

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)

CTPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	17/04/2023
Vehicle Reg. No.:	SHD3005B	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D (A)	Vehicle Reg. Date:	09/06/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU660000	Chassis No:	KMHLB41UMGU091333
Odometer:	747092 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	5		
Remarks:	TEL: 62148355		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	4,706.48
Miscellaneous Items	11.00
Labour	1,340.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	6,057.48
+ GST 8.00% (S\$)	484.60
Nett Amount (S\$)	6,542.08

This claim is handled by: MS. LOKE YY

Generated using **Merimen e-Claims Internet Estimation & Adjusting System**

REPAIR DETAILS**Reference****Part Source:** MRM-SG **Version:** 1.0 (Last Synchronised: 17 Apr 2023)**Parts:** 143 HYUNDAI I40 1.7 D (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHD3005B/17/04/2023 15:29**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 COVER	20.00	0.00	fur *1,052.20 FL
2	1		*FRT BUMPER CLIPS	20.00	0.00	ufy *22.00 FL
3	1		*RADIATOR GRILLE	20.00	0.00	X *1,480.00 FL
4	1		*HEADLAMP LH	20.00	0.00	cut *1,388.00 FL
5	1		*FRT BUMPER TOP BRACKET LH	20.00	0.00	? *44.80 FL
6	1		*FRT BUMPER SIDE BRACKET LH	20.00	0.00	de *24.60 FL
7	1		*HEADLAMP SUPPORT PANEL ASSY	20.00	0.00	X *907.40 FL
8	1		*FRT BUMPER GRILLE LH	20.00	0.00	X *126.20 FL
9	1		*FRT FENDER LH	20.00	0.00	b/ *663.00 FL
10	1		*FRT FENDER SHIELD LH	20.00	0.00	? *174.90 FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$) **5,883.10**

- List Item Discount on L Items (\$\$) 1,176.62

Total Parts (\$\$) **4,706.48**

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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 CHL ALL LIGHTING

New

30

60.00

2 TUFF KOTE

New

30

80.00

3 PANEL BEATING

New

350

600.00

4 SPRAY PAINTING CHARGE

New

500

600.00

Gross Labour Cost (S\$)

1,340.00

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< END OF ESTIMATES >

Tanphin 97495747
 WP 18/4/23 0345
 c/s resurvey after repair
 tanphin C/Khantawon
 2 days

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: 17.04.2023 14:59

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 5893375

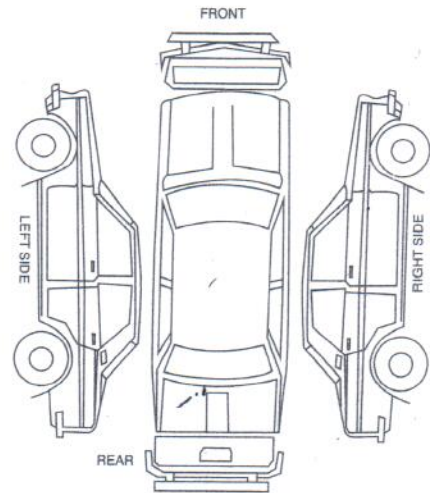
JC NO305551246

CUSTOMER		REGN NO.	MILEAGE
COMFORT TRANSPORTATION PTE LTD		SHD3005B	
MR/MS	7010045	MAKE	FUEL
CUSTOMER NO.	383 SIN MING DRIVE	HYUNDAI	E.....1/2.....
ADDRESS	Singapore SINGAPORE 575717	MODEL	DATE/TIME IN
65508755		I-40	17.04.2023 09:45
TEL (R)	(O)	YR OF MANU.	TARGET DATE
(P)		09.06.2016	
DISCOUNT CARD NO.		CHASSIS CODE	COMPLETION DATE/TIME:
		KMHLB41UMGU091333	

Accident Date: 17.04.2023
NATURE: 3P 17.04.2023

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

ne:

Vehicle No.:

No.:

SHD3005B

icle No.:

SHD3005B

YY

ne of Service Advisor

Signature/Date

Name of Service Advisor

Date

be returned to Service Reception upon collection

To be kept by Security Guard

Front left side Damaged



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>17/04/23</u>	Time Received: <u>09.47</u>	3. Vehicle Type:	4. Type of Towing:
2. ☐ New ☐ SPARK Kakis		☐ Private	☒ Normal Tow
Name of Customer : <u>MR PANG E-HIN</u>		☒ Taxi (CTPL/CCPL)	☐ King Dolly
Contact No. : <u>92973700</u>		☐ Fleet	☐ Flat Bed
Vehicle No. : <u>SHD 3005B</u>		☐ STK (Boon Lay)	☐ Crane-up
Make / Model / Colour : <u>Comfort 140</u>		5. Nature of Service:	6. Parts Replaced/Remarks:
		☐ Jumpstart	
		☒ Recovery	
		☐ Change Tyre / Battery	

7. Location: <u>Jurong east central-1</u>	8. Vehicle Tow - In Workshop:
9. Preferred Workshop:	☐ Smoky Exhaust ☐ Wheel Jammed
☐ Braddell ☒ Loyang ☐ Pandan	☐ Overheating ☐ Steering Faulty
☐ Sin Ming ☐ Sungei Kadut ☐ Ubi	☐ Brake Faulty ☐ Alternator Faulty
☐ Komoco (UBI / Leng Kee) ☐ Cycle & Carriage (PD)	☐ Starting Problem ☐ Loss Power
☐ Others: _____	☐ Accident ☐ Engine Stalled
	☐ Return Taxi

10. Odometer Reading : <u>747092</u>	11. Radio / CD Player
Fuel Level : <u>F 1/4 1/2 3/4 E</u>	☐ OK
	☐ Faulty
	☐ Not tested

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☐ QA ☐ GAO ☐ OTHERS	
Name of Driver : <u>PANG</u>	
Vehicle No. : <u>YM65B</u>	
Time Dispatch : <u>09.47</u>	
Time of Arrival : <u>09.10.10</u>	
Time Completed : <u>10.40</u>	# : Cracked X : Dented / : Scratched O : Missing Signature of Customer

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™.

<u>17/04/23</u> Date	<u>09.47</u> Time	<u>[Signature]</u> Signature of Customer
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14. WORKSHOP

Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard
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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 Actual 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	17/04/2023 17:32 (SGT)
Reported by	Actual Driver
Date of Accident	17/04/2023 09:45 (SGT)
Exact Location of Accident	Jurong East Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3005B
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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) +65-92973700
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	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2419138

DRIVER

Name of Driver	PANG ENG HIN
NRIC No	SXXXX419D
Date Of Birth	11/05/1961
Occupation	Outdoor

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MANDAL SABUZ
NRIC No	GXXXX479X
Contact Number	(Phone) +65-83988259
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT SIDE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	6

Describe Circumstances of the Accident

ON 17.04.2023 AT ABOUT 0945HRS I WAS DRIVING MY VEHICLE A SHD3005B ALONG JURONG EAST CENTRAL. MY VEHICLE A WAS FILTERING INTO THE 2ND LANE WHEN IT WAS CLEAR. VEHICLE B GBD2782T ON MY LEFT SIDE SWIPE HIS VEHICLE B RIGHT ONTO MY VEHICLE A LEFT FRONT.
NO ONE WAS INJURED.
SCENE PHOTOS AND PARTICULARS TAKEN.

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 17.04.2023. 1215HRS

**FLASH ACCIDENT
REPORTING OFFICER
KYMI**



Witnessed by Reporting Centre
Personnel