

COMFORTDELGRO ENGINEERING

Our Ref: 20517916Date: 20.02.18Time of Fax: HRCompaVia Fax: 62162701Your Insured: 88T 1A0SDate of Acc: 18.02.18ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199500040V

Workshops

Braddell
205 Braddell Road
Singapore 579701Loyang
59 Loyang Drive
Singapore 508969Sin Ming
383 Sin Ming Drive
Singapore 575717Pandan
45 Pandan Road
Singapore 609286Ubi
320 Ubi Road 3
Singapore 408649Senoko
24 Senoko Loop
Singapore 758156Sungei Kadut
7 Sungei Kadut Way
Singapore 728791Defu
6 Dafu Avenue 1
Singapore 539537

Attn: Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHC859NP

- The client has engaged us to repair the vehicle and submit claims against the other party/parties involved in the accident.
- In accordance to the motor claims framework, we hereby request your presence At 59 Loyang Drive, Singapore 508969 to survey our client's damaged vehicle.
- Enclosed, please find :
 - Our initial estimate of repairs of the damaged vehicle.
 - Accident report made by our client.
- I would appreciate it if you could call us to arrange for the survey of the vehicle

Lim Kwok Eng Tel no. 62148316 or Hp no. 98240811

Jumanl Bin Masudin Tel no. 62148315 or Hp no. 96355305

Lim Tien Siong Tel no. 62148398 or Hp no. 96358546

Chiang Liat Choon Tel no. 62148314 or Hp no. 92966006

Fauzy Bin Mokhtar Tel no: 62148319 or Hp no : 81259176

FAX
6546-8156

- If we do not hear from you within the next 48 hours, we shall deem it that you have waived your rights to survey our client's vehicle and we shall proceed to engage Independent surveyor without further reference to you. We henceforth reserve our rights to claim for loss of use and loss of rental during any delayed period of this survey arrangement.
- This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a Motor Surveyor appointed by the Insurance company.
- Thank you.

Yours faithfully

for Vice President
Crash Repairs & Claims Recovery

Lampal

Jumani

COMFORTDELGRO ENGINEERING PTE LTD**REPAIR ESTIMATE***

VEHICLE NO : SHC 8594P

DATE 20/2/2018 23:15

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 603.60
	Rear Bumper Reinforcement			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket			\$ 49.00
	Rear Bumper Clips			\$ 22.00
	Rear Bumper Sponge			\$ 143.40
	SUB TOTAL			\$ 1,682.35
	LESS 20%			\$ 336.47
	DISCOUNTED TOTAL			\$ 1,345.88
	 Rear Bumper Reverse Sensor			 \$ 135.70
				\$ 135.70
	Labour Charge			
	Panel Beating			\$ 380.00
	Spray Painting Charge			\$ 200.00
	Wiring Charge			\$ 50.00
	R/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 750.00
	ESTIMATE TOTAL			\$ 2,231.58

Nett

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

FRANCIS J. COMFORT DELCRO

Page : 1

JC NO. 305117916

MILEAGE

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

YR OF MANU 28.05.2015

TARGET DATE

CHASSIS CODE
RMELB41UMFU069300

COMPLETION DATE/TIME:

JOB DESCRIPTION

/NO	LABOR CODE	DESCRIPTION
1	100	100
2	200	200
3	300	300
4	400	400
5	500	500
6	600	600
7	700	700
8	800	800
9	900	900
10	1000	1000
11	1100	1100
12	1200	1200
13	1300	1300
14	1400	1400
15	1500	1500
16	1600	1600
17	1700	1700
18	1800	1800
19	1900	1900
20	2000	2000
21	2100	2100
22	2200	2200
23	2300	2300
24	2400	2400
25	2500	2500
26	2600	2600
27	2700	2700
28	2800	2800
29	2900	2900
30	3000	3000
31	3100	3100
32	3200	3200
33	3300	3300
34	3400	3400
35	3500	3500
36	3600	3600
37	3700	3700
38	3800	3800
39	3900	3900
40	4000	4000
41	4100	4100
42	4200	4200
43	4300	

LIKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

lodgement Slip

Exit Pass

No.: SHC8594P JU LONPAC

Vehicle No.: SHC8594P

Service Advisor

Signature/Date

Name of Service Advisor

Date _____

turned to Service Reception upon collection

To be kept by Security Guard

MCU
 ENT
 SUBMITTED BY: Huang XiaoYan

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 ability.
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 Report 19/02/2018 18:07
 Date Of Accident 18/02/2018 10:45
 Exact Location Of Accident STIRING ROAD JUNCTION OF STIRING RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8594P
 Insured/Policyholder
 Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
 Co Reg No 199303821R
 Email Address FLEETSAFETY@CDGTAXI.COM.SG
 Mobile Phone No
 Alternative Phone No OFFICE-65508768

Vehicle Particulars

Manufacturer HYUNDAI
 Model I40

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

Insurance Company

Name of Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy YES
 Policy Number MCOM0015

Cover Note Number

Driver

Name of Driver TAN CHOON HUAT
 NRIC No S1333697J
 Date Of Birth 11/04/1958
 Occupation OUTDOOR
 Date Of Driving Pass 17/08/1977
 Driving Experience 40 YEARS AND 6 MONTHS
 Gender MALE
 Mobile Number
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address BLK 868 YISHUN STREET 81 #04-93
 Postcode 760868
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - TAXI DRIVER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 Insurance Company of Driver's Own Vehicle -
 -

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 this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: -
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SBT160S
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name LONPAC INSURANCE BHD
 Nature Of Damage FRT
 No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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. 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 lodgment 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)

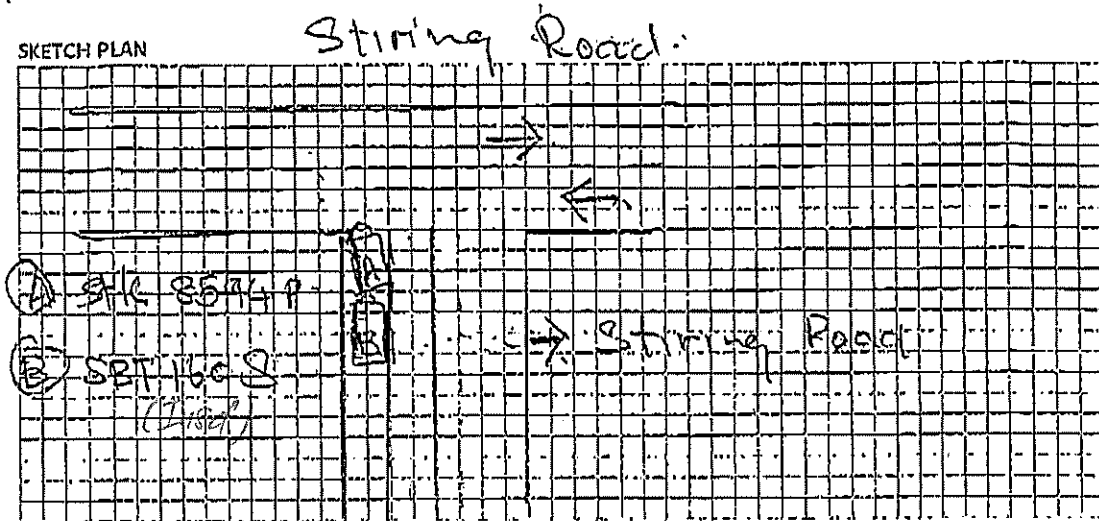
I understand, acknowledge, agree and consent that:

- (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R19/2/18
Jackson Heng
CROPolicyholder's Signature
Date & Time:Driver's Signature
(If driver is not the policyholder)
Date & Time:Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/2/2018 at about 1045 hrs, I Vehicle A was at the junction of Stirling Road. While I was at the junction. Waited to move. Vehicle B came for my back and hit onto my taxi rear portion. No one was injured at that time.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

19/2/18
Jackson Hare
CSO Jackson