# COMFORTDELGRO ENGINFERING

Our Ref: 305178645

Date: <u>22.06.2018</u>
Time of Fax: <u>1805</u>

Via Fax: email

ComfortDelGro Engineering Pte Ltd 205 Braddell Road Singapore 579701

Your Insured : SKK 98460

Date of Acc: 21.06.2018

www.cdge.com.sg

Company Registration No: 199506048W

Workshop

Attn.: Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO

SHA 70782

Loyang 59 Loyang Drive Singapore 508969 Fax no. 6546 8156

- 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:
  - l) 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

Tel no. 62148355 or Hp no. 98240811 Lim Kwok Eng. Jumani Bin Masudin Tel no. 62148315 or Hp no. 96355305 Tel no. 62148398 or Hp no. 96358546 Lim Tien Siong

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

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

Tel: 6214 8316 Larry Ng

- 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 No. 6.4

for Vice President Crash Repairs & Claims Recovery











# **COMFORTDELGRO ENGINEERING PTE LTD**

R EPAIR ESTIMATE\*

VEHILCE NO: SHA7078E
MAKE: HYUNDAI
MODEL: SONATA

Date : .2018

પ્રેty	Parts Description / Labour	Type	Unit Price		Amount
1	Front Bumper			\$	538.80
1	Front Bumper Top Bracket – LH			\$	22.40
1	Front Bumper Side Bracket – LH	İ		\$	14.30
1	Front Bumper Protector – LH			\$	29.20
10	Front Bumper clips		\$2.20	\$	22.00
1	Headlamp - LH			\$	797.90
1	Front Fender – LH	i		\$	593.00
1	Front Fender Shield – LH			\$	86.00
1	Front Fender Retainer – LF			\$	9.20
1	Headlamp Support Panel			\$	1,023.00
1	Front Wheel Cover – LH			\$	145.00
1	Front Suspension Lower Arm – LH			\$	685.20
1	Front Wheel Bearing & Hub – LH			\$	258.50
1	Front Absorber – LH			\$	203.70
1	Front Absorber Mounting – LH			\$	72.00
1	Steering Tie Rod End – LH			\$	66.50
1	Front Steel Rim – LH			\$	284.70
	SUB TOTAL			\$	4,851.40
	LESS 20%				970.28
	DISCOUNTED TOTAL			\$	3,881.12
1	Front Tyre – RH				207.00
1	Front Tyre – RH			\$	207.00
1				\$	
	Front Tyre – RH  Labour Charge Panel Beating			<b>\$</b>	
	Labour Charge				207.00
1	Labour Charge Panel Beating			\$	<b>207.00</b> 600.00
1 1	Labour Charge Panel Beating Spray Painting Charge			\$	<b>207.00</b> 600.00 500.00
1 1 1	Labour Charge Panel Beating Spray Painting Charge Wiring Charge			\$ \$ \$ \$	207.00 600.00 500.00 50.00 80.00 200.00
1 1 1	Labour Charge Panel Beating Spray Painting Charge Wiring Charge Tuff Kote			\$ \$ \$ \$	207.00 600.00 500.00 50.00 80.00
1 1 1 1	Labour Charge Panel Beating Spray Painting Charge Wiring Charge Tuff Kote Remove/refix Front Undercarriage			\$ \$ \$ \$	207.00 600.00 500.00 50.00 80.00 200.00
1 1 1 1 1	Labour Charge Panel Beating Spray Painting Charge Wiring Charge Tuff Kote Remove/refix Front Undercarriage Front Wheel Alignment			\$ \$ \$ \$ \$	207.00 600.00 500.00 80.00 200.00 120.00
1 1 1 1	Labour Charge Panel Beating Spray Painting Charge Wiring Charge Tuff Kote Remove/refix Front Undercarriage Front Wheel Alignment Remove/refix AC system and top up AC Gas			\$ \$ \$ \$ \$ \$	207.00 600.00 500.00 80.00 200.00 120.00

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.

MCD6 18080591 / ComfortDelGro Engineering Ple Ltd - Loyang ENTR 1 DATE & TIME: 22/06/2018 14:38 SUBM ITTED BY: Janet Lim Siang Gek

#### SINGAPORE ACCIDENT STATEMENT

# IMP ORTANT NOTICE

Contact Number EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. Th is 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 repulate policy ability.
- 4. Th e issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Arsy false reporting may be referred to the Police for investigation.
- 6. Th is report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archi ving 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

	ACCIDENT STATEMENT
Dat ← Of Report	22/06/2018 14:38
Date Of Accident	21/06/2018 18:30
Exa ct Location Of Accident	MARINA BLVD TWDS MCE X JUNCTION OF BAYFRONT.
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA7078E
ins ured/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	SONATA-2.0 (A)
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	LAW KENG TIONG
NRIC No	S1276928H
Date Of Birth	20/09/1957
Occupation : .	OUTDOOR
Date Of Driving Pass	31/10/1977
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98181308
Fax Number	

LAWKT928@YAHOO.COM

Add ress

**BLK 12 TELOK BLANGAH CRESCENT** 

#05-113

Postcode

090012

Was driver an employee of the Insured's Company NO

If NO, Relationship of the Driver with the Insured

OTHER - TAXI DRIVER

Vehs icle Registration Number of Driver's Own Veh icle

Insurance Company of Driver's Own Vehicle

Gerneral 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 2 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME:

> GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

NO

NO

YES

NO

2

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER 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:

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKK9846D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver LUO YING YING S8172454G NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

RH CENTRE

Page 2 of 20

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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

CO. REG. NO. 1993038218

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

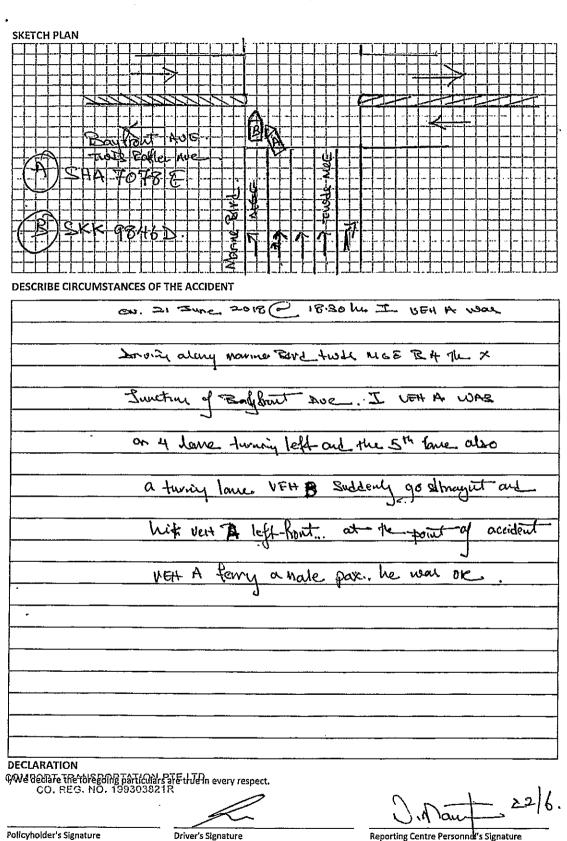
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMIC ShetchPlanForm\_VS

# Sketch Plan Pg. 2



Driver's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Personner's Signature

