

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ) — Jumari

(Ulsam)

Singapore

PARTICULARS OF CLAIM

| | | | |
|-------------------------------|--|--------------------|-------------------|
| Claim Type: | THIRD PARTY | Ref. No: | |
| Policy No: | | Date of Loss: | 16/12/2021 |
| Vehicle Reg. No.: | SHC1503Z | Driveable? | YES |
| Party At Fault: | UNKNOWN | | |
| Make/Model: | HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A) | Vehicle Reg. Date: | 08/10/2018 |
| Vehicle Colour: | BLUE | Gen Condition: | GOOD |
| Engine No: | G4LEJU032240 | Chassis No: | KMHC851CVKU114731 |
| 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 | 1,463.96 |
| Miscellaneous Items | 11.00 |
| Labour | 750.00 |
| Paintwork Labour | 0.00 |
| Towing | 0.00 |
| Gross Total (S\$) | 2,224.96 |
| + GST 7.00% (S\$) | 155.75 |
| Nett Amount (S\$) | 2,380.71 |

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 20 Dec 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/SHC1503Z/20/12/2021 08:30**
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 ASSY | 20.00 | 0.00 | <i>cr</i> *459.40 FL |
| 2 | 10 | | *REAR BUMPER CLIPS | 20.00 | 0.00 | <i>cl</i> *220.00 FL |
| 3 | 1 | | *REAR BUMPER BEAM | 20.00 | 0.00 | ? *394.80 FL |
| 4 | 1 | | *REAR BUMPER CENTRE MOULDING | 20.00 | 0.00 | ? *451.25 FL |
| 5 | 1 | | *REAR BUMPER FOG LAMP | 20.00 | 0.00 | ? *201.50 FL |
| 6 | 1 | | *ANTENNA ASSY - SMARTKEY | 20.00 | 0.00 | ? *40.50 FL |
| 7 | 1 | | *REAR NUMBER PLATE | 0.00 | 0.00 | <i>nh</i> *50.00 F |
| | | | | Sub Total (\$\$) | | 1,817.45 |
| | | | | - List Item Discount on L Items (\$\$) | | 353.49 |
| | | | | Total Parts (\$\$) | | 1,463.96 |

F=Franchise part. L=ListItemDisc.

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 Generated using **Merimen e-Claims IEAS**

Estimates on Miscellaneous Items

| No | Qty | Particulars | Amount |
|----------------------------|-----|----------------------|--------------|
| Miscellaneous Items | | | |
| 1 | 1 | OD/TP Case (Insurer) | 11.00 |
| Sub Total (\$\$) | | | 11.00 |

Estimates on Labour

| No | Particulars | Lab.Type | Amount |
|---------------------------------|-----------------------------|----------|---------------|
| Labour Items | | | |
| 1 | PANEL BEATING | New | 350 400.00 |
| 2 | SPRAYPAINT | New | 250 300.00 |
| 3 | REMOVE/REFIX REVERSE SENSOR | New | 50.00 |
| Gross Labour Cost (\$\$) | | | 750.00 |

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tan Jui 97495744
WV 20/12/21 0533p
o 2days
↳ Resurvey after repair
Tan Jui @ (whatsapp)

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:

SAS -

Date/Time: 18.12.2021 12:09

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO305498352

CUSTOMER

| | |
|--|---|
| REGN NO.: SHC1503Z | MILEAGE |
| MAKE: HYUNDAI | FUEL E.....1/2.....F |
| MODEL IONIQ(G2) | DATE/TIME IN 17.12.2021 13:35 |
| YR OF MANU. 08.10.2018 | TARGET DATE |
| CHASSIS CODE KMHC851CVKU114731 | COMPLETION DATE/TIME: |

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)
(P)

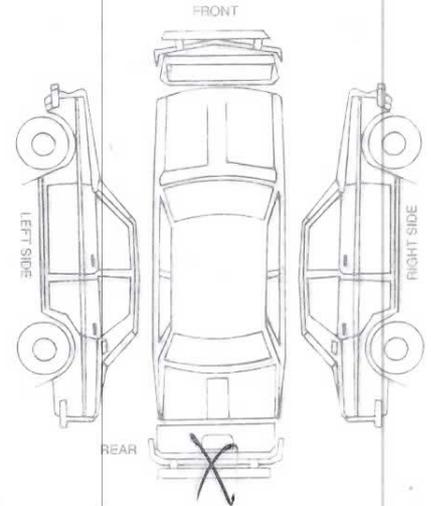
COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 16.12.2021
NATURE: 3P 16.12.2021

GRK 81289

S/NO LABOR CODE DESCRIPTION



ASUM

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

Vehicle No.: **SHC1503Z** **JU**

Vehicle No.: **SHC1503Z**

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 | 17/12/2021 15:58 (SGT) |
| Date of Accident | 16/12/2021 16:45 (SGT) |
| Exact Location of Accident | Yishun Ave 9 Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|--|--------------------------------|
| Vehicle Registration Number | SHC1503Z |
| 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) +65-91150820 |
| Alternative Phone No | (Office) +65-65508768 |
| VEHICLE PARTICULARS | |
| Manufacturer | Hyundai |
| Model | Ae ioniq |
| 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 | 1580 |
| 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 | NATHAN SANDY DARREN |
| NRIC No | SXXXX771F |

| | |
|--|----------------------------|
| Date Of Birth | 29/10/1968 |
| Occupation | Outdoor |
| Date Of Driving Pass | 14/01/2000 |
| Driving experience | 21 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91150820 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | 133 CLARENCE LANE #08-02 |
| Address complement | - |
| Postcode | 140133 |
| 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 | 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 vehicle 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

ON 16/08 2/2021 AT ABOUT 16:45HRS, I WAS DRIVING VEHICLE A (SHC1503Z) ALONG YISHUN AVE 9 FROM YISHUN AVE 6.WHILE TRAVELLING STRAIGHT ON FIRST LANE, THERE WAS AN UNKNOWN LORRY WAS STOP ALONG ROAD SIDE. VEHICLE C (SML6453U) WAS ON SECOND LANE ABOUT TO OVERTAKE THAT UNKNOWN LORRY. I APPLY BRAKE AND STOP. WHILE VEHICLE A WAS STATIONARY FOR FEW SECONDS, VEHICLE B (GBK8128G) COLLIDED ONTO VEHICLE A REAR BUMPER. ONLY TWO VEHICLES INVOLVED IN THIS ACCIDENT. I SUSTAINED PAIN ON MY HEAD NECK AND I WAS GIVEN 3 DAYS MC BY DOCTOR

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 | GBK8128G |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Dyna |
| Vehicle Variant | - |
| Vehicle Colour | - |

| | |
|---|------------------------|
| Vehicle Category | Commercial vehicle |
| Name of Driver | RABBANI MOHAMMED MASUM |
| Work Permit No | 0XXXX2853 |
| 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 | NATHAN SANDY DARREN |
| Gender | Male |
| Phone No | (Phone) +65-91150820 |
| Address | 133 CLARENCE LANE #08-02 |
| Address Complement | - |
| Post Code | 140133 |
| Approximate Age Years Old | - |
| Injuries Sustained | HEAD AND NECK |
| Injured person in which vehicle? | SHC1503Z |
| 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 Authorized Driver
3. Information provided must be as truthful and accurate as possible. Any willful 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' 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.

NSA full

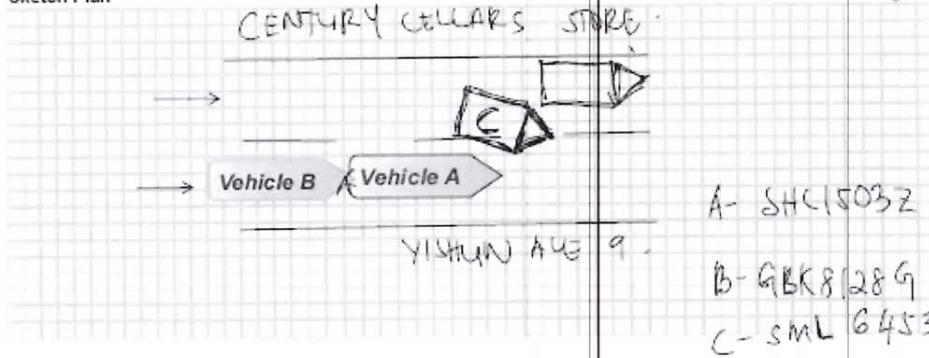
[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 16/08 2/2021 AT ABOUT 16:45HRS, I WAS DRIVING VEHICLE A (SHC1503Z) ALONG YISHUN AVE 9 FROM YISHUN AVE 6.WHILE TRAVELLING STRAIGHT ON FIRST LANE, THERE WAS AN UNKNOWN LORRY WAS STOP ALONG ROAD SIDE. VEHICLE C (SML6453U) WAS ON SECOND LANE ABOUT TO OVERTAKE THAT UNKNOWN LORRY. I APPLY BRAKE AND STOP. WHILE VEHICLE A WAS STATIONARY FOR FEW SECONDS, VEHICLE B (GBK8128G) COLLIDED ONTO VEHICLE A REAR BUMPER. ONLY TWO VEHICLES INVOLVED IN THIS ACCIDENT. I SUSTAINED PAIN ON MY HEAD NECKAND I WAS GIVEN 3 DAYS MC BY DOCTOR

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

17/12/21 - 1570H

Witnessed by Reporting Centre Personnel

Khawwaj