COMFORTDELGRO ENGINEERING

Our Ref: 305122644

Date: 06.03.2018

Time of Fax : 1505 hg

 $A \times A$

Your Insured: PC4-8037Date of Acc: 05.03.2018

Via Fax: emが

ComfortDelGro Engineering Pte Ltd 205 Braddell Road Singapore 579701

> Mainline +65 6383 6280 Facsimilie +65 6280 9755

> > www.cdge.com.sg

Company Registration No: 199506048W

Workshop

Attn: Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO $\frac{\text{SHC } 2972}{\text{M}}$

Loyang 59 Loyang Drive Singapore 508969

- 1 The client has engaged us to repair the vehicle and submit claims against the other party/parties involved in the accident.
- 2 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.
- 3 Enclosed, please find:
 - I) Our initial estimate of repairs of the damaged vehicle.
- II) Accident report made by our client.
- 4 I would appreciate it if you could call us to arrange for the survey of the vehicle

Lim Kwok Eng. Tel no. 62148355 or Hp no. 98240811 Jumani 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

Larry Ng Tel: 6214 8316

- 5 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.
- 6 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.
- 7 Thank you.

Yours faithfully

/ . _ Larry Ng

for Vice President Crash Repairs & Claims Recovery











COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SHC 2972X

DATE 6/3/2018 13:02

MAKE

ODEL	: HYUNDAI SONATA				
Qty	Parts Description/ Labour	Type	Unit Price		Amount
	Front Fender (LH)			\$	593.00
	Front Fender Shield (LH)			\$	86.00
	Front Fender Signal Lamp (LH)			\$	45.40
	Front Door (LH)			\$	1,345.00
	Front Door Rubber			\$	110.40
	Front Door Glass (LH)			\$	363.70
	Front Door Gear / Regulator (LH)			\$	313.10
	Front Door Hinge Upper (LH)			\$	51.10
	Front Door Check (LH)			\$	105.50
	Front Door Inner Lock (LH)			\$	334.40
	Front Door Key Lock Set (LH)			\$	82.40
	Front Door Outer Handle (LH)	•		\$	37.00
	Front Door Outer Moulding (LH)			\$	61.00
	Front Door Mirror (LH)			\$	545.50
	Front Door Power Motor			\$	508.40
	Front Door Protector (LH)			\$	74.90
	Door Centre Pillar Outer (LH)			\$	1,711.70
	Rear Door (LH)			\$	1,711.70
	Rear Door Protector (LH)			\$	54.50
	Front Windscreen Glass			\$	1,015.00
	Front Windscreen Glass Front Windscreen Moulding			\$	60.00
	Front Windscreen Pillar Outer(LH)			\$	
	` '	İ		\$	1,766.20
	Front Wheel Hub Cap (LH)			1	145.00
	SUB TOTAL			\$	10,703.90
	LESS 20%			\$	2,140.78
	DISCOUNTED TOTAL			\$	8,563.12
	· 				
	Front Fender Advertisement Logo (LH)			\$	100.00
	Front Door Comfort Logo (LH)			\$	75.00
	Front Door Advertisement Logo (LH)			\$	100.00
	Rear Door Advertisement Logo (LH)			\$	100.00
	Rear Door Tel No. Sticker (LH)	,		\$	10.00
	Front Windscreen Sealant			\$	46.00
	Front ERP Sticker			\$	30.00
				\$	461.00

SHC 2972X

Qty	Parts Description/ Labour	Туре		Unit Price		C 2972X Amount
<u> </u>	Labour Charge	_ xype	<u> </u>	OHAL A TACE		- MINUALL
	Panel Beating				\$	1,800.00
					\$	
•	Spray Painting Charge					1,300.00
	Wiring Charge				\$	50.00
	Tuff Kote				\$	100.00
	Towing Charge				\$	50.00
	Transfer of Door		\$	120.00	\$	240.00
	FRT Wheel Alignment				\$	120.00
	Remove/Refix Dashboard				\$	450.00
	Remove/Refix Front Windscreen Glass				\$	120.00
	Remove/Refix Cushion & Upholstery Front				\$	90.00
	TOTAL LABOUR				\$	4,320.00
						<u> </u>
l	ESTIMATE TOTAL				\$	13,344.12
	·					
	}					
		<u> </u>	<u> </u>		<u> </u>	
	This is an initial estimate based on a visual inspection of the					
	be prepared after the vehicle is surveyed by a motor Survey	yor appoint	ed by	the insurance com	pany	<i>I</i> .

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 witholding 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.

Date Of Accident 05/03/2018 14:25 Exact Location Of Accident NANYANG CRESCENT TWDS PIE NEAR LIEN YING CHOW DR Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SHC2972X Insured/Policyholder Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD CO Reg No 199303821R Email Address FLEETSAFETY@CDGTAXLCOM.SG Mobile Phone No Alternative Phone No OFFICE-65508768 Wehicle Particulars Manufacturer HYUNDAI Model SONATA 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? If No, Please state action to be taken THIRD PARTY Vehicle Category TAXI Insurance Company Name of Insurance Company Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy YES Policy Number MCOM0015 Cover Note Number Driver Name of Driver YAK LAM SING (YI NANXING) NRIC No 37224386B Date Of Birth 09/07/1972 Occupation Outroor MALE MODEL TAXLE MALE MALE MALE MALE MALE MALE MALE MA		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number Insured/Policyholder Name Of Registered Owner Co Reg No Email Address FLEETSAFETY@CDGTAXI.COM.SG Mobile Phone No Alternative Phone No OFFICE-65508768 Wehicle Particulars Manufacturer HYUNDAI SONATA 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? If No, Please state action to be taken THIRD PARTY Vehicle Category TAXI Insurance Company Name of Driver Cover Note Number Driver NAK LAM SING (YI NANXING) NRIC No S7224386B Date Of Birth Ogor/1972 Occupation Dutumber Gender Mobile Number Fax Number	Date Of Report	06/03/2018 09:30
Details of Country/State of Loss Details of OWN VEHICLE Vehicle Registration Number Insured/Policyholder Name Of Registered Owner Co Reg No 199303821R Email Address FLEETSAFETY@CDGTAXI.COM.SG Mobile Phone No Alternative Phone No Vehicle Particulars Manufacturer Manufacturer Model Sonata 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? If No, Please state action to be taken THIRD PARTY Vehicle Category TAXI Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company Neme of Driver Third DARTY FIRE AND/OR THEFT Fleet Policy YES Policy Number Cover Note Number Driver NAK LAM SING (YI NANXING) NFIC No 57224386B Date Of Birth 09/07/1972 Occupation OUTDOOR Date Of Driving Pass 15/10/1992 Driving Experience Gender MALE	Date Of Accident	05/03/2018 14:25
Vehicle Registration Number Insurance Company Name of Insurance Company Name of Insurance Company Name of Orver age Policy Number Driver Name of Oriver Name of Driver Name	Exact Location Of Accident	NANYANG CRESCENT TWDS PIE NEAR LIEN YING CHOW DR
Vehicle Registration Number Insured/Policyholder Name of Registered Owner Co Reg No 199303821R FLEETSAFETY@CDGTAXI.COM.SG Mobile Phone No Alternative Phone No OFFICE-65508768 Vehicle Particulars Manufacturer Model 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? If No, Please state action to be taken Vehicle Category TAXI Insurance Company Name of insurance Company Name of insurance Company Fleet Policy Policy Number Cover Note Number Driver Name of Driver NAME AM SING (YI NANXING) NRIC No ST224386B Date Of Birth 09/07/1972 Occupation Duty Experience 25 YEARS AND 4 MONTHS Gender Mobile Number Fax Number	Country/State of Loss	SINGAPORE
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 SONATA 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? 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 THAID PARTY FIRE AND/OR THEFT Fleet Policy YES Policy Number MCOM0015 Cover Note Number Driver Name of Driver Name of Driver NATE NATE NATE NATE NATE NATE NATE NATE		DETAILS OF OWN VEHICLE
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Name of Driver YAK LAM SING (YI NANXING) NRIC No S7224386B Date Of Birth 09/07/1972 Occupation OUTDOOR Date Of Driving Pass 15/10/1992 Driving Experience 25 YEARS AND 4 MONTHS Gender MALE Mobile Number Fax Number	Cover Note Number	
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NRIC No S7224386B Date Of Birth 09/07/1972 Occupation OUTDOOR Date Of Driving Pass 15/10/1992 Driving Experience 25 YEARS AND 4 MONTHS Gender MALE Mobile Number Fax Number	Name of Driver	YAK LAM SING (YI NANXING)
Date Of Birth 09/07/1972 Occupation OUTDOOR Date Of Driving Pass 15/10/1992 Driving Experience 25 YEARS AND 4 MONTHS Gender MALE Mobile Number Fax Number	NRIC No	
Date Of Driving Pass 15/10/1992 Driving Experience 25 YEARS AND 4 MONTHS Gender MALE Mobile Number Fax Number	Date Of Birth	
Driving Experience 25 YEARS AND 4 MONTHS Gender MALE Mobile Number Fax Number	Occupation	OUTDOOR
Gender MALE Mobile Number Fax Number	Date Of Driving Pass	15/10/1992
Gender MALE Mobile Number Fax Number	Driving Experience	25 YEARS AND 4 MONTHS
Fax Number	Gender	MALE
	Mobile Number	
Contact Number	Fax Number	
	Contact Number	

NOEMAIL.

Address BLK 330 ANG MO KIO AVENUE 1 #05-1817

Postcode 560330

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - TAX! DRIVER

General Information of the Accident

Type Of Accident COLLISION - HEAD ON COLLISION

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

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

.

Passenger 1 NAME:

GENDER: : MALE

Passenger 2

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

NO

NAME:

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED / Type Of Accident: HEAD TO SIDE

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

IEG

Was there any audio recorded?

-NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PC4803T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver LECK LIANG THAI

NRIC/Passport Number S8340260A Contact Number 97716397

Address Postcode Insurance Company Name

Nature Of Damage
No. Of Passenger (Including Driver)

AXA INSURANCE PTE LTD FRT

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:
 - 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. 199303821R

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

With the State of Sta

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Sketch Plan Pg. 2

SKETCH PLAN			•
(B) THE 1802 TH			
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THE SOLD			
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			Lien Ving Chow
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT		1-1-1- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-

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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:

GIARMC SketchPlanForm_V3

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: