COMFORTDELGRO ENGINEERING

Our Ref: 305204651

Date: 27.08.2018

Time of Fax: (45)

AXA

Via Fax :

ComfortDelGro Engineering Pte Ltd 205 Braddell Road Singapore 579701

Your Insured: PC 2425P

www.cdge.com.sg

Date of Acc: 25.08.20 V8

Company Registration No: 199506048W

Workshop

Attn: Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHO 6763 B

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

Larry Ng

for Vice President Crash Repairs & Claims Recovery











COM FORTDELGRO ENGINEERING PTE LTD

REPA_IR ESTIMATE*

VEHIC ■ LE NO

: SHD6763B

: MERCEDES

DATE:

27. Aug. 2018

MAKE

: E220 (E6) MODEL

25. Aug. 2018 DOA:

AXA

Qty	Parts Description/ Labour	Туре	Unit Price	Amount
	1 Side Mirror Housing with Signal Lamp — RH			\$414.0
	1 Side Mirror Motor — RH			\$860.0
	1 Side Mirror Glass – RH			\$230.0
	1Side Mirror Cover – RH			\$70.
				'' ''
	SUB TOTAL			\$1,574.
	LESS 20%			\$314.
	DISCOUNTED TOTAL			\$1,259.
	DISCOUNTED TOTAL			71,233.
				<u>.</u>
	Lahour Charge			
	Labour Charge			¢100
	Panel Beating		į	\$100.
	Spray Painting Charge			\$100.
	Wiring Charge			\$50.
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				40=0
	TOTAL LABOUR			\$250.0
				44
	ESTIMATE TOTAL			\$1,50 <u>9.</u> 2
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be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

MCD6 18110345 / ComfortDelGro Engineering Pte Ltd - Loyang ENTR ADATE & TIME: 27/08/2018 09:22 SUBM TTED BY: Janet Lim Slang Gek

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. Thes 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 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. An y 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 afore said.

	ACCIDENT STATEMENT
Date Of Report	27/08/2018 09:22
Date Of Accident	25/08/2018 12:25
Exa ct Location Of Accident	BALESTIER ROAD TWDS THOMSON
Cou ntry/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Veh icle Registration Number	SHD6763B
Instured/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	MERCEDES-BENZ
Model	E220
Exact Purpose for which vehicle was being used a time of accident	t
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
25. 15 \$1 L	
Policy Number	MCOM0015
Cover Note Number	MCOM0015
Cover Note Number	
Cover Note Number	
Cover Note Number Driver	
Cover Note Number Driver Name of Driver	LIM KHOON LIANG
Cover Note Number Driver Name of Driver NRIC No	LIM KHOON LIANG S1257896B
Cover Note Number Driver Name of Driver NRIC No Date Of Birth	LIM KHOON LIANG \$1257896B 22/10/1957
Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation	LIM KHOON LIANG S1257896B 22/10/1957 OUTDOOR
Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass	LIM KHOON LIANG \$1257896B 22/10/1957 OUTDOOR 08/09/1982
Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience	LIM KHOON LIANG S1257896B 22/10/1957 OUTDOOR 08/09/1982 35 YEARS AND 11 MONTHS
Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender	LIM KHOON LIANG \$1257896B 22/10/1957 OUTDOOR 08/09/1982 35 YEARS AND 11 MONTHS MALE

NOEMAIL

BLK 1E CANTONMENT ROAD Ad ress #10-59 Postcode 085501 Was driver an employee of the Insured's Company NO If N o, Relationship of the Driver with the Insured OTHER - TAXI DRIVER Vernicle Registration Number of Driver's Own Ve|micle Insurance Company of Driver's Own Vehicle Ge meral information of the Accident Type Of Accident SIDE SWIPE We ather Conditions **CLEAR** Road Surface DRY Offer 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 NO am bulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soli citing/offering accident claims assistance. 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** REFER ATTACHED Attachment(s) Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? Remarks/ Reasons: Was there any audio recorded? NO **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number PC2425P Vehicle Make/Model/Colour **Details Of Properties** Vehicle Category BUS Name of Driver TAY KHAY HOCK NRIC/Passport Number S6820877G Contact Number Address

NO DAMAGED

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 16

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 and 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.
- 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

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.:

GIARMC SketchPlanForm_V3

general Serie arus Pota ;

Sketch Plan Pg. 2

SKETCH PLAN		
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ECLARATION We declare the foregoing po	articulars are true in every respect.	
We declare the foregoing pa	articulars are true in every respect.	
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We declare the foregoing pa WFORT TRANSPORTA CO. REG. NO. 1993	articulars are true in every respect. TION PTE LTD	Loke Wei Yiens
We declare the foregoing party WFORT TRANSPORTA	articulars are true in every respect.	

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