

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305161828 Via Fax : Email
Date : 18 05 18 (Fri) Your Insured: SLF 165J
Time of Fax: _____ Date of Acc : 18 05 18

Attn: Motor Claims Department

FWD

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

8382C

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

Lim Tien Siong

for Vice President
Crash Repairs & Claims Recovery

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

FWD

Date: 18.05.2018

Time: 14:23:54

Page: 1/3

Fri

TS

COMPANY: THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS: COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305161828
 REGN NO : SH 8382C
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 28.07.2016
 DATE/TIME IN : 18.05.2018 02:00
 ACCIDENT DATE : 18.05.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	REAR BUMPER	1	603.60	20.00	482.88
0002	04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	225.00	20.00	180.00
0003	04-01-0103-0739-G	REAR BUMPER SPONGE	1	143.40	20.00	114.72
0004	04-01-0103-0740-G	REAR BUMPER REINFORCMENT	1	504.30	20.00	403.44
0005	04-01-0103-0743-G	REAR BUMPER REIN-BRKT RH	1	180.00	20.00	144.00
0006	04-01-0103-0783-G	REAR BUMPER SIDE BRKT RH	1	49.00	20.00	39.20
0007	04-01-0103-0852-G	REAR BUMPER REFLECTOR RH	1	32.00	20.00	25.60
0008	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60
0009	04-01-0103-0585-A	TAILLAMP RH	1	565.60	20.00	452.48
0010	04-01-0103-0583-G	BOOTLID LAMP RH	1	556.80	20.00	445.44
0011	02-01-0103-0054-G	EXHAUST MUFFLER RH	1	954.00	20.00	763.20
0012	02-01-0103-0086-G	EXHAUST CENTRE PIPE	1	1,150.30	20.00	920.24
0013	09-01-9999-0068-A	REVERSE SENSOR	1	135.70	2.00	135.70

COMFORTDELGRO ENGINEERING PTE LTD

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13 Fri TS

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JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0014 04-01-0103-1150-A REAR BUMPER MAT	1		50.00	0.20	50.00

SUB-TOTAL : 4,174.50

JOB NATURE

0000 L	PANEL BEATING	560.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	600.00
0002 17-01	CHECK ALL LIGHTING	40.00
0003 20-00	TUFF COAT ON AFFECTED PARTS.	40.00
0004 L	R/I REVERSE SENSOR	120.00
0005 L	R/I EXHAUST SYSTEM	120.00
0006 23-01	TOWING FEE	60.00

SUB-TOTAL : 1,540.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

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MILEAGE : 0000000000
MAKE : HYUNDAI
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DATE OF REGN : 28.07.2016
DATE/TIME IN : 18.05.2018 02:00
ACCIDENT DATE : 18.05.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 5,714.50

Lamfs

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

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	18/05/2018 13:45
Date Of Accident	18/05/2018 00:05
Exact Location Of Accident	KRAMAT RD TWDS KOEK RD X JUNCTION CAVENAGH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8382C
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	TEO EE CHENG
NRIC No	S0429588I
Date Of Birth	25/01/1949
Occupation	OUTDOOR
Date Of Driving Pass	22/03/1977
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91786400
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 227A COMPASSVALE DRIVE #10-202
 Postcode 541227
 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 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) 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

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 SLF165J
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TAN MEI HUEN
 NRIC/Passport Number S6847684D
 Contact Number
 Address
 Postcode
 Insurance Company Name FWD SINGAPORE PTE. LTD.
 Nature Of Damage FRT

No. Of Passenger (Including Driver)

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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. 199303821R

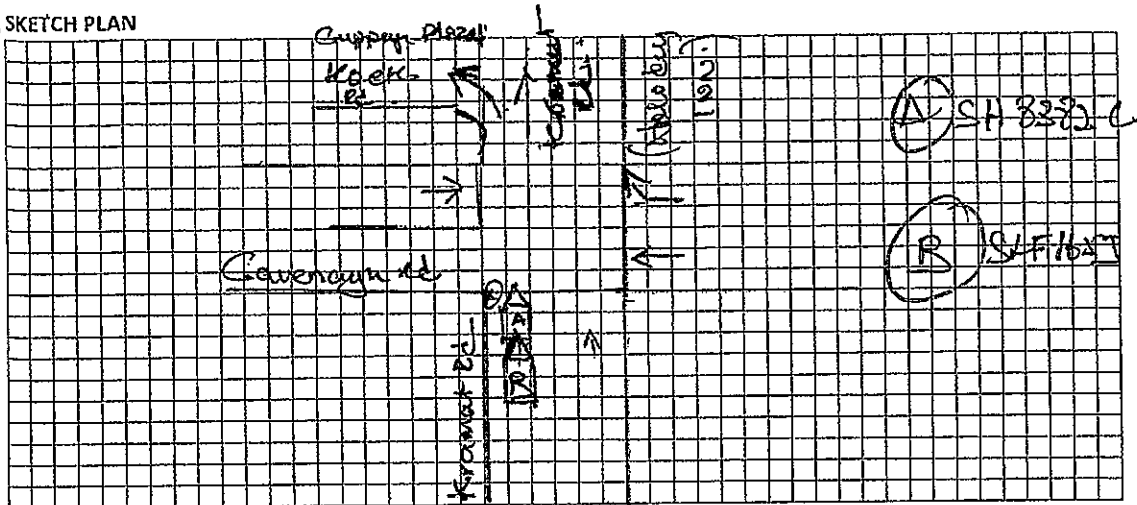
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 18 MAY 2018 @ 00.0X hr I VEH A -

was driving along Kramat Rd. towards Cock Rd

& of Cavenagh Rd. I was a was

driving very slowly at a green light suddenly

a motor cycle on my left came to veh & closely

I slowly slow down suddenly Veh B from

Rear hit veh A Rear at the point of

accident I veh A ferry a male passenger

he was ok.

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:

W. J. Maniam (SO)
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: