

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref : 305290188  
Date : 25.4.19  
Time of Fax: 1510h

Via Fax : EMAIL  
Your Insured: 810 2329 M  
Date of Acc : 24-04-19

Attn: Motor Claims Department

FWD

Dear Sirs

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

108811Z

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>	<u>Tel: 6214 8315 or HP: 9635 5305</u>	
◆ 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

**CITY CAB PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SHD 8511Z

MAKE :

MODEL : HYUNDAI i40

*FRONT  
RIGHT REAR*

DATE 25/4/2019 14:36

*(FZ)*

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Fender (RH)			\$ 2,171.40	
	Rear Fender Inner Lining (RH)			\$ 169.30	
	Rear Windscreen Moulding			\$ 28.30	
	Rear Door (RH)			\$ 2,201.10	
	<b>SUB TOTAL</b>			<b>\$ 4,570.10</b>	
	LESS 20%			\$ 914.02	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 3,656.08</b>	
	Rear Fender Advertisement Logo (RH)			\$ 100.00	Nett
	Rear Windscreen Sealant			\$ 46.00	Nett
	Rear Door Advertisement Logo (RH)			\$ 100.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (RH)			\$ 80.00	Nett
				<b>\$ 326.00</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ 560.00	
	Spray Painting Charge			\$ 600.00	
	Wiring Charge			\$ 50.00	
	Tuff Kote			\$ 50.00	
	Towing Charge			\$ 60.00	
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00	
	Remove/Refix Rear Windscreen Glass			\$ 120.00	
	Remove/Refix Reverse Sensor			\$ 80.00	
	Transfer of Door			\$ 80.00	
	<b>TOTAL LABOUR</b>			<b>\$ 1,750.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 5,732.08</b>	
<p>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.</p>					

Team: ARC Repair TP(CFSO)1

## JOB CARD

Sales Order: 3917421

JC NO.: 305290188

CUSTOMER  CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (O) (P)  SCOUNT CARD NO.	REGN NO.: SHD8511Z	MILEAGE
	MAKE : HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 24.04.2019 19:55
	YR OF MANU. 07.04.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU087161	COMPLETION DATE/TIME:

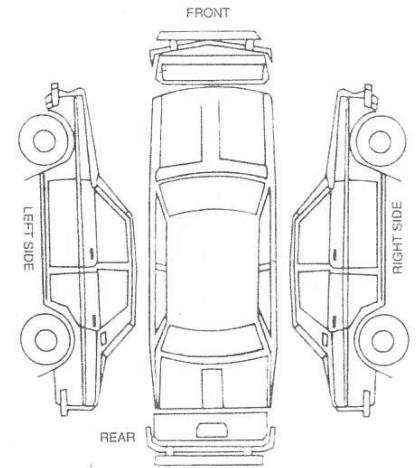
### JOB DESCRIPTION

Accident Date: 24.04.2019  
NATURE: 3P 24.04.19

S/NO  
000010

LABOR CODE  
23-01

DESCRIPTION  
TOWING FEE



CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

File:

Vehicle No.: SHD8511Z FZ FWD

Vehicle No.: SHD8511Z

Name of Service Advisor

Signature/Date

Name of Service Advisor

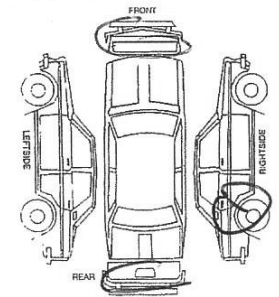
Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard



## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition		
<p>1. Date: <u>24/4/19</u> Time Received: <u>2035</u></p> <p>2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis</p> <p>Name of Customer : <u>Leoh Kien chye</u></p> <p>Contact No. : <u>91759132</u></p> <p>Vehicle No. : <u>SHD85112</u></p> <p>Make/Model/Colour : <u>I 40</u></p> <p>Email : _____</p>	<p>3. Vehicle Type:</p> <p><input type="checkbox"/> Private</p> <p><input checked="" type="checkbox"/> Taxi (CTPL/CCPL)</p> <p><input type="checkbox"/> Fleet</p> <p><input type="checkbox"/> STK (Boon Lay)</p> <p>5. Nature of Service:</p> <p><input type="checkbox"/> Jumpstart</p> <p><input type="checkbox"/> Recovery</p> <p><input type="checkbox"/> Change Tyre / Battery</p>	<p>4. Type of Towing:</p> <p><input type="checkbox"/> Normal Tow</p> <p><input type="checkbox"/> King Dolly</p> <p><input type="checkbox"/> Flat Bed</p> <p><input type="checkbox"/> Crane-up</p> <p>6. Parts Replaced/Remarks:</p> <p>_____</p> <p>_____</p>
<p>7. Location: <u>Tonglen Road</u></p> <p>9. Preferred Workshop:</p> <p><input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan</p> <p><input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi</p> <p><input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle &amp; Carriage (PD)</p> <p><input type="checkbox"/> Others: _____</p>		<p>8. Vehicle Tow - In Workshop:</p> <p><input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed</p> <p><input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty</p> <p><input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty</p> <p><input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power</p> <p><input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled</p> <p><input type="checkbox"/> Return Taxi</p>
<p>10. Odometer Reading : _____</p> <p>Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E</p>		<p>11. Radio / CD Player</p> <p><input type="checkbox"/> OK</p> <p><input type="checkbox"/> Faulty</p> <p><input type="checkbox"/> Not tested</p>
Job Attended		
<p>12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING</p> <p>Name of Driver : <u>Boy</u></p> <p>Vehicle No. : <u>YN7337M</u></p> <p>Time Dispatch : <u>2035</u></p> <p>Time of Arrival : <u>2110</u></p> <p>Time Completed : <u>2210</u></p>		 <p># : Cracked X : Dented / : Scatched O : Missing</p> <p>Signature of Customer</p>
Cash Invoice Details (if applicable)		
<p>13. Cash Invoice No. : _____</p>		
Customer Acknowledgement		
<p>a. I have been advised to remove all valuables in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.</p> <p>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.</p> <p>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>24/4/19</u></p> <p>Date</p>	<p><u>2110</u></p> <p>Time</p>	<p><u>[Signature]</u></p> <p>Signature of Customer</p>
14. WORKSHOP		
<p>_____</p> <p>Name of Attending Staff/Guard</p>	<p>_____</p> <p>Date &amp; Time of Arrival</p>	<p>_____</p> <p>Signature of Attending Staff/Guard</p>

## 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	25/04/2019 11:29
Date Of Accident	24/04/2019 19:55
Exact Location Of Accident	TANGLIN ROAD OUTSIDE ORCHARD RENDEZOUS HOTEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8511Z
<b>Insured/Policyholder</b>	
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	KOH KIAN CHYE
NRIC No	S1487292B
Date Of Birth	23/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	15/02/1984
Driving Experience	35 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91759132
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	875 #11-12 TAMPINES STREET 84
Postcode	520875
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 - MAJOR/MINOR RD
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)	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)

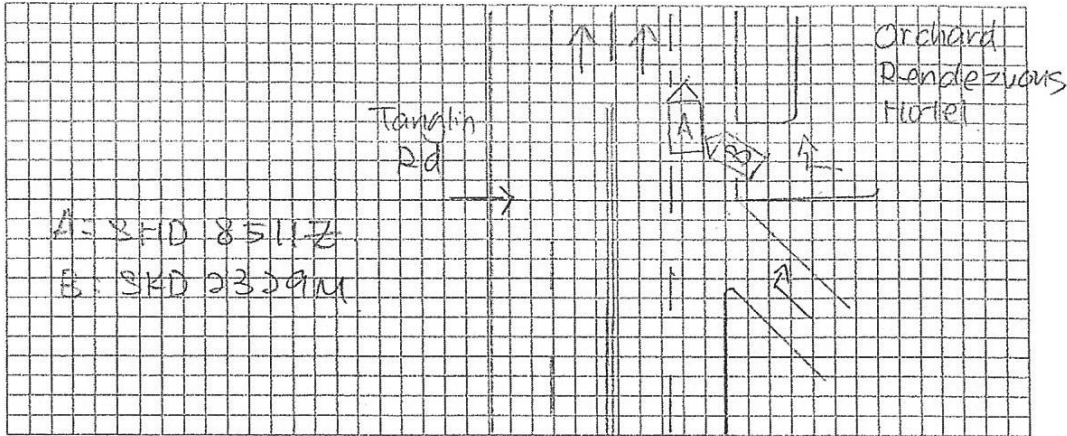
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD2329M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN YONG NIAN GERALD
NRIC/Passport Number	S8934761J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 24/4/19 at about 19:55 hrs, I was driving straight at above said location without pax. Suddenly ~~was~~ I felt an impact from my taxi right hand side. I went down to have a check and found veh B it came out from minor road hit onto my taxi right rear portion. I felt pain on my neck and shoulder, will consult doctor later on.


DECLARATION

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

CITYCAB PTE LTD  
 REG NO. 199502839G  
 COOP. NO. 199303821R

Policyholder's Signature  
 Date & Time:

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

  
 Reporting Centre Personnel's Signature  
 Name: Loke Wei Yeng  
 25/4/19



**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.

CITYCAB PTE LTD  
CO. REG. NO. 199502830r

Policyholder's Signature  
Date & Time:



Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Lok Wei Yiang  
Reporting Centre Personnel's Signature  
Name: 25/4/19  
NRIC/FIN No.: