

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref : 305350788  
Date : 211119  
Time of Fax: \_\_\_\_\_

Via Fax : Email  
Your Insured: SJP 8328A  
Date of Acc : 211119

Attn: Motor Claims Department

AIG ASIA

Dear Sirs

**SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH D 4582 U**

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 | } Fax no. 6546 8156 |
| ◆ Jumani Bin Masudin    | Tel: 6214 8315 or HP: 9635 5305 |                     |
| ◆ <b>Lim Tien Siong</b> | 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

**Lim Tien Siong**

for Vice President  
Crash Repairs & Claims Recovery

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010045  
 ADDRESS : COMFORT TRANSPORTATION PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65508755

JOB NO : 305350788  
 REGN NO : SHD4582U  
 MILEAGE : 000000000  
 MAKE : HYUNDAI  
 MODEL : IONIQ(G3)  
 DATE OF REGN : 30.10.2019  
 DATE/TIME IN : 21.11.2019 14:10  
 ACCIDENT DATE : 21.11.2019

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

| QTY  | IND               | UNIT-PRICE                | DISC% | AMOUNT              |
|------|-------------------|---------------------------|-------|---------------------|
| 0001 | FNPS              | NO PLATE(S)W/TRIM COVER   | 1 N   | 55.00 55.00         |
| 0002 | 04-01-0104-2282-G | COVER-RR BUMPER           | 1     | 459.40 20.00 367.52 |
| 0003 | 04-01-0104-2533-G | MOULDING-R/BUMPER CTR     | 1     | 451.25 20.00 361.00 |
| 0004 | 04-01-0104-2288-G | BEAM-RR BUMPER            | 1     | 294.80 20.00 235.84 |
| 0005 | 04-01-0104-3819-G | BEAM STAY-RR BUMPER LH    | 1     | 138.10 20.00 110.48 |
| 0006 | 04-01-0104-3919-G | BEAM STAY-RR BUMPER RH    | 1     | 138.10 20.00 110.48 |
| 0007 | 04-01-0104-2545-G | MOULDING-R/BUMPER LWR CTR | 1     | 155.00 20.00 124.00 |
| 0008 | 04-01-0104-2370-G | LAMP ASSY-REAR FOG        | 1     | 201.50 20.00 161.20 |
| 0009 | 04-01-0104-2346-G | END PANEL ASSY-BACK       | 1     | 532.00 20.00 425.60 |
| 0010 | 04-01-0104-2528-G | GARNISH-TAIL GATE LWR     | 1     | 155.00 20.00 124.00 |
| 0011 | 04-01-0104-2270-G | T.GATE EMBLEM-HYBRID      | 1     | 31.30 20.00 25.04   |
| 0012 | 04-01-0104-2271-G | T.GATE EMBLEM-IONIQ       | 1     | 31.30 20.00 25.04   |
| 0013 | 28-01-0103-0005-A | T.GATE COMFORTDELGRO      | 1     | 30.00 30.00         |

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Ang Asia

Date: 21.11.2019

Time: 17:26:01

Page: 2

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COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010045  
 ADDRESS : COMFORT TRANSPORTATION PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65508755

JOB NO : 305350788  
 REGN NO : SHD4582U  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : IONIQ(G3)  
 DATE OF REGN : 30.10.2019  
 DATE/TIME IN : 21.11.2019 14:1  
 ACCIDENT DATE : 21.11.2019

## JOB / PARTS DESCRIPTION

.QTY IND UNIT-PRICE DISC% AMOUNT

|                        |                         |      |             |       |
|------------------------|-------------------------|------|-------------|-------|
| 0014 28-01-0103-0006-A | T.GATE 65521111         | 1    | 30.00       | 30.00 |
| 0015 28-01-9999-2025-A | T.GATE APPS             | 1    | 40.00       | 40.00 |
| 0016 04-01-0101-0111-G | BUMPER COVER CLIPS REAR | 10 L | 22.00 20.00 | 17.60 |

SUB-TOTAL : 2,242.80

## JOB NATURE

|            |                              |        |
|------------|------------------------------|--------|
| 0000 PB    | PANEL BEATING                | 700.00 |
| 0001 SP    | SPRAYPAINT CHARGE            | 750.00 |
| 0002 17-01 | CHECK ALL LIGHTING           | 40.00  |
| 0003 20-00 | TUFF COAT ON AFFECTED PARTS. | 60.00  |
| 0004 L     | R/I REVERSE SENSOR           | 120.00 |

SUB-TOTAL : 1,670.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 21.11.2019

REPAIR ESTIMATE

*Arg Asia*

Time: 17:26:01

Page: 3

*B*

*TS*

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
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MODEL : IONIQ(G3)  
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ACCIDENT DATE : 21.11.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

*Lmf*

TOTAL : 3,912.80

MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE :  
AUTHORISED : YES / NO

## 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             | 21/11/2019 15:12                        |
| Date Of Accident           | 21/11/2019 12:45                        |
| Exact Location Of Accident | AYE TOWARDS SLIP RD EXIT 6 ALEXANDRA RD |
| Country/State of Loss      | SINGAPORE                               |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SHD4582U |
|-----------------------------|----------|

#### 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  | SONATA      |
| 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 | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT         |
| Fleet Policy              | YES                                   |
| Policy Number             | MCOM0015                              |
| Cover Note Number         |                                       |

#### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | NG KHYE CHEANG MICHAEL |
| NRIC No              | S1567691D              |
| Date Of Birth        | 24/07/1962             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 04/07/1983             |
| Driving Experience   | 36 YEARS AND 4 MONTHS  |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-91876468   |
| Fax Number           |                        |
| Contact Number       |                        |
| EMail Address        | MIKENG2014@GMAIL.COM   |

|   |                                  |
|---|----------------------------------|
| Address   | BLK 127 RIVERVALE STREET #12-844 |
| Postcode  | 540127                           |
| 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 (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)   | 3                           |
| Passenger 1   | NAME: : -<br>GENDER: : MALE |
| Passenger 2   | NAME: : -<br>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

PLS REFER TO ATTACHED

### 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 | SJP8328A    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              | MS MAY      |
| NRIC/Passport Number        |             |
| Contact Number              | 91262563    |
| Address                     |             |

Postcode

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

**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.

COMFORT TRANSPORTATION PTE LTD  
100, PULAU TEBERAN DRIVE

Policyholder's Signature  
Date & Time:

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

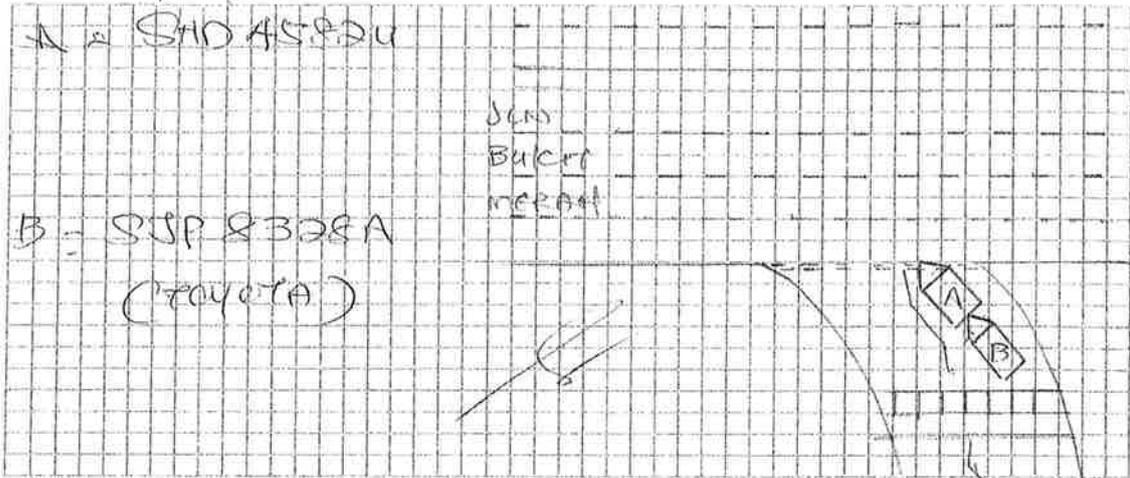
Ms. Wendy

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 21 NOV 2015



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

EXIT 6 ALEXANDRA R.D.

Taxi was exiting N/E into Alexandra Rd. At slip road joining into Alexandra Rd. taxi had stopped in queue becoming stationary. At that instance SJP 8328A collided into my rear.

DECLARATION

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

COMBINED POLICYHOLDER'S SIGNATURE AND DATE

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.: 21 NOV 2019

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