

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

59 Loyang Drive
Singapore 508969
Tel. 6214 8300

TP INSURER: **Tokio Marine Insurance Singapore Ltd (HQ)**
CCPL

Singapore

MVA : Loke Wai Yiang

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	26/05/2022
Vehicle Reg. No.:	SHB3111M	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	24/07/2019
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	G4LEKU298670	Chassis No:	KMHC851CVKU164822
Odometer:	227380 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Remarks:	TEL: 62148355		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	1,540.56
Miscellaneous Items	11.00
Labour	840.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,391.56
+ GST 7.00% (S\$)	167.41
Nett Amount (S\$)	2,558.97

This claim is handled by: LOKE YY

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 26 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/SHB3111M/26/05/2022 15:05
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 COVER	20.00	0.00	*459.40 FLX ^Y
2	1		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FLX ^Y
3	1		*REAR BUMPER CENTRE MOULDING ASSY	20.00	0.00	*451.25 FLX ^Y
4	1		*REAR BUMPER REINFORCEMENT	20.00	0.00	*394.80 FLX ^Y
5	1		*ANTENNA SMARTKEY	20.00	0.00	*40.50 FLX ^Y
6	1		*REAR BUMPER FOG LAMP	20.00	0.00	*201.50 FLX ^Y
7	1		*REAR BUMPER RUBBER MAT	0.00	0.00	*50.00 FT ^{SLC}
8	1		*REAR NUMBER PLATE WITH TRIM COVER	0.00	0.00	*55.00 F ^{SLC}
9	1		*REAR BUMPER REVERSE SENSOR	0.00	0.00	*180.00 F ^{SLC}

F=Franchise part, L=List/ItemDisc.

Sub Total (S\$)	1,854.45
- List Item Discount on L Items (S\$)	313.89
Total Parts (S\$)	1,540.56

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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	350 400.00
2	SPRAY PAINTING CHARGE	New	250 300.00
3	CHECK ALL LIGHTING	New	30 60.00
4	REMOVE/REFIX REVERSE SENSOR	New	30 80.00
Gross Labour Cost (S\$)			840.00

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< END OF ESTIMATES >

Thuan
82255969
2715/22 1430
AS PIP 20'ng Swp

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:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 28.05.2022
Time: 09:29:57
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305517482
REGN NO : SHB3111M
MILEAGE : 000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 24.07.2019
DATE/TIME IN : 26.05.2022 13:10
ACCIDENT DATE : 26.05.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	28-01-0104-2029-A	VEHICLE NUMBER PLATE REAR	1	55.00 0.00 55.00
0002	04-01-0104-2533-G	MOULDING ASSY-RR BUMPER C	1	461.25 20.00 369.00
0003	09-01-9999-0068-A	REVERSE SENSOR ASSY*	1	180.00 2.00- 180.00

SUB-TOTAL : 604.00

JOB NATURE

0000 L	REAR BUMPER CLIPS	17.60
0001 L	MERIMEN FEE	11.00
0002 PB	PANEL BEATING SHB3111M-TP	350.00
0003 SP	SPRAYPAINT CHARGE	250.00
0004 20-204	REMOVE/REFIX REVERSE SENSOR	30.00
0005 17-01	CHECK ALL LIGHTING	30.00

SUB-TOTAL : 688.60

COMFORTDELGRO ENGINEERING PTE LTD

Date: 28.05.2022

REPAIR ESTIMATE

Time: 09:29:57

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)
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MODEL : IONIQ(G2)
DATE OF REGN : 24.07.2019
DATE/TIME IN : 26.05.2022 13:1
ACCIDENT DATE : 26.05.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,292.60


MVA NAME & SIGNATURE

DATE :

28/5/22

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 4212171 JC NO 305517482

CUSTOMER

R/MS CITYCAB PTE LTD
 CUSTOMER NO. 7010070
 ADDRESS 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 TEL. (R) 65551188 (O)
 (P)

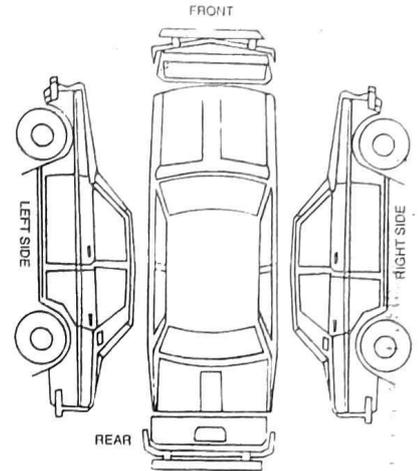
REGN NO.: SHB3111M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 26.05.2022 13:10
YR OF MANU. 24.07.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU164822	COMPLETION DATE/TIME:

DISCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 26.05.2022
 NATURE: 3P 26.05.2022

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHB3111M** **YY**

Vehicle No.: **SHB3111M**

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

BJ04225Q000M / JIC Knight Pte Ltd
ENTRY DATE & TIME: 26/05/2022 16:33 (SGT)
SUBMITTED BY: Kew
VERSION: 1 (26/05/2022 16:33 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report promptly the details of the accident to open up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be 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 to the members of the IIC Claims Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of the report will 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	26/05/2022 16:33 (SGT)
Date of Accident	26/05/2022 12:35 (SGT)
Exact Location of Accident	Tampines Ave 4, Singapore
Additional Location Information	TAMPINES AVE 4 / TAMPINES AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3111M
INSURANCE TYPE (E-VHIC/DIP)	
Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-96737568
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	AE IONIQ HEV 1.6 DCT
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	Third Party Fire Theft
Fleet Policy	Yes
Policy Number	VF X/P2419140
Cover Note Number	-

DRIVER

Name of Driver	LEE KWANG PHENG
NRIC No	SXXXX572G

Date Of Birth	26/06/1960
Occupation	Outdoor
Date Of Driving Pass	27/09/1983
Driving experience	38 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96737568
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 450A SENGKANG WEST WAY #16-327
Address complement	-
Postcode	791450
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	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)	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 26/05/2022 AT ABOUT 12:35HRS I STOP MY VEHICLE A (SHB3111M) AT THE SLIP ROAD ZEBRA CROSSING OF TAMPINES AVE 4 TOWARDS TAMPINES AVE 5. VEHICLE B (SMN8272B) THEN REAR ENDED MY STATIONARY VEHICLE A. NO ONE WAS INJURED. HANDPHONE 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	SMN8272B
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	(Phone) +65-84094878
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT
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.
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

Sketch Plan

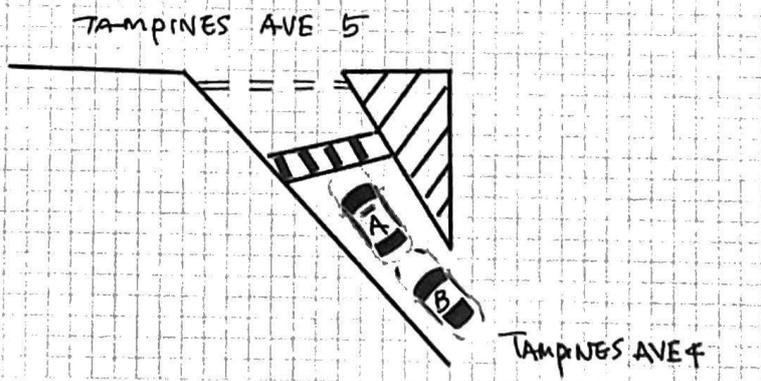
Driver's Signature (If driver is not the policyholder) / Date & Time

Phing
26.05.2022 1355HRS

Witnessed by Reporting Centre Personnel

Keyu Yong

A - SHB 3111M
B - SMN 8272B



Describe Circumstances of the Accident

ON 26.05.2022 AT ABOUT 1235HRS I STOP MY VEHICLE A SHB3111M AT THE SLIP ROAD ZEBRA CROSSING OF TAMPINES AVE 4 TOWARDS TAMPINES AVE 5. VEHICLE B SMN8272B THEN REAR ENDED MY STATIONARY VEHICLE A. NO ONE WAS INJURED. HANDPHONE 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

[Handwritten Signature]

26.05.2022

1400HRS

[Handwritten Signature]

[Handwritten Signature]