

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 205135862
Date : 27-03-18
Time of Fax: 17-10

Via Fax : EMAIL
Your Insured: XB 9693 X
Date of Acc : 27-3-18

Attn: Motor Claims Department

AXA

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

D 3411 L

Our client has engaged us to repair the above 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:

- i) Our initial estimate of repairs of the damaged vehicle;
- ii) 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: 6214 8316 or HP: 9824 0811	} Fax no. 6546 8156
◆ Jumani Bin Masudin	Tel: 6214 8315 or HP: 9635 5305	
◆ Lim Tien Siong	Tel: 6214 8398 or HP: 9635 8546	
◆ Chiang Liat Choon	Tel: 6214 8314 or HP: 9296 6006	
◆ Larry Ng Nyuk Phin	Tel: 6214 8315 or HP: 9230 2824	
◆ Fauzy Bin Mokhtar	Tel: 6214 8319 or HP: 8125 9176	

If we do not hear from you within the next 48 hours, we shall deem 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

Jumani

for Vice President
Crash Repairs & Claims Recovery

Job: AEC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO.305135862

OWNER	REGN NO. SHD3411L	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE HYUNDAI	FUEL
OMER NO 7010045	MODEL I-40	E.....1/2.....F
ADDRESS 383 SIN MING DRIVE	DATE/TIME IN 27.03.2018 13:15	
TESS Singapore SINGAPORE 575717	YR OF MANU 18.08.2016	TARGET DATE
(R) 65508755 (O)	CHASSIS CODE KMHLB41UMGU093312	COMPLETION DATE/TIME
(P)		
IDENT CARD NO.		

Accident Date: 27.03.2018
NATURE: 3P 27.03.18

NO LABOR CODE DESCRIPTION

WORKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Identification Slip	Exit Pass
No.: SHD3411L JU AXA	Vehicle No.: SHD3411L
Signature/Date	Date
Signature of Service Advisor	Name of Service Advisor
Signature of Service Advisor	To be kept by Security Guard

COM FORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*
VEHICLE NO : SHD 3411L
DATE 27/3/2018 16:51
MAKE :
MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Fender (RH)			\$ 2,020.10	
	Rear Fender Inner Lining (RH)			\$ 164.40	
	Rear Windscreen Moulding			\$ 60.00	
	SUB TOTAL			\$ 2,244.50	
	LESS 20%			\$ 448.90	
	DISCOUNTED TOTAL			\$ 1,795.60	
	Rear Bumper Advertisement Logo			\$ 50.00	Nett
	Rear Fender Advertisement Logo (RH)			\$ 100.00	Nett
	Rear Windscreen Sealant			\$ 46.00	Nett
	Rear Door Advertisement Logo (RH)			\$ 100.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (RH)			\$ 80.00	Nett
				\$ 376.00	
	Labour Charge				
	Panel Beating			\$ 500.00	
	Spray Painting Charge			\$ 500.00	
	Tuff Kote			\$ 50.00	
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00	
	Remove/Refix Rear Windscreen Glass			\$ 120.00	
	Remove/Refix Reverse Sensor			\$ 120.00	
	TOTAL LABOUR			\$ 1,440.00	
	ESTIMATE TOTAL			\$ 3,611.60	
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.					

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 as said.

ACCIDENT STATEMENT

Date Of Report	27/03/2018 14:59
Date Of Accident	27/03/2018 12:10
Exact Location Of Accident	COLEMAN ST TWDS FORT CANNING X OF VICTORIA ST.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3411L
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	CHONG TIONG KEE
NRIC No	S7119430B
Date Of Birth	07/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	11/07/1998
Driving Experience	19 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	ALANCTK@GMAIL.COM

Address 121A #12-440 RIVERVALE DRIVE
 Postcode 541121
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE
 Weather Conditions RAINING
 Road Surface WET

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) 2
 Passenger 1
 NAME: : -
 GENDER: : MALE

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

SEE ATTACH.

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

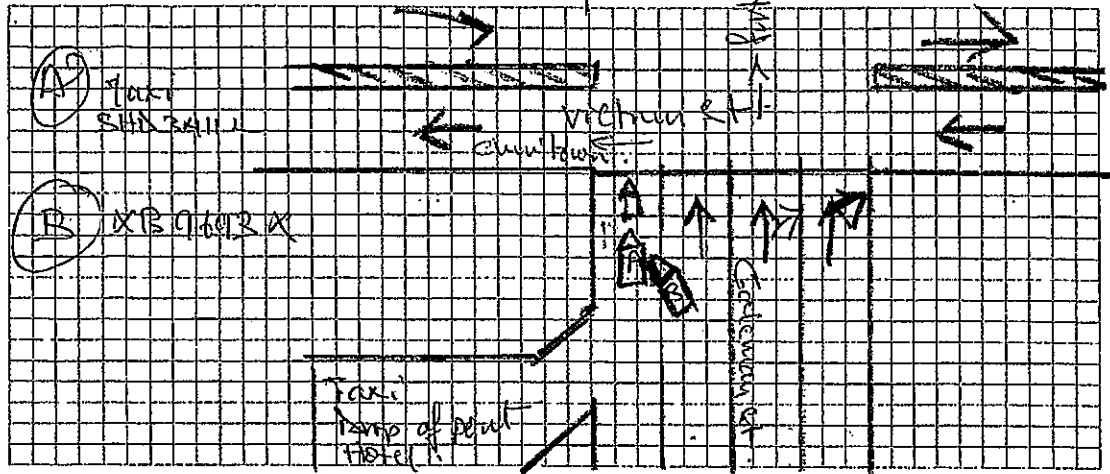
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XB9693X
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage NOT SURE

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24 March 2018 @ 12:10 hrs I veh A

Came out from Taxi drop of post tuds

Coleman St. I veh A was on 4 lane and

awaiting traffic light. the moment the light

change to green I veh A Iush move suddenly veh B

from 3rd lane follow to 4 lane and hit veh A

Right rear. at the point of accident I

veh A Larry Male passenger he was ok.

DECLARATION

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

OMFORT TRANSPORTATION PTE LTD

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

Sketch Plan Pg. 2

IMPORTANT NOTICE

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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
CC. 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.: