

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

Lim Tien Siong

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

CP/P)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	22/05/2022
Vehicle Reg. No.:	SHC8781R	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	31/03/2022
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU430380	Chassis No:	KMHC851CVLU194942
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	1,395.36
Miscellaneous Items	11.00
Labour	820.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,226.36
+ GST 7.00% (S\$)	155.85
Nett Amount (S\$)	2,382.21

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

Our Job Ref No : 305516870
Date : 27.05.2022

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK
Attn : THEVAN
Vehicle Reg No : SHC8781R


Fax :


Date of Accident : 22.05.2022

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: TOKIO MARINE --- SLU9739R
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$558.60
 - (b) Labour Charges (include advertisement stickers etc,if any) \$641.00
 - Total for Part-By-Part Repair Cost \$1,199.60**
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost
3. Estimated normal period for repairs: 2 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature : 
Name : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : THEVAN
Date : 19/5/22

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid	---	N		
3. Survey Fees	-----	--		
4. LTA Search Fee	\$7.49 /\$2.00	Y		
5. Medical Fees (on behalf of driver, if applicable)				
6 Overrun				

Remarks:

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 23 May 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/SHC8781R/23/05/2022 11:10

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 *.

Llm Tien Siong

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER	20.00	0.00	*459.40 FLXY
2	1		*REAR BUMPER CENTRE MOULDING	20.00	0.00	*451.25 FL S10
3	1		*REAR BUMPER LOWER MOULDING	20.00	0.00	*155.00 FLXSC
4	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FLXSC
5	1		*REAR BUMPER TOW COVER	20.00	0.00	*98.80 FLXSC
6	1		*REVERSE SENSORS	0.00	0.00	*180.00 FSC
7	1		*REAR NO.PLATE W/TRIM COVER	0.00	0.00	*55.00 FSC
8	1		*REAR BUMPER MAT	0.00	0.00	*50.00 FSC
9	1		*REAR BUMPER FOGLAMP	20.00	0.00	*201.50 FLXSC

Sub Total (\$\$)						1,672.95
- List Item Discount on L Items (\$\$)						277.59
Total Parts (\$\$)						1,395.36

ComfortDelGro Engineering Pte Ltd/SHC8781R/23/05/2022 11:10. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Thawn
26/5/22 1315
p/p 2days wp
82233769

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:

Estimates on Miscellaneous Items

Amount

No Qty Particulars

Miscellaneous Items

1 1 OD/TP Case (Insurer)

Lim Tien Siong

11.00

Sub Total (S\$)

11.00

Estimates on Labour

Lab.Type

Amount

No Particulars

Labour Items

1 PANEL BEATING

New

350 400.00

2 SPRAY PAINTING

New

250 300.00

3 R/I REVERSE SENSORS

New

30 120.00

Gross Labour Cost (S\$)

820.00

ComfortDelGro Engineering Pte Ltd/SHC8781R/23/05/2022 11:10. Not valid without Reference section.
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< END OF ESTIMATES >

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 27.05.2022
Time: 09:40:24
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305516870
REGN NO : SHC8781R
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 31.03.2022
DATE/TIME IN : 23.05.2022 08:50
ACCIDENT DATE : 22.05.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2533-G	REAR BUMPER CTR MOULDING	1	451.25	20.00	361.00
0002 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60
0003 09-01-9999-0068-A	REVERSE SENSOR	1	180.00		180.00

SUB-TOTAL : 558.60

JOB NATURE

0000 PB	PANEL BEATING-SHC8781R-TP				350.00
0001 SP	SPRAYPAINT CHARGE				250.00
0002 L	R/I REVERSE SENSORS				30.00
0003 L	TP MERIMEN			11.00	

SUB-TOTAL : 641.00

TOTAL : 1,199.60

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

...CLAIM SUBFOLDER...(Pending for Approval)

CLAIM SUBFOLDER TRACKING

Main	23 May 2022	S\$2,226.36 Edit Estimates	23 May 2022 11:10	26 May 2022 10:35	Pending for Approval
		S\$ 2,226.36			

Main	Reference	Claim Details	Documents	Show All
CLAIM SUBFOLDER DETAILS				
Insured:	LION CITY RENTALS PTE. LTD , Co. Reg. No. : 201504621K			
Main Claimant:	COMFORT TRANSPORTATION PTE LTD			
Vehicle Reg. No.:	SHC8781R	Date of Loss:	22/05/2022 14:00 - :59 [1 Months and 22 Days From LTA Reg Date (Man Yr)]	
Claim Type:	TP / M2202662	Policy/Cover Note No.:	MN000206 (Third Party Only) Coverage: 25/02/2022 - 24/02/2023	
Vehicle Reg. No. (Insured):	SLU9739R	Policy No. (Claimant):		
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) PROFILE 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300			
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Telma Gomez - 65926402]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561			
ASSOCIATED MAIL RECEIVED			View All	Compose Case Mail
There are no mail for this case.				
ALL ASSOCIATED FILE NOTES				Create New
No.	Status Type	Viewer/Assigned To	Note	Created On Created By 1st Read By
No results.				

Date/Time: 23.05.2022 10:49 Page : 1

m: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4211411

JC NO: 305516870

VER

COMFORT TRANSPORTATION PTE LTD

VER NO. 7010045

3S 383 SIN MING DRIVE
Singapore SINGAPORE 575717

3) 65508755 (O)

2)

INT CARD NO.

REGN NO.:

SHC8781R

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

IONIQ(G3)

DATE/TIME IN

23.05.2022 08:50

YR OF MANU.

31.03.2022

TARGET DATE

CHASSIS CODE

KMHC851CVLU194942

COMPLETION DATE/TIME:

JOB DESCRIPTION

cident Date: 22.05.2022

TURE: 3P 22.05.2022

NO

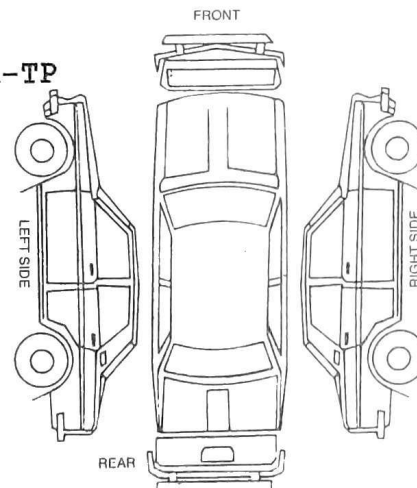
0010

LABOR CODE

PB

DESCRIPTION

PANEL BEATING-SHC8781R-TP



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

Exit Pass

SHC8781R

LIMITS

Vehicle No.:

SHC8781R

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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 23/05/2022 11:24 (SGT)
Date of Accident 22/05/2022 14:25 (SGT)
Exact Location of Accident 323 Bukit Batok Street 33, Block 323, Singapore 650323
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8781R
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) +65-81571668
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 WENG YITAO
NRIC No SXXXX190J

Date Of Birth	06/01/1982
Occupation	Outdoor
Date Of Driving Pass	10/11/2003
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81571668
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 343 CLEMENTI AVENUE 5 #09-206
Address complement	-
Postcode	120343
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Male

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 22/05/2022 AT ABOUT 14:25HRS, I WAS DRIVING VEHICLE A (SHC8781R) AT BLOCK 323 BUKIT BATOK WEST ST 33. AS MY VEHICLE WAS STATIONARY AT THE CARPARK, WAITING FOR FRONT UNKNOWN VEHICLE TO MOVE, VEHICLE B (SLU9739R) COLLIDED ONTO VEHICLE A REAR. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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
Was there any audio recorded?

FILE IS NOT SUITABLE
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU9739R
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	(Phone) +65-96482410
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

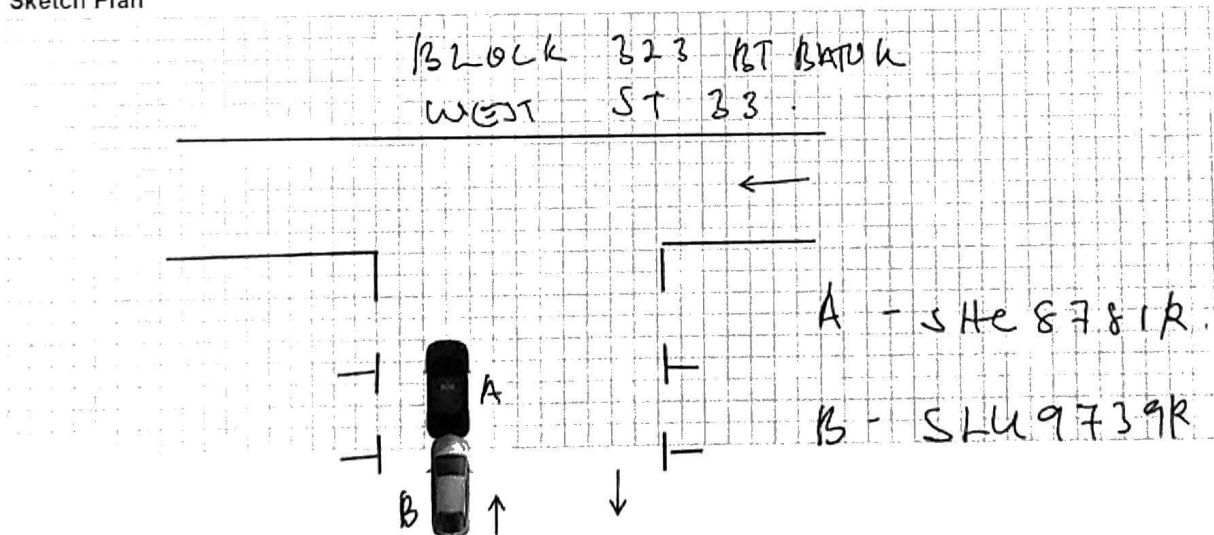
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts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

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 22/05/2022 AT ABOUT 14:25HRS, I WAS DRIVING VEHICLE A (SHC8781R) AT BLOCK 323 BUKIT BATOK WEST ST 33. AS MY VEHICLE WAS STATIONARY AT THE CARPARK, WAITING FOR FRONT UNKNOWN VEHICLE TO MOVE, VEHICLE B (SLU9739R) COLLIDED ONTO VEHICLE A REAR. 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 & Time

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

Witnessed by Reporting Centre Personnel