

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TS

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)

CTPL

Singapore

CL(S)

LKK -

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	09/04/2021
Vehicle Reg. No.:	SHD6622A	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	MERCEDES-BENZ E220, 2.1 D CDI BLUEEFFICIENCY (A)	Vehicle Reg. Date:	23/03/2016
Vehicle Colour:	WHITE	Gen Condition:	GOOD
Engine No:	65192433223140	Chassis No:	WDD2120012B309192
Odometer:	0 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	2,782.00
Miscellaneous Items	11.00
Labour	1,720.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,513.00
+ GST 7.00% (S\$)	315.91
Nett Amount (S\$)	4,828.91

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: 12 Apr 2021)**Parts:** 143 MERCEDES-BENZ E220 2.1 D CDI BlueEFFICIENCY (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHD6622A/12/04/2021 08:54**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	*1,510.00 FL <i>de</i>
2	1		*REAR BUMPER UNDER COVER	20.00	0.00	*1,150.00 FL <i>Rp</i>
3	2		*REAR BUMPER UNDER BRACKET RH/LH	20.00	0.00	*270.00 FL <i>?</i>
4	1		*REAR BUMPER MAT	0.00	0.00	*50.00 F <i>u</i>
5	1		*REAR BUMPER REVERSE SENSOR	0.00	0.00	*388.00 F <i>u</i>
Sub Total (\$\$)						3,368.00
- List Item Discount on L Items (\$\$)						586.00
Total Parts (\$\$)						2,782.00

F=Franchise part. L=ListItemDisc.

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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 (S\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING - BOOTLID GARNISH ETC	New	600 800.00
2	SPRAY PAINTING - BOOTLID GARNISH ETC	New	500 800.00
3	R/I REVERSE SENSOR	New	30 120.00
Gross Labour Cost (S\$)			1,720.00

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< END OF ESTIMATES >

Giti 225/55R16

Tayfari 97495719

WP' 12/4/2021 445

c/s Resurvey after repair

3 days

Tayfari c/huante.com

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:

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

(Sat)

JC NO. 305463110

STOMER

I/MS COMFORT TRANSPORTATION PTE LTD

STOMER NO. 7010045

DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

COUNT CARD NO.

REGN NO:

SHD6622A

MILEAGE

MAKE:

MERCEDES BENZ

FUEL

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

MODEL

E220CDI (E6)

09.04.2021 13:15

DATE/TIME IN

YR OF MANU.

23.03.2016

TARGET DATE

CHASSIS CODE

WDD2120012B309192

COMPLETION DATE/TIME:

Accident Date: 09.04.2021

NATURE: ACCIDENT REPAIR (AR)

S/NO

LABOR CODE

JOB DESCRIPTION

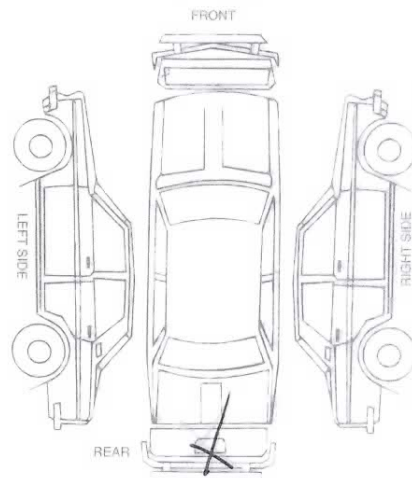
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Tokio

DESCRIPTION

SLR

1903 B



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Weldgement Slip

Exit Pass

No.: SHD6622A

Vehicle No.:

SHD6622A

Signature of 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 Submission	10/04/2021 10:33 (SGT)
Date of Accident	09/04/2021 10:00 (SGT)
Exact Location of Accident	Henderson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6622A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-92725630
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E220
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	2143

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	CHEW CHUN HAO
NRIC No	SXXXX923J

Date Of Birth	21/01/1982
Occupation	Outdoor
Date Of Driving Pass	17/07/2006
Driving experience	14 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92725630
Alt. Phone Number	-
Email Address	CHEWCHUNHAO@GMAIL.COM
Address	BLK 236 JURONG EAST STREET 21 #03-340
Address complement	-
Postcode	600236
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 material 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

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

I WAS TRAVELLING ALONG HENDERSON RD (T-JUNCTION) TO HENDERSON RD (MAIN RD). SUDDENLY VEHICLE B HIT MY TAXI REAR PORTION. MY TAXI HAS DAMAGES BEHIND. BOTH PARTIES TOOK PHOTOS. FROM THE IMPACT I'M FEELING UNWELL AND WILL SEEK MEDICAL ADVICE.

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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR1903B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number
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
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

CHEW CHUN HAO
BLK 236 JURONG EAST STREET 21 #03-340
-
600236
39
-
SHD6622A
-
No

SKETCH PLANIMPORTANT 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.

Policyholder's Signature / Date & Time

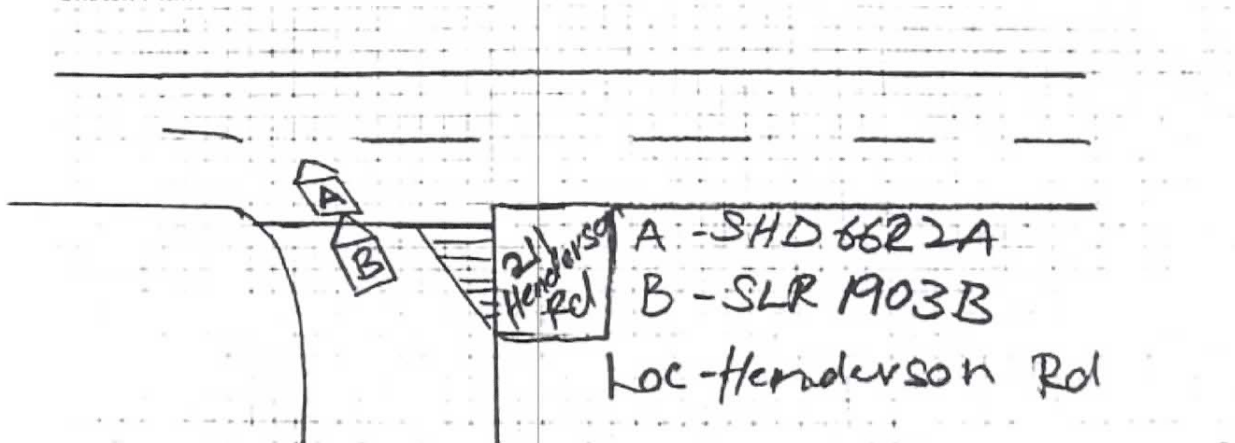
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Ad Hashim

13:30 9/11

Sketch Plan



Describe Circumstances of the Accident

I was travelling along Henderson Rd (T-Junction) to the Moterson Rd (Main Rd). Suddenly vehicle R hid my taxi rear portion. My taxi has damages behind. Both parties took photos. From the impact I feeling unwell and will seek medical advice.

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

Witnessed by Reporting Centre Personnel

Dr Hashim
9/4/21 13:30