COMFORTDELGRO ENGINEERING

Our Ref :	305	21.	4295
Date :	18/	91	18

Time of Fax:

Attn: Motor Claims Dept.

Dear Sirs

· villax: Eman

Your Insured : SLU1148

ComfortDelGro Engineering Pte Ltd 205 Braddell Road Singapore 579701

Mainline +65 6383 6280 Facsimilie +65 6280 9755

www.cdae.com.sa

Company Registration No: 199506048W

Workshop

59 Lovang Drive

Lovang

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO

1 The client has engaged us to repair the vehicle and submit claims against the other party/parties involved in the accident.

Date of Acc:

- 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:
- - 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

Larry Ng -

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

for Vice President

Crash Repairs & Claims Recovery









COMFORTDELGRO ENGINEERING PTE LTD REPAIR ESTIMATE*

VEHICLE NO: SHD 3024X

DATE 18/9/2018 10:09

MAKE

aNVU

MODEL : HYUNDAI i40 Qty Parts Description/ Labour Type Unit Price Amount Rear Bumper \$ 553.00 Rear Bumper Clip 10 pcs \$ 22.00 Rear Fender (LH) \$ 2,171,40 Rear Fender Inner Lining (LH) \$ 169.30 Rear Windscreen Moulding \$ 28.30 Rear Door (LH) \$ 2,201.10 Rear Door Gear/Regulator (LH) \$ 242.80 Rear Door Hinge Upper (LH) \$ 45.90 Rear Door Hinge Lower (LH) \$ 45.90 Rear Door Check (LH) \$ 62.90 Front Door (LH) \$ 2,256.40 Front Door Gear / Regulator (LH) \$ 250.60 Front Door Outer Moulding (LH) \$ 47.10 Front Door Power Motor, LH \$ 172.70 Door Centre Pillar Outer (LH) \$ 2,527.80 Rocker Panel Outer Garnish (LH) \$ 341.40 Rear Wheel Hup-Cap (LH) \$ 107.10 \$ 11,245.70 SUB TOTAL **LESS 20%** 2,249.14 DISCOUNTED TOTAL 8,996.56 Rear Bumper Rubber Mat \$ 50.00 Nett Rear Windscreen Sealant \$ 46.00 Nett Rear Door Comfortdelgro & Apps Sticker (LH) 80.00 Nett Front Door Coloured Comfort Logo (LH) 75.00 | Nett 251.00 Labour Charge Panel Beating 1,800.00 Spray Painting Charge \$ 1,500.00 Wiring Charge \$ 50.00 Tuff Kote \$ 100.00 **Towing Charge** \$ 50.00 Remove/Refix Cushion & Upholstery Rear \$ 150.00 Remove/Refix Rear Windscreen Glass \$ 120.00 Remove/Refix Fuel Tank \$ 150.00 Transfer of Door \$ 120.00 \$ 240.00 Rear Wheel Alignment \$ 120.00 4,280.00 TOTAL LABOUR ESTIMATE TOTAL \$ 13,527.56

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 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. 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.

By the lodgement of this report to the insurers, you hereby co aforesaid.	nsent to the archiving of this report at the centre and to copies of the report being made available		
	ACCIDENT STATEMENT		
Date Of Report	17/09/2018 16:02		
Date Of Accident	17/09/2018 13:50		
Exact Location Of Accident	GUILLEMARD RD > GEYLANG LOR 8		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SHD3024X		
Insured/Policyholder			
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD		
Co Reg No	199303821R		
Email Address	FLEETSAFETY@CDGTAXI.COM.SG		
Mobile Phone No			

OFFICE-65508768

Alternative Phone No **Vehicle Particulars**

HYUNDAI Manufacturer 140 Model

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy

NO for repair to your vehicle? THIRD PARTY If No, Please state action to be taken

Vehicle Category TAXI

Insurance Company

INDIA INTERNATIONAL INSURANCE PTE LTD Name of Insurance Company

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy YES

Policy Number MCOM0015

Cover Note Number

Driver

MOHAMED RAFFID BIN ABDUL LATIF Name of Driver

NRIC No S1267341H Date Of Birth 31/12/1957 **OUTDOOR** Occupation **Date Of Driving Pass** 16/08/1977

Driving Experience 41 YEARS AND 1 MONTH

Gender MALE

(LOCAL) +65-98191014 Mobile Number

Fax Number

Contact Number

TIRAFFID@GMAIL.COM **EMail Address**

Address

BLK 847 TAMPINES STREET 83

#08-176

Postcode

520847

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

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?

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)

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 * 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:

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SLU1148Z

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

KOK YEONG SAN

NRIC/Passport Number

S1256754E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT RH

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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.
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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:

- 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)
 - (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")
- 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
- 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.
- 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: 17.09.2018 @ 15:00 Hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

Refer to the attachment Refer to the attachme	SKETÇH PLAN		
Refer to the attachment Along Guillemard Rd Twds Lor 8 Geylang. DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On 17.09,2018 at about 13:50 Hrs, I was travelling along Guillemard Rd towards Lor 8 Geylang with one male passenger on board. I was travelling on the extreme right lane. As I reached the junction with Sims Way I made a U-turn (where U-turn is permitted) after the green arrow prompts out. Suddenly veh (B) (SLU 1148Z) which was coming out from the slip road from Sims Way dashed out from my left and hit my taxi (A) left centre portion. As it took place so fast, I could not take evasive action to prevent the collision. Both of us then alighted and exchanged the particulars. I have company video fixed in my taxi and photos taken at scene to support my claims. Veh (B) (SLU 1148Z) was driven by Mr. Kok Yeong San. NRIC; S 1256754E. No injury in this accident. DECLARATION Vive declare the foregoing particulars are true in every respect. SR Moority CSO Reporting Centre Personnel's Signature Bane: (If driver is not the policyholder)	المحملات المحمل الم المحمل المحمل المحم	and the second control of the second of the	a contra mention of the contract of the contra
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CSO CO. REG. NO. 199303821R Policyholder's Signature Date & Time: (If driver is not the policyholder) CSO Reporting Centre Personnel's Signature Name:			SR Mooring
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	Date & Time:	(If driver is not the policyholder) Date & Time: 17.09.2018 @ 15:00 Hrs	Name:

Section 1985 Annual Contraction

