


**ComfortDelGro Engineering Pte Ltd** (Co Reg No 1995061487)

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:	27/09/2021
Vehicle Reg. No.:	SH7335X	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Vehicle Reg. Date:	13/12/2017
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU71375	Chassis No:	KMHLB41UMHU098583
Odometer:	641463 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

**COST OF CLAIMS**

	Amount
Parts	1,374.58
Miscellaneous Items	11.00
Labour	1,130.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (\$\$)</b>	<b>2,515.58</b>
<b>+ GST 7.00% (\$\$)</b>	<b>176.09</b>
<b>Nett Amount (\$\$)</b>	<b>2,691.67</b>

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

JLS

MRM-SG Version 1.0 (Last Synchronised: 27 Sep 2021)

143 HYUNDAI H0 1.7 D CRDI FL ABS AIRBAG 4DR (A) (Catalogue Merimen Singapore 1.0)

Repairer's (Price-denominated Standard List)

Code: ComfortDelGro Engineering Pte Ltd/SH7335X/27/09/2021 14:29

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		*BUMPER COVER / CRA	20.00	0.00	*553.00 FL
2	1		*BUMPER BUMPER CLIPS - MC	20.00	0.00	*2.20 FL
3	1		*BUMPER BUMPER BRACKET - ee	20.00	0.00	*35.60 FL
4	1		*BUMPER BUMPER REFLECTOR RH - Ct	20.00	0.00	*32.00 FL
5	1		*TAIL LAMP RH ?	20.00	0.00	*697.80 FL
6	1		*REAR REVERSE SENSOR ?	0	0.00	*135.70 FS
7	1		*REAR BUMPER UNDER COVER - Ct	20.00	0.00	*228.00 FL

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

Sub Total (\$\$)

1,684.30

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

309.72

Total Parts (\$\$)

1,374.58

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# Miscellaneous Items

Repairer Estimates

as Items

OD/TP Case (Insurer) ✓

Amount

11.00

Sub Total (S\$)

11.00

## Estimates on Labour

No Particulars

Lab.Type

Amount

### Labour Items

1	PANEL BEATING			
2	SPRAY PAINTING	New	250	450.00
3	CHECK WIRING AND LIGHTING	New	✓	500.00
4	REMOVE/REFIX REVERSE SENSOR	New	20	60.00
5	TOFF COATING	New	40	60.00
		New	NN X	60.00

Towing Fee 60.00 ✓

Gross Labour Cost (S\$)

1,130.00

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< END OF ESTIMATES >

2 Days.  
4/5  
After repair photos.  
Gone away  
27/9/2021  
4:30pm

**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:



## 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	27/09/2021 12:07 (SGT)
Date of Accident	27/09/2021 08:40 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7335X
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#### 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) +65-90883315
Alternative Phone No	(Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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	1685

#### 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	NG TIAN LENG
NRIC No	SXXXX786E





Date Of Birth	22/06/1962
Occupation	Outdoor
Date Of Driving Pass	18/06/1981
Driving experience	40 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90883315
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 491G TAMPINES STREET 45 #11-266
Address complement	-
Postcode	526491
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	PASSENGER
Gender	Male

#### 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

ON THE 27/09/2021 AT AROUND 0840HRS, I VEHICLE A(SH7335X) WAS DRIVING ALONG SLE TOWARDS WOODLANDS ON THE FIRST LANE AT AROUND 90KM/HR. AS TRAFFIC WAS CONGESTED, I MAINTAINED MY DISTANCE WITH THE CAR IN FRONT. AS WE WERE SLOWLY DOWN, SUDDENLY I FELT A CRASH ON MY REAR AND REALISED THAT VEHICLE B(SMX7181E) HAS REAR ENDED ME. VEHICLE B REAR ENDED ME DUE TO THE IMPACT FROM VEHICLE C(SLC9560H) REAR ENDING VEHICLE B. I DO NOT SUFFER ANY INJURIES AT THIS POINT BUT MY PASSENGER SUFFERED A NECK AND BACK INJURY.

#### 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	SMX7191E
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Manufacturer	-
Model	-
Variant	-
Colour	-
Vehicle Category	Private car
Name of Driver	AUG LIONG SENG
Contact Number	(Phone) +65-91558178
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLC9560H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM GIM PHIN
Contact Number	(Phone) +65-92207231
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	RAFI JOSHUA
Gender	Male
Phone No	(Phone) +65-82880280
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	INJURIES ON NECK AND BACK
Injured person in which vehicle?	SH7335X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

### IMPORTANT NOTICE

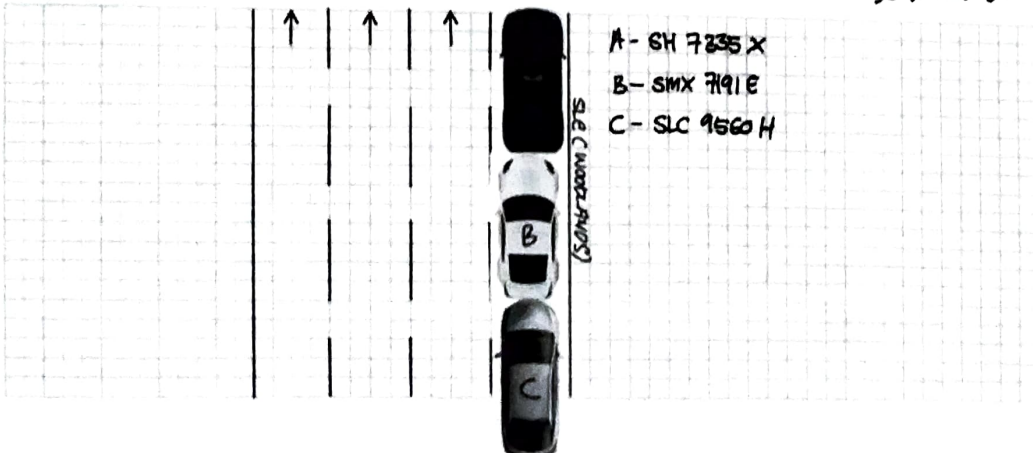
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to renew policy liability.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



## Describe Circumstances of the Accident

ON THE 27/09/2021 AT AROUND 0840HRS, I VEHICLE A(SH7335X) WAS DRIVING ALONG SLE TOWARDS WOODLANDS ON THE FIRST LANE AT AROUND 90KM/HR. AS TRAFFIC WAS CONGESTED, I MAINTAINED MY DISTANCE WITH THE CAR INFRONT. AS WE WERE SLOWLY DOWN, SUDDENLY I FELT A CRASH ON MY REAR AND REALISED THAT VEHICLE B(SMX7191E) HAS REAR ENDED ME. VEHICLE B REAR ENDED ME DUE TO THE IMPACT FROM VEHICLE C(SLC9560H) REAR ENDING VEHICLE B. I DO NOT SUFFER ANY INJURIES AT THIS POINT BUT MY PASSENGER SUFFERED A NECK AND BACK INJURY.

## Declaration

I/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 27/09/2021 1000

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel Rahma