

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

AXA INS

Our Ref: 305215428
Date: 200918
Time of Fax: _____

Via Fax: Email
Your Insured: SKW 8226L
Date of Acc: 190918

Attn: Motor Claims Department
Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH A 1020K

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 |
| • Larry Ng Nyuk Phin | Tel: 6214 8315 or HP: 9230 2824 |
| • Lim Tien Siong | Tel: 6214 8398 or HP: 9635 8546 |
| • Chiang Liat Choon | Tel: 6214 8314 or HP: _____ |
| • Jumani Bin Masudin | Tel: 6214 8315 or HP: 9635 5305 |
| • Fauzy Bin Mokhtar | Tel: 6214 8319 or HP: 8125 9176 |

Fax no. 6546 8156

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

Chiang Liat Choon

for Vice President
Crash Repairs & Claims Recovery

COMFORTDELGRO ENGINEERING PTE LTD**REPAIR ESTIMATE***

VEHICLE NO : SHA 1020K

DATE 20/9/2018 16:16

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Fender (LH)			\$ 566.30	
	Front Fender Shield (LH)			\$ 175.90	
	Front Fender Retainer			\$ 24.60	
	Front Wheel Rim (RH)			\$ 325.30	
	Front Wheel Hub Cap (RH)			\$ 107.10	
	Front Wheel Bearing			\$ 150.90	
	Front Shock Absorber (Assy) (RH)			\$ 342.20	
	Front Shock Absorber Mounting (RH)			\$ 108.80	
	Front Drive Shaft (RH)			\$ 1,030.80	
	Front Suspension Lower Arm (RH)			\$ 529.30	
	Knuckle Arm (RH)			\$ 552.00	
	SUB TOTAL			\$ 3,913.20	
	LESS 20%			\$ 782.64	
	DISCOUNTED TOTAL			\$ 3,130.56	
	Front Door Comfort Logo (LH)			\$ 75.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (LH)			\$ 80.00	Nett
	Front Tyre (RH)			\$ 216.00	Nett
				\$ 371.00	
	Labour Charge				
	Panel Beating			\$ 220.00	
	Spray Painting Charge			\$ 600.00	
	Tuff Kote			\$ 50.00	
	Remove/Refix Undercarriage (FRT)			\$ 200.00	
	Frt Wheel Alignment			\$ 120.00	
	TOTAL LABOUR			\$ 1,190.00	
	ESTIMATE TOTAL			\$ 4,691.56	
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.					

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SKW8226L	19 Sep 2018 / 17:50:00	Successful	A12	AXA INSURANCE PTE LTD

Previous OK

SHA 1020K

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	20/09/2018 13:43
Date Of Accident	19/09/2018 17:50
Exact Location Of Accident	INTERNATIONAL RD T-JUNCTION OF SOON LEE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1020K
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	ONG CHONG SAN
NRIC No	S1746781F
Date Of Birth	05/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	05/07/1984
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97964477
Fax Number	
Contact Number	
Email Address	JAMESONGCS@YAHOO.COM.SG

Address	BLK 65 TELOK BLANGAH DRIVE #02-146
Postcode	100065
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	WET

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)	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

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	SKW8226L
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIU SHENG PING
NRIC/Passport Number	S8085470F
Contact Number	81684526
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT RH
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

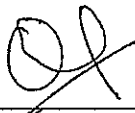
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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)

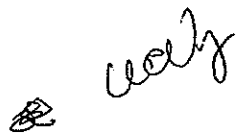
I understand, acknowledge, agree and consent that:

- (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

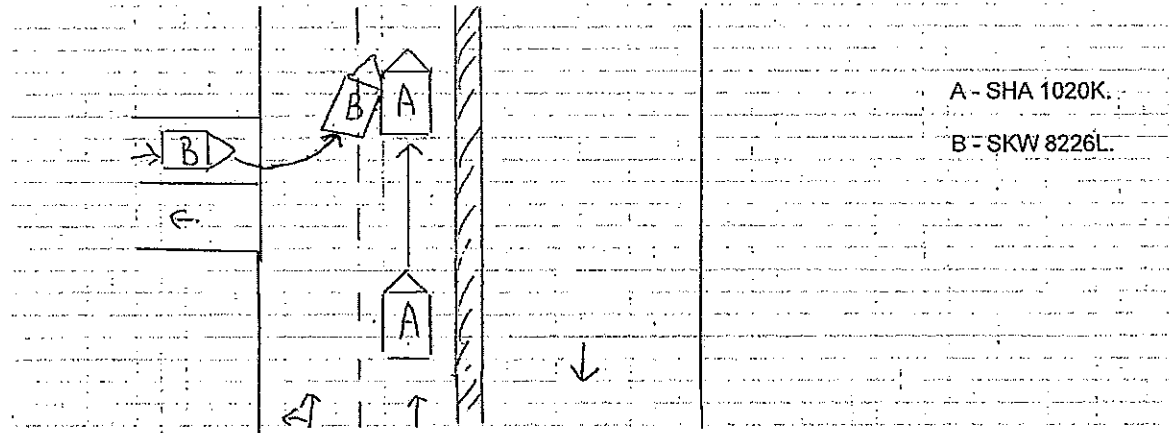
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 20.09.2018 @ 11:30 Hrs


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

Sketch Plan Pg. 2

SKETCH PLAN



Along International Road T Junction of Soon Lee Road.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19.09.2018 at about 17:50 Hrs, I was travelling along International Road towards Corporation
Road with no passenger on board.
I was travelling on the extreme right lane. Veh (B) (SKW 8226L) dashed out from Soon Lee Road
and cut into my lane and simultaneously hit my taxi (A) whole left portion. Due to the impact, my taxi (A)
hit the road kerb and this causes my taxi (A) front right was damaged.
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.
No injury in this accident.
Veh (B) (SKW 8226L) was driven by Mr. Liu Sheng Ping. NRIC : S 8085470F. Hp : 8168 4526.

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)
Date & Time: 20.09.2018 @ 11:30 Hrs

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

