

59 Loyang Drive Singapore 508969 Tel: 6214 8300

TP INSURER:

Tokio Marine Insurance Singapore Ltd (HQ) — ( Jumani )

Singapore

CTPL

PARTICULARS OF CLAIM

Claim Type:

THIRD PARTY

Ref. No:

15/10/2021

Policy No: Vehicle Reg. No.:

SHD4297T

Driveable?

Date of Loss:

YES

Party At Fault:

UNKNOWN

Vehicle Reg. Date:

30/10/2019

Make/Model:

HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)

Gen Condition:

GOOD

Vehicle Colour:

**BLUE** 

Chassis No:

KMHC851CVLU187788

Engine No:

G4LEKU401188

Odometer:

0 KM

Paint Type:

List Item Discount:

20.00 %

Total Loss?

NO

Est. Duration of Repair

(day)

Present Location:

COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS		Amount
Parts		3,594.64
Miscellaneous Items		11.00
Labour		2,420.00
Paintwork Labour		0.00
Towing		0.00
	Gross Total (S\$)	6,025.64
	+ GST 7.00% (S\$)	421.79
	Nett Amount (S\$)	6,447.43

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

### REFAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 16 Oct 2021)

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/SHD4297T/16/10/2021 11:42

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 DOOR ASSY RH	20.00	0.00	*1,797.20 FLX
2	1	*REAR FENDER RH	20.00	0.00	*1,768.30 FL/
3	1	*REAR BUMPER ASSY	20.00	0.00	*459.40 FL
4	10	*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL
5	1	*REAR WHEEL CAP RH	20.00	0.00	*346.40 FL/
6	1	*REAR DOOR APPS LOGO	0.00	0.00	*80.00 F/n
==Fra	anchise part, L=ListItemDis	Sub Total (S\$)	,		4,473.30 V
		- List Item Discount on L Items (S\$)			878.66
		Total Parts (S\$)			3,594.64

ComfortDelGro Engineering Pte Ltd/SHD4297T/16/10/2021 11:42. Not valid without Reference section. Generated using Merimen e-Claims IEAS

# Estimates on Miscellaneous Items

No	aty	Particulars		Amount
Mis	cella	neous Items		
1	1	OD/TP Case (Insurer)		11.00
			Sub Total (S\$)	11.00

# Estimates on Labour

No	Particulars	Lab.Type	Amount
Lab	our Items		
1	PANEL BEATING	New	050 1,200.00
2	SPRAYPAINT	New	750 800.00
3	CHECK WIRING	New	20 50.00
4	TUFF KOTE	New	20 50.00
5	REMOVE/REFIX UPHOLSTERY REAR	New	66 120.00
6	REMOVE/REFIX REVERSE SENSOR	New	30 80.00
7	TRANSFER DOOR PARTS	New	

ComfortDelGro Engineering Pte Ltd/SHD4297T/16/10/2021 11:42. Not valid without Reference section. Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Thruca elphantolom
82235769
18/10/2/ 16440
(P/P) bfr paint photo
LIclay S wp

LKK Auto Consultants hance 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

Gross Labour Cost (S\$)

- 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:

2,420.00

# > Back to OneMotoring

# Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	821R
Vehicle No.:	SHD4297T
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Oct 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AE IONIQ HEV FL 1.6 DCT
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4LEKU401188
Chassis No.:	KMHC851CVLU187788
Maximum Power Output:	103.6 kW (138 bhp)
Open Market Value:	\$25,485.00
Original Registration Date:	30 Oct 2019
First Registration Date:	30 Oct 2019
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$12,679.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Oct 2027
PARF Rebate Amount: Intended COE Rebate Details	\$9,509.00
COE Expiry Date:	29 Oct 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$24,460.00
COE Rebate Amount:	\$18,361.00
Total Rebate Amount: Message	\$27,870.00
Please note that the 8-year COE for this vehicle cannot be f	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 Oct 2021

ОК

**INSURER ENQUIRY** 

Find insurer

Vehicle reg. no.

**SLU8431J** 

**Date of Accident** 

15/10/2021

Reset

# % RESULT & RECEIPT

# TP Insurer Enquiry Insurance \_\_\_\_\_\_ Tokio Marine Insurance Singa... Period of Insurance \_\_\_\_\_\_ 15/12/2020 - 14/12/2021 Requested By \_\_\_\_\_ Janet Lim Siang Gek (COMFOR...

Requested Date \_\_\_\_\_\_\_\_\_16/10/2021 10:55

Payment details

Request Amount: **\$\$1.87** GST Amount: **\$\$0.13** 

Total Amount Due (GST Inclusive): \$\$2

**General Insurance Association** 

Records Management Centre GST Registration No: **M400017735** 



# ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops 205 Braddell Road Singapore 579701 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717

Date/Time: 16.10.2021 11:31

Page: 1

am: ARC Repair TP(CLSO)1 JOB CARD Sales Order: 4130425

REGN NO

JC NO305490848

MILEAGE

FUEL

**OMER** 

(P)

COMFORT TRANSPORTATION PTE LTD

7010045 DMER NO

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755 (R)

MAKE: HYUNDAI MODEL IONIQ(G3)

SHD4297T

E.....1/2... DATE/TIME IN 16.10.2021 09:55

YR OF MANU. 30.10.2019

TARGET DATE

COMPLETION DATE/TIME: KMHC851CVLU187788

DUNT CARD NO.

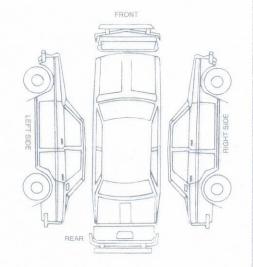
JOB DESCRIPTION

cident Date: 15.10.2021 TURE: 3P.15.10.2021

NO

LABOR CODE

DESCRIPTION



(ED & PASSED OUT BY:	10 To	
SERVICE ADVISOR		CUSTOMER'S SIGNATURE
dgement Slip	Exit Pass	
	Vehicle No.:	

Service Advisor

10.:

SHD4297T

Signature/Date

JU TOKIO

Name of Service Advisor

Date

SHD4297T

turned to Service Reception upon collection

To be kept by Security Guard

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding 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 Date of Accident **Exact Location of Accident** 

Additional Location Information Country/State of Loss

16/10/2021 18:16 (SGT) 15/10/2021 16:30 (SGT) Tai Hwan Cres, Singapore

Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SHD4297T

#### INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No **Email Address** 

Mobile Phone No Alternative Phone No Yes

COMFORT TRANSPORTATION PTE LTD

1XXXXX821R

fleetsafety@cdgtaxi.com.sg (Phone) +65-96369455 (Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Hyundai

Ae ioniq

Private hire

No - Claiming third party

Taxi Auto

1580

#### INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

AXA Insurance Pte Ltd ThirdPartyFireTheft

Yes

VFX/P2419138

#### DRIVER

Name of Driver NRIC No

GOH LYE HUAT MICHEAL SXXXX507E



 Date Of Birth
 30/05/1968

 Occupation
 Outdoor

 Date Of Driving Pass
 27/11/2014

Driving experience 6 YEARS AND 11 MONTHS

Gender Male

Mobile Number (Phone) +65-96369455

Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg

Address BLK 232 COMPASSVALE WALK #09-468

Address complement - Postcode 540232

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

No

Does Driver Own Other Vehicles?

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 Side Swipe
Weather Conditions Clear
Road Surface Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

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?

Was notice of intended Prosecution given?

No
If yes, against whom?

#### CIRCUMSTANCES OF ACCIDENT

ON 15/10 /2021 AT ABOUT 16:30HRS, I WAS DRIVING VEHICLE A (SHD4297T), ALONG TAI HWAN CRESCENT. WHILE TRAVELLING STRAIGHT, VEHICLE B (SLU8431J) FROM STATIONARY REVERSE SUDDENLY AND COLLIDED ONTO VEHICLE A RIGHT SIDE. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

#### ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

FILE IS NOT SUITABLE

No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

SLU8431J

Private car

Contact Number	(Phone) +65-96372512
Address	(1 Hone) 103-90372312
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	•
	-
No. Of Passenger (Including Driver)	1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 willful misrepresentation or withholding of material facts may allowinsurance 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 forw arded 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)

Lunderstand, acknowledge, agree and consent that :

Tumbersamp, abandwiedge, agree and consent mat.

(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 "aw yers/law firms, the Monetary Authority or Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing in paging and/or dealing with my values individual the same man of the craims and any necessary investigations relation to

(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 wiell 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date 8. Time 10/10/ HOYOH

Witnessed by Reporting Centre Wheelinger

6- 14 8431 J

Sketch Plan



Describe Circumstances of the Accident

ON 15/10 /2021 AT ABOUT 16:30HRS, I WAS DRIVING VEHICLE A (SHD4297T), ALONG TAI HWAN CRESCENT. WHILE TRAVELLING STRAIGHT, VEHICLE B (SLU8431J) FROM STATIONARY REVERSE SUDDENLY AND COLLIDED ONTO VEHICLE A RIGHT SIDE. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

Declaration

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

Policyholder's Signature / Date 8. Time Witnessed by Reporting Centre Personnel 1/1 . Als MAN