

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305180596
Date : 27.6.18
Time of Fax: _____

Via Fax : EMAIL
Your Insured: SLT 57100
Date of Acc : 27.06.18

Attn: Motor Claims Department

AXIA

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

6787 Y

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 8355 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: | |
| • Larry Ng Nyuk Phin | Tel: 6214 8316 or HP: ! | |
| → 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

Order of COMFORTDELGRO

ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305180596

| | | |
|---|--------------------------------|-------------------------------|
| COMFORT TRANSPORTATION PTE LTD 7010045 NO 383 SIN MING DRIVE Singapore SINGAPORE 575717 655087 55 (O) | REGN NO. SH 6781Y | MILEAGE |
| | MAKE: HYUNDAI | FUEL E.....1/2.....F |
| | MODEL I-40 | DATE/TIME IN 27.06.2018 11:35 |
| | YR OF MANU. 12.11.2015 | TARGET DATE |
| | CHASSIS CODE KMHLB41UMGU080445 | COMPLETION DATE/TIME: |

WARD NO.

JOB DESCRIPTION

Ident Date: 27.06.2018
 RE: 3P 27.06.18/C

LABOR CODE

DESCRIPTION

PASSED OUT BY: _____

 SERVICE ADVISOR

 CUSTOMER'S SIGNATURE

 Service Advisor

 Signature/Date

Exit Pass

Vehicle No.: SH 6781Y

 Name of Service Advisor

 Date

To Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 6781Y

DATE 27/6/2018 15:12

MAKE :

MODEL : HYUNDAI i40

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|---|--------------------------------|------|------------|--------------------|
| | Front Bumper Cover | | | \$ 562.30 |
| | Front Bumper Bracket Top (RH) | | | \$ 22.40 |
| | Front Bumper Retainer Mounting | | | \$ 9.20 |
| | SUB TOTAL | | | \$ 593.90 |
| | LESS 20% | | | \$ 118.78 |
| | DISCOUNTED TOTAL | | | \$ 475.12 |
| | Labour Charge | | | |
| | Panel Beating | | | \$ 350.00 |
| | Spray Painting Charge | | | \$ 250.00 |
| | TOTAL LABOUR | | | \$ 600.00 |
| | ESTIMATE TOTAL | | | \$ 1,075.12 |
| <p>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.</p> | | | | |

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 aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|------------------|
| Date Of Report | 27/06/2018 14:15 |
| Date Of Accident | 27/06/2018 01:05 |
| Exact Location Of Accident | CLAYMORE DRIVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SH6781Y |
| 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 | HO SOO WANG |
| NRIC No | S7907124B |
| Date Of Birth | 05/03/1979 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 12/10/2000 |
| Driving Experience | 17 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96997327 |
| Fax Number | |
| Contact Number | |
| E Mail Address | TAXI_SINGAPORE@HOTMAIL.COM |

Address BLK 603B PUNGGOL ROAD
 #14-716
 Postcode 822603
 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 -
 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 2
 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) 3
 Passenger 1
 NAME: : -
 GENDER: : MALE
 Passenger 2
 NAME: : -
 GENDER: : FEMALE

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

REFER 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 SLT5710D
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver UNKNOWN
 NRIC/Passport Number
 Contact Number
 Address

Postcode

Insurance Company Name

Nature Of Damage

LH FRONT

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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

27/6/18
Jackson HONG
CSO

Policyholder's Signature
Date & Time:

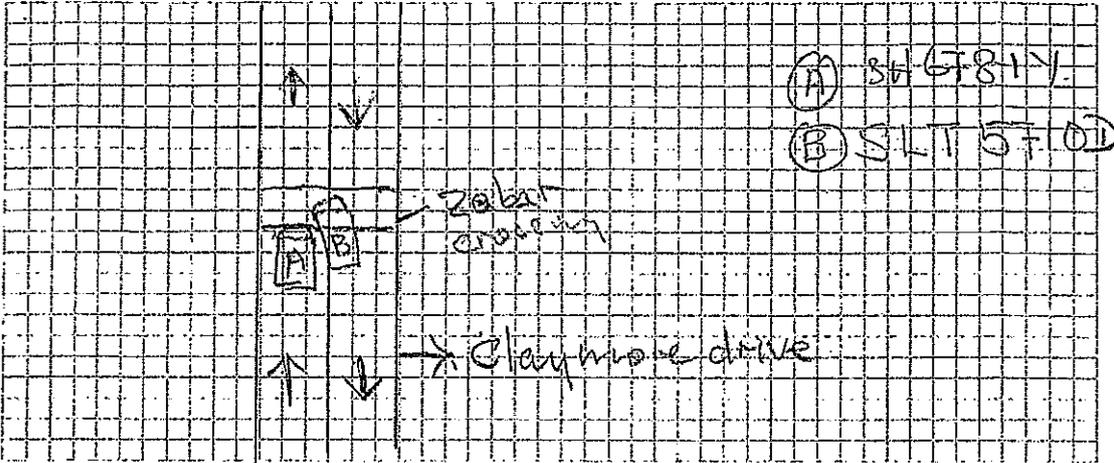


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/6/2018 at about 01:05 hrs, I vehicle A was stopping at Zoban crossing at claymore drive to let pedestrian crossing, wanted it clear I start to move vehicle A, suddenly vehicle B came from my right and brush against vehicle A right front portion. no one was injured at that time.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303621R

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

27/6/18
Jackson Hong Jackson
C30