

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)

Jumar

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	25/02/2022
Vehicle Reg. No.:	SHC3379C	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	22/10/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU398203	Chassis No:	KMHC851CVLU186870
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	3,376.56
Miscellaneous Items	11.00
Labour	1,560.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$)	4,947.56
+ GST 7.00% (\$)	346.33
Nett Amount (\$)	5,293.89

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: 28 Feb 2022)**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/SHC3379C/28/02/2022 14:01**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		*FRT RH FENDER	20.00	0.00	bt *588.80 FL
2	1		*FRT RH FENDER EMBLEM	20.00	0.00	nei *26.60 FL
3	1		*FRT BUMPER ASSY	20.00	0.00	de *430.90 FL
4	10		*FRT BUMPER ASSY CLIPS	20.00	0.00	nei *22.00 FL
5	1		*HEADLAMP ASSY RH	20.00	0.00	? *1,993.65 FL
6	1		*FER RH DAY LIGHT ASSY	20.00	0.00	x *642.50 FL
7	1		*FER RH DAY LIGHT GRILLE	20.00	0.00	Over *93.45 FL
8	1		*FER RH FENDER RETAINER	20.00	0.00	? *41.40 FL
9	1		*FRT BUMPER BRACKET RH	20.00	0.00	? *35.00 FL
10	1		*FRT RH WHEEL CAP	20.00	0.00	auto *346.40 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)**4,220.70****- List Item Discount on L Items (S\$)****844.14****Total Parts (S\$)****3,376.56**

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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	525 800.00
2	SPRAYPAINT	New	500 600.00
3	CHECK WIRING	New	30 50.00
4	TUFF KOTE	New	30 50.00
5	TOWING FEE	New	✓ 60.00
Gross Labour Cost (\$\$)			1,560.00

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< END OF ESTIMATES >

Tanpin 97495749
- WPB 28/2/21 12445
Resurvey before paint
2-3 days
Tanpin character

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:



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

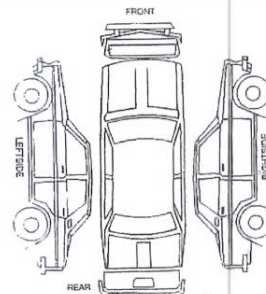
Job Requisition

1. Date: <u>26/2/22</u> Time Received: <u>1045</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : Contact No. : <u>0455 7878</u> Vehicle No. : <u>SHC3379.C</u> Make / Model / Colour : <u>19</u> Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks:	
7. Location: <u>292 Punggol ctr MSCP</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input checked="" type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi			
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:					

10. Odometer Reading : _____
Fuel Level : ☐ F ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ E

11. Radio / CD Player

☒ OK
☐ Faulty
☐ Not tested



: Cracked X : Dented
/ : Scratched O : Missing

Signature of Customer

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☒ QA ☐ GAO ☐ OTHERS
Name of Driver : 1045
Vehicle No. : 1K7717A
Time Dispatch : 20/2/22
Time of Arrival : 12:10
Time Completed : 12:58

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

26/2/22

Date

Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY

Date/Time: 28.02.2022 13:40

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305506819

OMER

REGN NO.:
SHC3379C

MILEAGE

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

RESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

MAKE:
HYUNDAI

FUEL

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

MODEL
IONIQ(G3)

DATE/TIME IN
26.02.2022 09:20

YR OF MANU.
22.10.2019

TARGET DATE

CHASSIS CODE
KMHC851CVLU186870

COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

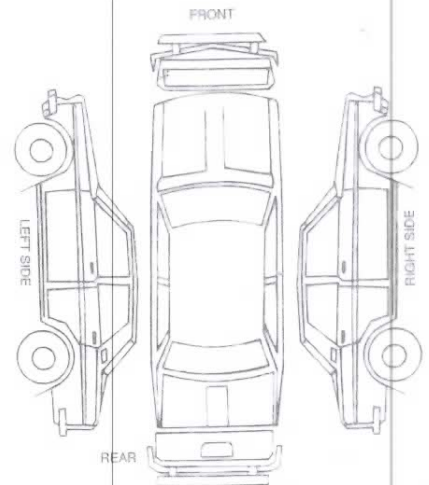
cident Date: 26.02.2022

ATURE: 3P.26.02.2022

NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

to.: SHC3379C

JU TOKIO

Vehicle No.:

SHC3379C

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned 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	26/02/2022 12:20 (SGT)
Date of Accident	26/02/2022 09:30 (SGT)
Exact Location of Accident	292 Punggol Central, Singapore 820292
Additional Location Information	MSCP LEVEL 1B
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3379C
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) +65-94557878
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 - Reporting only
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	WEE KENG TIONG PETER
NRIC No	SXXXX0761

Date Of Birth	04/03/1960
Occupation	Outdoor
Date Of Driving Pass	09/01/2000
Driving experience	22 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94557878
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	299 PUNGGOL CENTRAL #09-461
Address complement	-
Postcode	820299
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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 26/02/2022 AT ABOUT 05:15HRS, I WAS PARKED VEHICLE A (SHC3379C) AT BLOCK 292 PUNGGOL CENTRAL LEVEL 1B CARPARK (LOT 110). AT ABOUT 09:30HRS, I RECEIVE A CALL FROM MY RELIEF DRIVER TOLD ME THAT MY VEHICLE WAS COLLIDED BY UNKNOWN VEHICLE. AS I REACHING, I REALISED 3 VEHICLES INVOLVED IN THIS ACCIDENT. VEHICLE B (GBE6100E) AND VEHICLE C(SMP2948P) INCLUDING MY VEHICLE INVOLVED IN THIS HIT AND RUN CASE.

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	GBE6100E
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMP2948P
Vehicle Manufacturer	Honda
Vehicle Model	Stream
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)	-

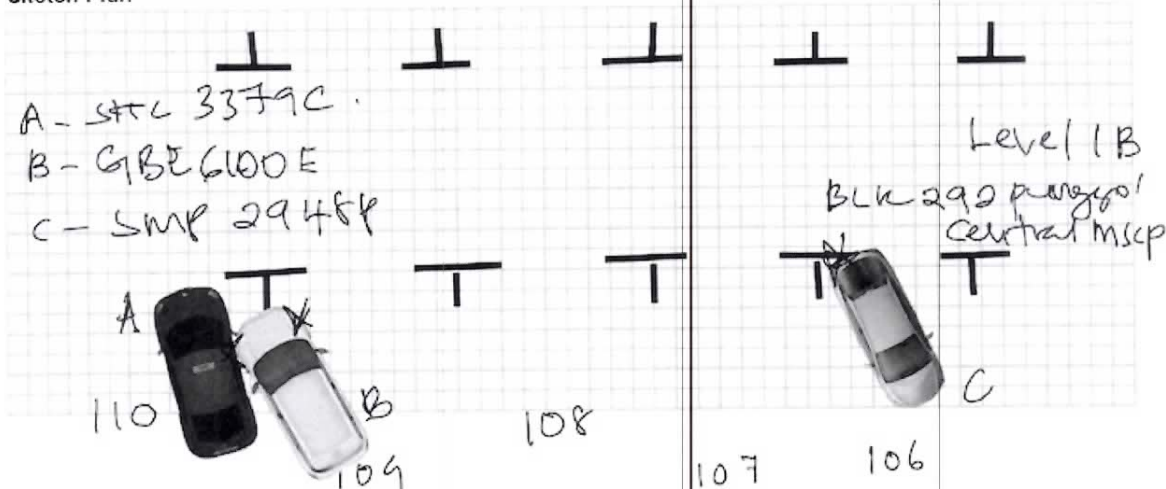
SKETCH PLANIMPORTANT NOTICE

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 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' 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

Sketch Plan

Describe Circumstances of the Accident

ON 26/02/2022 AT ABOUT 05:15HRS, I WAS PARKED VEHICLE A (SHC3379C) AT BLOCK 292 PUNGGOL CENTRAL LEVEL 1B CARPARK (LOT 110). AT ABOUT 09:30HRS, I RECEIVE A CALL FROM MY RELIEF DRIVER TOLD ME THAT MY VEHICLE WAS COLLIDED BY UNKNOWN VEHICLE. AS I REACHING, I REALISED 3 VEHICLES INVOLVED IN THIS ACCIDENT. VEHICLE B (GBE6100E) AND VEHICLE C(SMP2948P) INCLUDING MY VEHICLE INVOLVED IN THIS HIT AND RUN CASE.

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

Witnessed by Reporting Centre Personnel