.00	*459.40 FL	✓
2	1		*REAR BUMPER CENTER MOULDING <i>one</i>	20.00	0.00	*451.25 FL	✓
3	1		*REAR BUMPER LOWER MOULDING <i>one</i>	20.00	0.00	*155.00 FL	X
4	1		*REAR BUMPER REINFORCEMENT	20.00	0.00	*394.80 FL	✓
5	1		*REAR BUMPER REINFORCEMENT STAY LH	20.00	0.00	*138.10 FL	✓
6	1		*REAR BUMPER FOG LAMP <i>1 1</i>	20.00	0.00	*201.50 FL	X
7	1		*REAR BUMPER REFLECTOR LH <i>1 1</i>	20.00	0.00	*41.45 FL	X
8	1		*REAR BUMPER TOW COVER <i>one</i>	20.00	0.00	*98.80 FL	✓
9	10		*REAR BUMPER CLIPS <i>one</i>	20.00	0.00	*22.00 FL	✓
10	1		*REVERSE SENSOR <i>one</i>	0.00	0.00	*180.00 F	X
11	1		*REAR NO.PLATE WITH TRIM COVER <i>one</i>	0.00	0.00	*55.00 F	✓

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$) 2,197.30

- List Item Discount on L Items (\$\$) 392.46

Total Parts (\$\$) 1,804.84

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Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	350.00
2	SPRAY PAINTING	New	250.00
3	R/I REVERSE SENSOR	New	120.00
Gross Labour Cost (\$\$)			720.00

ComfortDelGro Engineering Pte Ltd/SHA6206J/26/11/2020 15:30. Not valid without Reference section.
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< END OF ESTIMATES >

member of COMFORTDELGRO

Date/Time: 26.11.2020 15:19 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.:305435852

COMER	REGN NO: SHA6206J	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
7010045		E.....1/2.....F
COMER NO. 383 SIN MING DRIVE	MODEL IONIQ(G2)	DATE/TIME IN 26.11.2020 13:20
LESS Singapore SINGAPORE 575717	YR OF MANU. 30.04.2019	TARGET DATE
(R) 65508755 (O)	CHASSIS CODE KMHC851CVKU146253	COMPLETION DATE/TIME:
(P)		
OUNT CARD NO.		

Accident Date: 26.11.2020
NATURE: 3P 26.11.2020

JOB DESCRIPTION

S/N	LABOR CODE	DESCRIPTION
		FRONT
		LEFT SIDE
		RIGHT SIDE
		REAR

WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: SHA6206J LIMITS

Vehicle No.: SHA6206J

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned 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 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	26/11/2020 14:29
Date Of Accident	26/11/2020 11:20
Exact Location Of Accident	CHOA CHU KANG LOOP TWDS CHOA CHU KANG DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6206J
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ
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	LIM THOE ENG
NRIC No	SXXXX612F
Date Of Birth	30/09/1955
Occupation	OUTDOOR
Date Of Driving Pass	21/10/1977
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83994100
Fax Number	
Contact Number	
Email Address	RAYMEONTELIM@GMAIL.COM

Address	307A 15-421 ANG MO KIO AVENUE 1
Postcode	561307
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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)	1

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

SEE ATTACH.

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	SMV9404P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHOON HENG
NRIC/Passport Number	
Contact Number	96923179
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT
No. Of Passenger (Including Driver)	

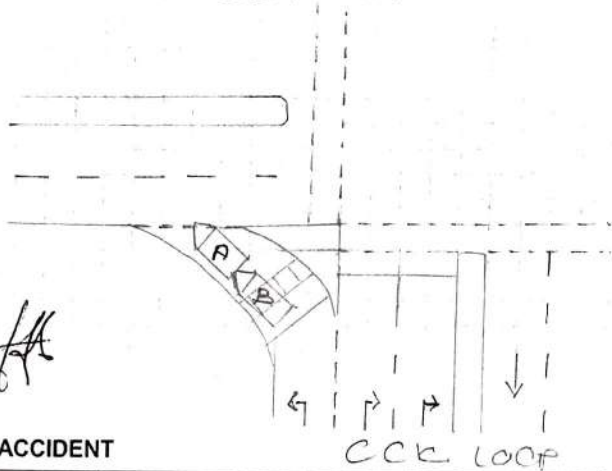
SKETCH PLAN

A = SHA6206J

CCK DRIVE

B = SMV9404P
(CHANDRA)

HA



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 26/11/2020 @ 11:20hrs I was driving along Chang Kung Loop towards Chai Chu Keng Drive direction with no passenger on board my taxi.

I stop at the stopping line to check the incoming vehicle before proceed to drive out.

Then there is an impact from behind my taxi. I step out to check and found out a vehicle of SMV9404P first right had collided onto my taxi rear left portion.

No injury at the point of accident.

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: Olivia Wendy
NRIC/Fin No.:

26 NOV 2020

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 to 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 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)
 - (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: Olivia Wendy
NRIC/Fin No.:

26 NOV 2020

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 821R

Vehicle Details

Vehicle No.: SHA6206J

Vehicle to be Exported: No

Intended Deregistration Date: 27 Nov 2020

Vehicle Make: HYUNDAI

Vehicle Model: AE IONIQ HEV 1.6 DCT

Primary Colour: Blue

Manufacturing Year: 2019

Engine No.: G4LEKU211003

Chassis No.: KMHC851CVKU146253

Maximum Power Output: 103.6 kW (138 bhp)

Open Market Value: \$24,872.00

Original Registration Date: 30 Apr 2019

First Registration Date: 30 Apr 2019

Transfer Count: 0

Actual ARF Paid: \$11,821.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 29 Apr 2027

PARF Rebate Amount: \$8,865.00

Intended COE Rebate Details

COE Expiry Date: 29 Apr 2027

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 8

PQP Paid: \$20,940.00

COE Rebate Amount: \$16,810.00

Total Rebate Amount: \$25,675.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 27 Nov 2020

OK