

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref : 205796429.  
Date : 06.08.18  
Time of Fax: \_\_\_\_\_

Via Fax : email.  
Your Insured: SDH 6887D  
Date of Acc : 06.08.18

Attn: Motor Claims Department

AXA

Dear Sirs

**SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH**

07185H

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	} jumanibm@cdge.com.sg Fax no. 6546 8156
♦ <del>Jumani Bin Masudin</del>	<del>Tel: 6214 8315 or HP: 9635 5305</del>	
♦ 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.

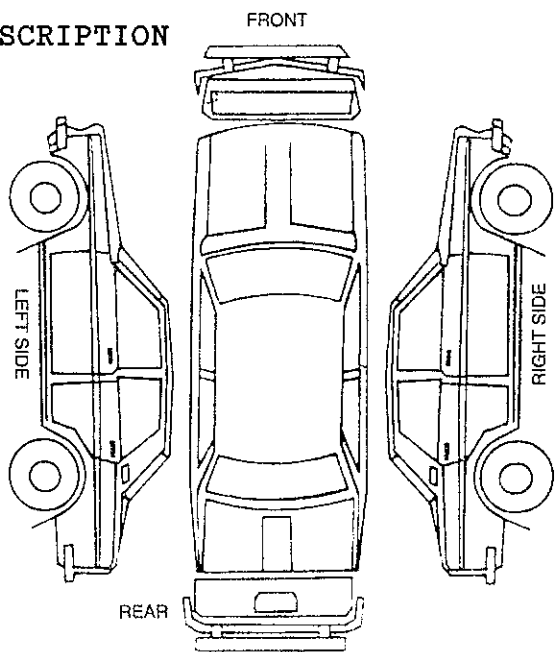
Yours faithfully

for Vice President  
Crash Repairs & Claims Recovery

Team:	ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.: 305196439
OMER	IS COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045 RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65 508755 (O) (P)	REGN NO.: SHD7135H MAKE : HYUNDAI MODEL I-40 YR OF MANU. 10.11.2016 CHASSIS CODE RMHLB41UMHU096289	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 06.08.2018 09:45 TARGET DATE COMPLETION DATE/TIME:	
JUNT CARD NO.				

Accident Date: 06.08.2018  
NATURE: 3P 06.08.18

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:		CUSTOMER'S SIGNATURE	
SERVICE ADVISOR			
Acknowledgement Slip		Exit Pass	
No.: SHD7135H	JU AXA	Vehicle No.: SHD7135H	
Signature/Date		Name of Service Advisor	Date
Returned to Service Reception upon collection		To be kept by Security Guard	

## REPAIR ESTIMATE\*

DATE 6/8/2018 15:56

MAKE :

**MODEL : HYUNDAI i40**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 603.60
	Rear Bumper Reinforcement			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket			\$ 49.00
	Rear Bumper Clips			\$ 22.00
	Rear Bumper Sponge			\$ 143.40
	Rear Bumper Under Cover			\$ 225.00
	<b>SUB TOTAL</b>			<b>\$ 1,907.35</b>
	<b>LESS 20%</b>			<b>\$ 381.47</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,525.88</b>
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Rubber Mat			\$ 50.00
				<b>\$ 185.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 250.00
	Wiring Charge			\$ 50.00
	R/Refix Reverse Sensor			\$ 120.00
	<b>TOTAL LABOUR</b>			<b>\$ 770.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,481.58</b>

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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 aforesaid.

### ACCIDENT STATEMENT

Date Of Report	06/08/2018 12:09
Date Of Accident	06/08/2018 06:10
Exact Location Of Accident	WOODLAND DRIVE 71.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7135H
<b>Insured/Policyholder</b>	
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	TAY WOON BENG
NRIC No	S11506111
Date Of Birth	11/09/1956
Occupation	OUTDOOR
Date Of Driving Pass	04/10/1973
Driving Experience	44 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96175231
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	764B 08-200 WOODLANDS CIRCLE
Postcode	732764
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)	1

#### 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)

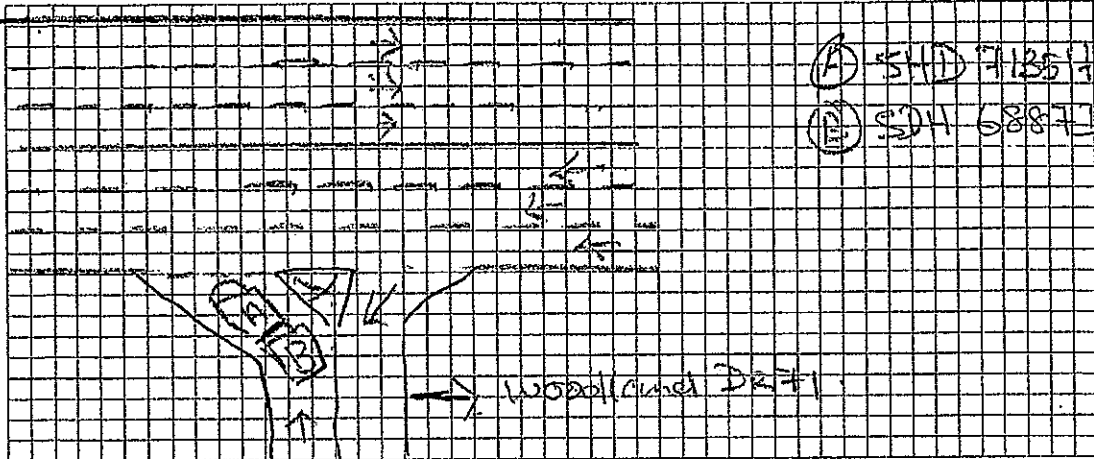
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDH6887D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98384468
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/8/2018 at about 0610hrs, I vehicle A was  
 stop out slip road give way to my right side.  
 while stopping vehicle B bang onto vehicle A  
 near causing the damaged.

## 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)

6/8/18  
 Jackson Heng  
 CEO

Reporting Centre Personnel's Signature  
 Name:

**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 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:

6/8/18  
Jackson Hong  
CAO

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: