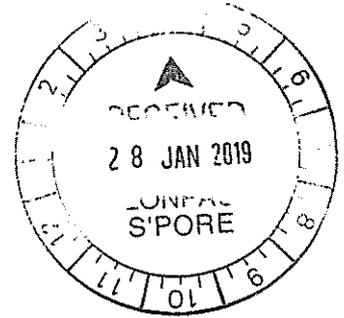


21369

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969



Our Ref : 305203973
Date : 28-1-19
Time of Fax: 15:30 H10

Via Fax : 62962706
Your Insured: 820 7000 L
Date of Acc : 27-1-19

Attn: Motor Claims Department

Lompac

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH C7301 A

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
• <u>Jumani Bin Masudin</u>	Tel: 6214 8315 or HP: 9635 5305	
• 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

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline : 65 8381 6210 Facsimile : 65 4280 9755

Workshop:
59 Loyang Drive Singapore 508969 21 Sunoko Loop Singapore 750158
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 768732
220 Ubi Road Singapore 400660

member of COMFORTDELGRO

Date/Time: 28.01.2019 14:16 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3893953

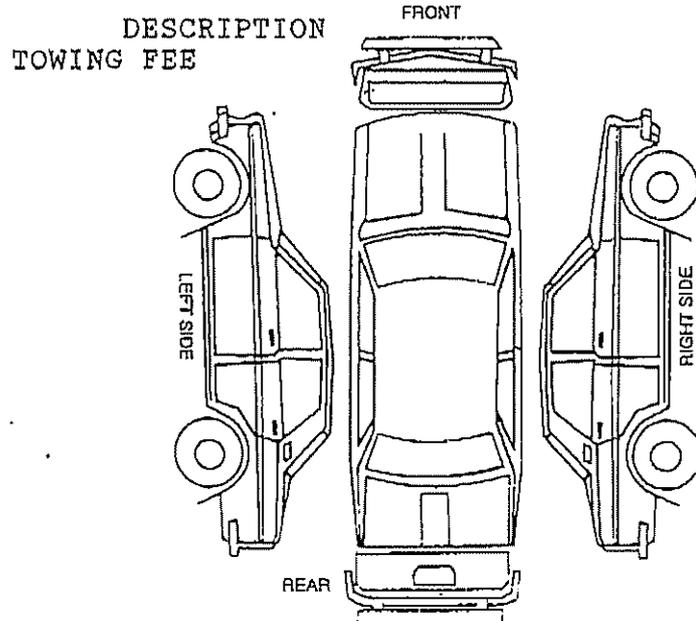
JC NO: 305263973

VEHICLE NO: 7010070 MAKE: CITYCAB PTE LTD MODEL: 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (O) (P) VEHICLE CARD NO.	REGN NO.: SHC7301A	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 27.01.2019 21:30
	YR OF MANU. 11.08.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU092651	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 27.01.2019
NATURE: 3P 27.01.19 -

S/NO	LABOR CODE	DESCRIPTION
0010	23-01	TOWING FEE



WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

No.: SHC7301A JU LONPAC

Vehicle No.: SHC7301A

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard



CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 7301A

DATE 28/1/2019 14:13

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille			\$ 1,110.10
	Radiator Grille H Emblem			\$ 39.50
	Front Bumper Cover			\$ 1,052.20
	Front Bumper Sponge			\$ 99.20
	Front Bumper Reinforcement			\$ 402.10
	Front Bumper Bracket Top (LH/RH)		\$ 22.40	\$ 44.80
	Front Bumper Bracket (LH/RH)		\$ 24.60	\$ 49.20
	SUB TOTAL			\$ 2,797.10
	LESS 20%			\$ 559.42
	DISCOUNTED TOTAL			\$ 2,237.68
	Front Number Plate			\$ 25.00 Nett
	Front No Plate Trim Cover			\$ 30.00 Nett
				\$ 55.00
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	<i>TOWING.</i>			\$ 60.00
	TOTAL LABOUR			\$ 700.00
	ESTIMATE TOTAL			\$ 2,992.68

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.

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition		
<p>1. Date: <u>27-1-19</u> Time Received: <u>2130</u></p> <p>2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>Mr YAP</u> Contact No.: <u>90017715</u> Vehicle No.: <u>SHC #301A</u> Make/Model/Colour: <u>140</u> Email: _____</p>	<p>3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)</p>	<p>4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up</p>
<p>5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery</p>	<p>6. Parts Replaced/Remarks: _____ _____</p>	
<p>7. Location: <u>682C Wood DR #3</u></p>		
<p>8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi</p>		
<p>9. Preferred Workshop: <input checked="" type="checkbox"/> Braddell <input type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input checked="" type="checkbox"/> Sin Ming <input type="checkbox"/> Sungel Kadut <input type="checkbox"/> Ubi <input checked="" type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____</p>		
<p>10. Odometer Reading: _____ Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> E</p>	<p>11. Radio / CD Player: <input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested</p>	 <p># : Cracked X : Dented / : Scatched O : Missing</p> <p><u>[Signature]</u> Signature of Customer</p>
<p>12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> STD <input checked="" type="checkbox"/> TZ <input type="checkbox"/> IRS <input type="checkbox"/> OTHERS Name of Driver: <u>JIM</u> Vehicle No.: <u>GK5586H</u> Time Dispatch: _____ Time of Arrival: _____ Time Completed: _____</p>		
Cash Invoice Details (if applicable)		
<p>13. Cash Invoice No.: _____</p>		
Customer Acknowledgement		
<p>a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.</p>		
<p><u>27-1-19</u> Date</p>	<p><u>2140</u> Time</p>	<p><u>[Signature]</u> Signature of Customer</p>
14. WORKSHOP		
<p>_____ Name of Attending Staff/Guard</p>	<p>_____ Date & Time of Arrival</p>	<p>_____ Signature of Attending Staff/Guard</p>

MCD610012900 / ComfortDelGro Engineering Pte Ltd - Loyang
 ENTRY DATE & TIME: 28/01/2019 12:08
 SUBMITTED BY: Catherine Per May Juan

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 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. 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	28/01/2019 12:08
Date Of Accident	27/01/2019 13:40
Exact Location Of Accident	BLK 136 KOON SENG ROAD C/PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7301A
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH

Cover Note Number

Driver

Name of Driver	YAP KANG CHUA
NRIC No	S0065600C
Date Of Birth	24/10/1949
Occupation	OUTDOOR
Date Of Driving Pass	28/08/1975
Driving Experience	43 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90017715
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 682C 12-241 WOODLANDS DRIVE 73
 Postcode 733682
 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 (TP reverse)
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) 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) 4

Passenger 1

NAME: : -
 GENDER: : FEMALE

Passenger 2

NAME: : -
 GENDER: : FEMALE

Passenger 3

NAME: : -
 GENDER: : FEMALE

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 SIX7090L
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

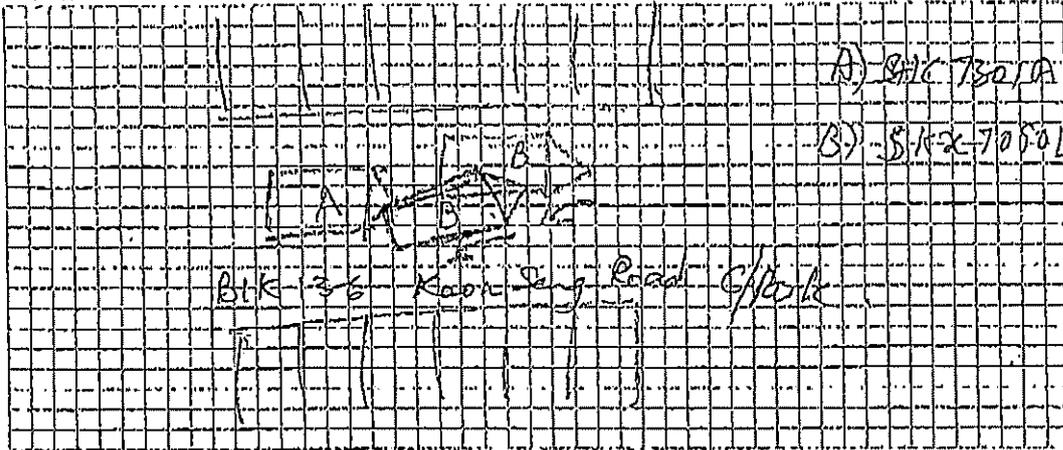
Nature Of Damage

REAR LEFT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/1/19 at about 1340hrs while I Veh A was stationary waiting behind Veh B, Veh B suddenly reversed despite my honking to alert and collided onto the front portion of my vehicle.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502810

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Sketch Plan Pg. 2

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 revoke 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.

CITYCAB PTE LTD
CO. REG. NO. 1995028700

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.:

S R Moorthy
CSO 28/1/19