

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:	13/04/2022
Vehicle Reg. No.:	SHB6234Y	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	05/01/2017
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU656068	Chassis No:	KMHLB41UMHU097910
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	2,692.16
Miscellaneous Items	11.00
Labour	1,400.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,103.16
+ GST 7.00% (S\$)	287.22
Nett Amount (S\$)	4,390.38

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: 13 Apr 2022)

Parts: 143

HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's

(Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHB6234Y/13/04/2022 15:49**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 BUMPER ASSY			
2	1		*FRT FENDER LH	20.00	0.00	*1,052.20 FL
3	1		*HEADLAMP ASSY LH	20.00	0.00	*663.00 FL
4	1		*FRT WHEEL CAP	20.00	0.00	*1,388.00 FL
5	1		*FRT BUMPER BRACKET LH	20.00	0.00	*217.20 FL
						*44.80 FL
Sub Total (S\$)						3,365.20
- List Item Discount on L Items (S\$)						673.04
Total Parts (S\$)						2,692.16

F=Franchise part. L=ListItemDisc.

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4/13/22, 3:50 PM

Repairer Estimates

Estimates on Miscellaneous Items

No Qty Particulars

Miscellaneous Items

1 1 OD/TP Case (Insurer)

Amount

11.00

Sub Total (\$\$)

11.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1 PANEL BEATING

New

700.00

2 SPRAYPAINT

New

600.00 50 b

3 TUFF KOTE

New

50.00 30

4 CHECK WIRING

New

50.00 30

Gross Labour Cost (\$\$)

1,400.00

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< END OF ESTIMATES >

Thwan
82235169
14/4/22 17/5
L/S 3days wp

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:

Date/Time: 13.04.2022 15:40

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4196450

JC NO.305512383

Customer: COMFORT TRANSPORTATION PTE LTD
Vehicle No: 7010045
Address: 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

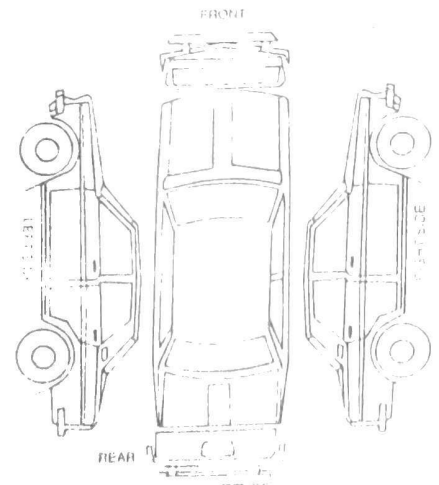
REGN NO.: SHB6234Y	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2..... F
MODEL: I-40	DATE/TIME IN: 13.04.2022 13:30
YR OF MANU: 05.01.2017	TARGET DATE
CHASSIS CODE: KMHLB41UMHU097910	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 13.04.2022
Accident Time: 3P.13.04.2022

/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist Slip

Exit Pass

No.: SHB6234Y JU TOKIO

Vehicle No.: SHB6234Y

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	13/04/2022 17:01 (SGT)
Date of Accident	13/04/2022 13:00 (SGT)
Exact Location of Accident	Bedok North Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6234Y
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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) +65-96445158
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	WONG SEK KUEN
NRIC No	SXXXX430A

Date Of Birth	18/03/1952
Occupation	Outdoor
Date Of Driving Pass	23/02/1976
Driving experience	46 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96445158
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 816 JELLCOE ROAD #19-10
Address complement	-
Postcode	200816
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	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	2
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

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 13/04/2022 AT ABOUT 1300HRS I WAS DRIVING MY VEHICLE A SHB6234Y ON THE MIDDLE LANE OF BEDOK NORTH ROAD TOWARDS PIE/TUAS. VEHICLE B SLM7149Z ON MY LEFT, SWERVED INTO MY LANE AND SIDE SWIPE HER VEHICLE B RIGHT REAR ONTO MY VEHICLE A LEFT FRONT. NO ONE WAS INJURED. PARTICULARS EXCHANGED

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	SLM7149Z
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	"
Vehicle Colour	"
Vehicle Category	Private car
Name of Driver	"
Contact Number	(Phone) +65-91990962
Address	"
Address complement	"
Postcode	"
Insurance Company Name	"
Nature Of Damage	"
Details of property damaged in accident	"
No. Of Passenger (Including Driver)	1

SKETCH PLANIMPORTANT NOTICE

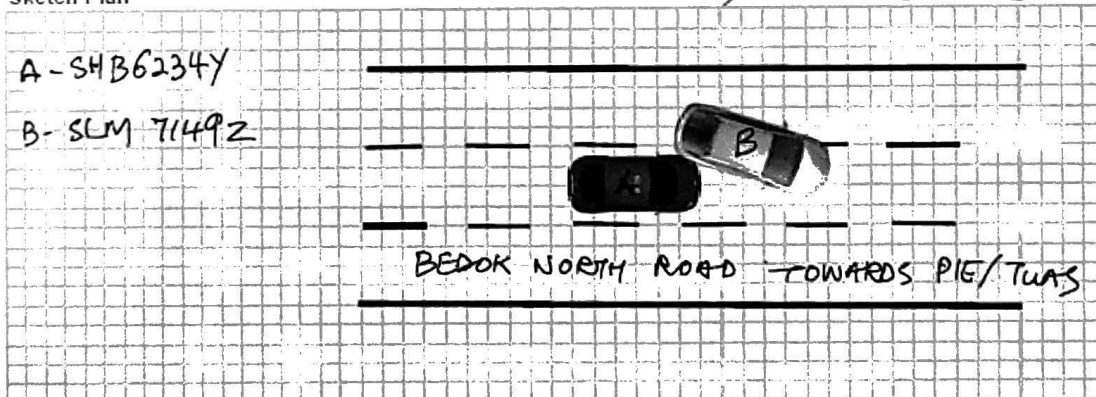
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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

Sketch Plan



Describe Circumstances of the Accident

ON 13/04/2022 AT ABOUT 1300HRS I WAS DRIVING MY VEHICLE A SHB6234Y ON THE MIDDLE LANE OF BEDOK NORTH ROAD TOWARDS PIE/TUAS. VEHICLE B SLM7149Z ON MY LEFT, SWERVED INTO MY LANE AND SIDE SWIPE HER VEHICLE B RIGHT REAR ONTO MY VEHICLE A LEFT FRONT. NO ONE WAS INJURED. PARTICULARS EXCHANGED

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

13/04/2022 1430HRS

Kyngi Yong