

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CCPL

India International Insurance Pte Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	13/04/2022
Vehicle Reg. No.:	SHA506H	Driveable?	
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS TAXI, 1.8 (A)	Vehicle Reg. Date:	05/09/2017
Vehicle Colour:	YELLOW	Chassis No:	JTDKB3FU103562809
Engine No:	2ZRS059835		
Odometer:	411085 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	4,703.02
Miscellaneous Items	11.00
Labour	1,950.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	6,664.02
+ GST 7.00% (S\$)	466.48
Nett Amount (S\$)	7,130.50

This claim is handled by: CHIANG LIAT CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference**

Part Source: MRM-SG **Version:** 1.0 (Last Synchronised: 18 Apr 2022)

Parts: 144 **TOYOTA PRIUS TAXI 1.8 (A)** (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: **ComfortDelGro Engineering Pte Ltd/SHA506H/18/04/2022 08:50**

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 <i>CHK</i>	25.00	0.00	*503.04 FL
2	1		*REAR BUMPER UNDER COVER <i>X</i>	25.00	0.00	*654.96 FL
3	1		*REAR BUMPER REINFORCEMENT <i>X</i>	25.00	0.00	*378.32 FL
4	2		*REAR BUMPER SIDE RETAINER LH/RH <i>X</i>	25.00	0.00	*225.40 FL
5	1		*REAR BUMPER TOW COVER <i>X</i>	25.00	0.00	*82.70 FL
6	10		*REAR BUMPER CLIPS <i>nc</i>	25.00	0.00	*22.00 FL
7	1		*TAIL LAMP UPPER LAMP RH <i>X</i>	25.00	0.00	*557.90 FL
8	1		*TAIL LAMP LOWER LAMP RH <i>X</i>	25.00	0.00	*570.00 FL
9	1		*REAR BUMPER UNDER SIDE COVER RH <i>X</i>	25.00	0.00	*148.40 FL
10	1		*REAR FENDER RH <i>X Repair</i>	25.00	0.00	*992.04 FL
11	1		*REAR WHEEL ALU RIM RH <i>Cut</i>	25.00	0.00	*1,555.00 FL
12	2		*REAR FENDER ADVERTISEMENT LH/RH <i>nc</i>	0	0.00	*200.00 FS
13	1		*REAR BUMPER MAT <i>nc</i>	0	0.00	*50.00 FS
14	1		*REAR BUMPER ADVERTISEMENT <i>nc</i>	0	0.00	*50.00 FS
15	1		*REAR BUMPER REVERSE SENSOR <i>X nn</i>	0	0.00	*135.70 FS

F=Franchise part. S=SpclNett. L=ListItemDisc.

Sub Total (S\$)	6,125.46
- List Item Discount on L Items (S\$)	1,422.44
Total Parts (S\$)	4,703.02

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Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	1,050.00 ²⁵
2	SPRAY PAINTING	New	600.00 ⁵⁰⁰
3	TOFF KOTE	New	90.00 ^X
4	REMOVE/REFIX REAR UPHOLSTERY	New	90.00 ^X
5	CHECK WIRING AND LIGHTING	New	60.00 ^X
6	REMOVE/REFIX REVERSE SENSOR	New	60.00 ⁴⁰
Gross Labour Cost (S\$)			1,950.00

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< END OF ESTIMATES >

2 Days.
45
After repair photos
Gm-Rep
18/4/22
2:30 pm

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	14/04/2022 12:59 (SGT)
Date of Accident	13/04/2022 18:35 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	TOWARDS BISHAN
Entry/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA506H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-97251853
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419140
Cover Note Number	-

DRIVER

Name of Driver	LIM KUAN MENG
NRIC No	SXXXX488E

ement
Company Name
Damage
of property damaged in accident
If Passenger (Including Driver)

Date Of Birth 19/02/1967
 Occupation Outdoor
 Date Of Driving Pass 21/10/1986
 Driving experience 35 YEARS AND 6 MONTHS
 Gender Male
 Mobile Number (Phone) +65-97251853
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 421A NORTSHORE DRIVE #23-799
 Address complement -
 Postcode 821421
 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 MEILING
 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 1835HRS I WAS DRIVING MY VEHICLE A (SHA506H) ALONG BRADDELL ROAD TOWARDS BISHAN. AFTER WOODLEIGH PARK VEHICLE B (YP7452C) FROM MY BEHIND RIGHT SIDE, SIDE SWIPE HIS VEHICLE B FRONT LEFT DOOR STEPS ONTO MY VEHICLE A RIGHT REAR SIDE. 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 YP7452C
 Vehicle Manufacturer -
 Vehicle Model -

plement

Commercial vehicle

(Phone) +65-88531650

1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately 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 firms/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 firms/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 firms/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

14-04-2022

12:54:45

Kyng Yung

A-SHA506H

B-YP7452C

WOODLEIGH PARK

BRADDELL ROAD TO BISHAN

Describe Circumstances of the Accident

ON 13/04/2022 AT ABOUT 1835HRS I WAS DRIVING MY VEHICLE A
SHA506H ALONG BRADDELL ROAD TOWARDS BISHAN. AFTER
WOODLEIGH PARK VEHICLE B YP7452C FROM MY BEHIND RIGHT SIDE,
SIDE SWIPE HIS VEHICLE B FRONT LEFT DOOR STEPS ONTO MY
VEHICLE A RIGHT REAR SIDE. NO ONE WAS INJURED. PARTICULARS
EXCHANGED

Declaration

(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

14.04.2022

1835HRS

14/4/22
Kuan Yong