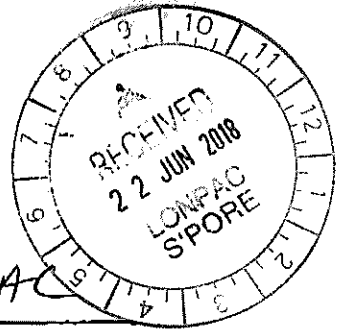


COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969



Our Ref: 305178303
Date: 22/6/18
Time of Fax: 1000h

Via Fax: 629 62706
Your Insured: SFA3311G
Date of Acc: 21/6/18

Attn: Motor Claims Department
Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH A 25064

- 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
• Larry Ng Nyuk Phin	Tel: 6214 8315 or HP: 9230 2824
• Lim Tien Siong	Tel: 6214 8398 or HP: 9635 8546
• Chiang Liat Choon	Tel: 6214 8314 or HP: 9296 6006
• Jumani Bin Masudin	Tel: 6214 8315 or HP: 9635 5305
• Fauzy Bin Mokhtar	Tel: 6214 8319 or HP: 8125 9176

Fax no. 6546 8156

PLS CALLED

Fauzy.

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

for Vice President
Crash Repairs & Claims Recovery

COMFORTDELGRO ENGINEERING PTE LTD**REPAIR ESTIMATE***

VEHICLE NO : SHA 2506U

DATE 21/6/2018 16:43

MAKE :

MODEL : HYUNDAI i40

LONPAC
*RIGHT WING MIRROR**T2*

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door Mirror (RH)			\$ 980.50
	SUB TOTAL			\$ 980.50
	LESS 20%			\$ 196.10
	DISCOUNTED TOTAL			\$ 784.40
	Labour Charge			
	Panel Beating			\$ 250.00
	Spray Painting Charge			\$ 150.00
	Wiring Charge			\$ 50.00
	TOTAL LABOUR			\$ 450.00
	ESTIMATE TOTAL			\$ 1,234.40
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.				

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 578701

Mainline - 65 6383 6280 Facsimile - 65 6280 9755

Workshops

69 Layang Drive Singapore 508909

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609288

320 Jln Rong Singapore 608797

24 Senoko Loop Singapore 758150

7 Sungai Kadut Way Singapore 728791

6 Delux Avenue 1 Singapore 539537

Date/Time: 21.06.2018 17:42

Page : 1

Name: AERC Repair TP(CLSO)1

JOB CARD Sales Order: 3833820

JC No 305178303

TOMER AS COMFORT TRANSPORTATION PTE LTD TOMER NO 7010045 RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)		REGN NO SHA2506U	MILEAGE
		MAKE HYUNDAI	FUEL E.....1/2.....F
		MODEL I-40	DATE/TIME IN 21.06.2018 14:40
		YR OF MANU 29.09.2016	TARGET DATE
OUNT CARD NO.		CHASSIS CODE KMLB41UMGU093610	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident. Date: 21.06.2018
ATURE: 3P 21.06.18/B

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

Exit Pass

No.: SHA2506U

FZ LONPAC

Vehicle No.:

SHA2506U

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

MCD 18080188 / ComfonDelGro Engineering Pte Ltd - Lohyang
 ENTRY DATE & TIME: 21/06/2018 18:21
 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	21/06/2018 16:21
Date Of Accident	21/06/2018 12:25
Exact Location Of Accident	MOUTH ELIZABETH LINK TWDS BIDEFORD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2506U
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH

Cover Note Number**Driver**

Name of Driver	WANG LOCK JIONG
NRIC No	S0255639A
Date Of Birth	26/06/1944
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2007
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96551561
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 363 HOUGANG AVENUE 5 #05-280
 Postcode 530363
 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 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

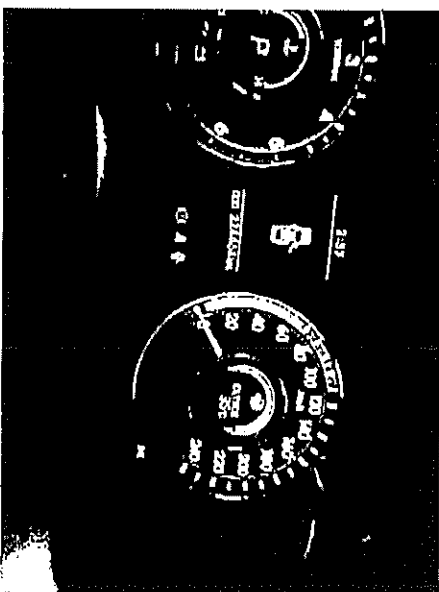
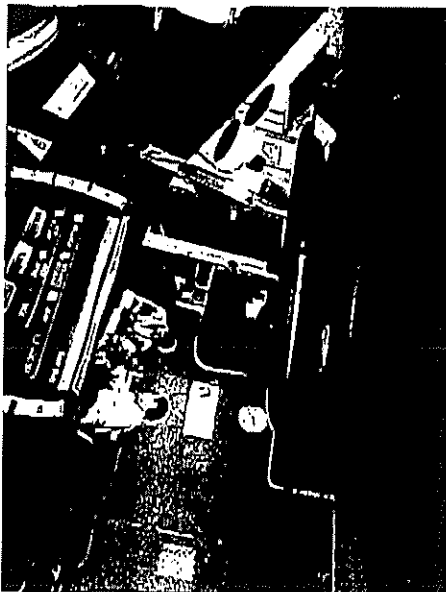
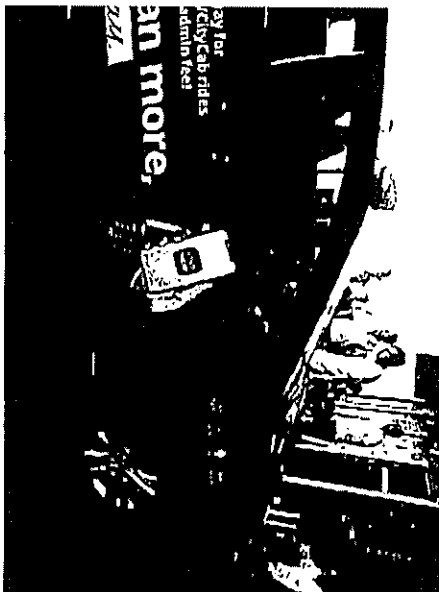
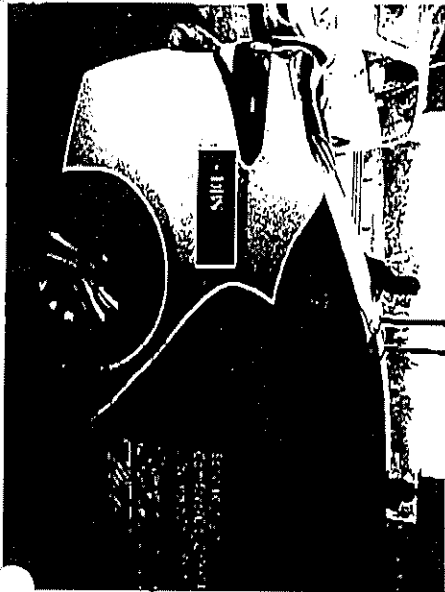
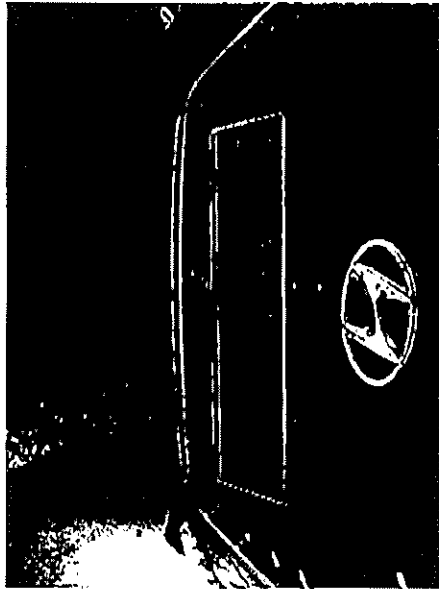
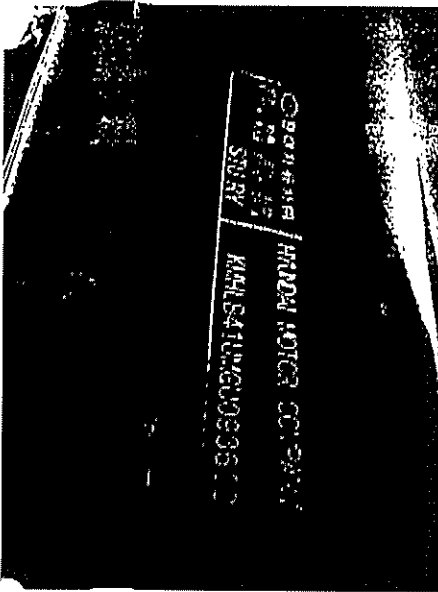
Attachment(s)

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 SFA3311G
 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 LEFT WING MIRROR

No. Of Passenger (Including Driver)



SFA3311G