

COMFORTDELGRO ENGINEERING

Our Ref : 305184833

Date : 09.07.2018

Time of Fax : 1515h

AXA

Via Fax : encl

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Your Insured : SHB9833Z (Ternick) www.cdge.com.sg

Date of Acc : 06.07.2018 Company Registration No: 199506048W
Workshop

Attn : Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHA 3632G

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 :
 - I) 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

Lim Kwok Eng, Tel no. 62148355 or Hp no. 98240811
Jumani Bin Masudin Tel no. 62148315 or Hp no. 96355305
Lim Tien Siong Tel no. 62148398 or Hp no. 96358546
Chiang Liat Choon Tel no. 62148314 or Hp no. 92966006
Fauzy Bin Mokhtar Tel no: 62148319 or Hp no : 81259176
→ Larry Ng Tel: 6214 8316

- 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

L. Ng Larry Ng

for Vice President
Crash Repairs & Claims Recovery

A member of

COMFORTDELGRO



REPAIR ESTIMATE*

VEHICLE NO : SHA3632G

DATE 9. Jul. 2018

MAKE : HYUNDAI

MODEL : i40

DOA: 6. Jul. 2018

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Bumper Cover			\$562.30
10	Front Bumper Clips		\$2.20	\$22.00
1	Front Bumper Bracket Top (LH)			\$22.40
1	Front Bumper Side Bracket (LH)			\$24.60
1	Radiator Grille			\$417.10
1	Headlamp Support Panel			\$1,067.50
SUB TOTAL				\$2,115.90
LESS 20%				\$423.18
DISCOUNTED TOTAL				\$1,692.72
1	Front Licence Plate			\$25.00
				\$25.00
Labour Charge				
1	Panel Beating			\$300.00
1	Spray Painting Charge			\$300.00
1	Wiring Charge			\$50.00
TOTAL LABOUR				\$650.00
ESTIMATE TOTAL				\$2,367.72
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.				

REPAIR ESTIMATE*

VEHICLE NO : SHA3632G

DATE **9. Jul. 2018**

MAKE : HYUNDAI

MODEL : i40

DOA: 6. Jul. 2018

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper			\$603.60
10	Rear Bumper Clips		\$2.20	\$22.00
1	Rear Bumper Sponge			\$143.40
1	Rear Bumper Reinforcement			\$225.00
				\$504.40
	SUB TOTAL			\$1,498.40
	LESS 20%			\$299.68
	DISCOUNTED TOTAL			\$1,198.72
1	Advertisement – Rear Bumper			\$50.00
2	Advertisement – Rear Fenders – RH / LH		\$100.00	\$200.00
				\$250.00
	Labour Charge			
1	Panel Beating			\$250.00
1	Spray Painting Charge			\$250.00
	TOTAL LABOUR			\$500.00
	ESTIMATE TOTAL			\$1,948.72
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	07/07/2018 10:40
Date Of Accident	06/07/2018 19:55
Exact Location Of Accident	MARINA BOULEVARD TWDS ECP.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3632G
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	LOH KIAM SIONG JERALD
NRIC No	S8308265H
Date Of Birth	25/02/1983
Occupation	OUTDOOR
Date Of Driving Pass	29/07/2004
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97976771
Fax Number	
Contact Number	
Email Address	GENXDOT10@HOTMAIL.COM

Address 207 12-186 SERANGOON CENTRAL
 Postcode 550207
 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 CHAIN COLLISION
 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) 3

Passenger 1
 NAME: : -
 GENDER: : MALE
 Passenger 2
 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 SHB9833Z
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver AHAMAD BIN MO'IN
 NRIC/Passport Number S0065406Z
 Contact Number 93481912
 Address
 Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SBT7077D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

JANICE LUM WAI HAN

NRI C/Passport Number

S7714923F

Contact Number

94317077

Address

Postcode

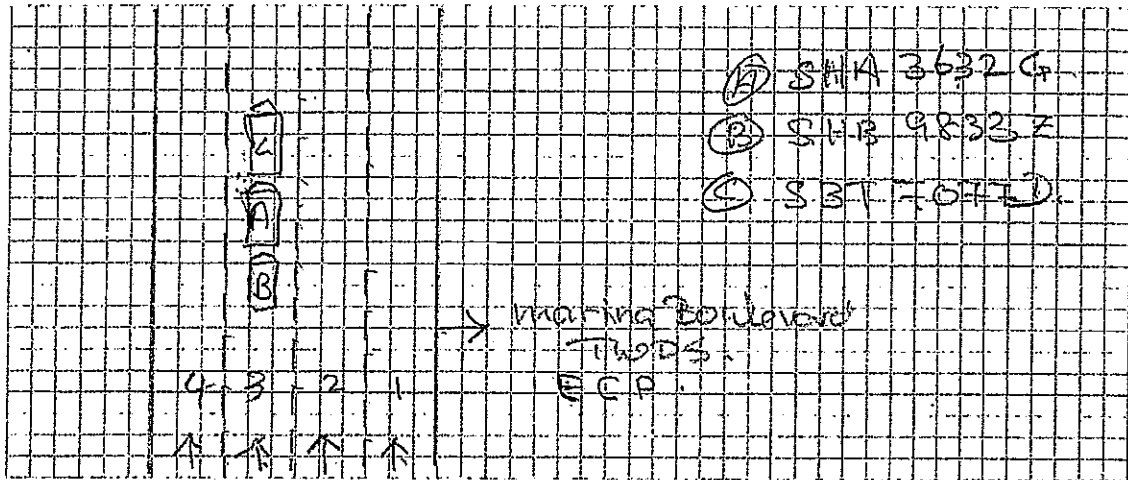
Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/7/2018 at about 1955 hrs, I vehicle A was travelling along marina boulevard toward ECR on the third lane of 4 lane. As a vehicle C was stop at his lane. I vehicle A also stop behind vehicle C. Suddenly vehicle B came from back and hit vehicle A force to push forward to hit vehicle C rear position. NO one was injured at that time.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

GO. REG. NO. 199203921R

Policyholder's Signature

Date & Time:

GIA/IRAC Sketch Form_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

7/7/18
Jackson Hong
CSO

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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
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.:

7/7/18
Jackson Hong
CSO