

Our Ref : 305357715

Date : 28.11.2019

Time of Fax : 1645h

SHB 4948 J

Via Fax : email

Your Insured : GBG 5680 T

Date of Acc : 28.11.2019

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

www.cdge.com.sg

Company Registration No: 199506048W

Workshop

Attn : Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHB 4948 J

Loyang
59 Loyang Drive
Singapore 508969
Fax no. 6546 8156

- 1 The client has engaged us to repair the vehicle and submit claims against the other party/parties involved in the accident.
- 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 :
 - I) Our initial estimate of repairs of the damaged vehicle.
 - 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

Lim Kwok Eng Tel no. 62148355 or Hp no. 98240811
Jumani Bin Masudin Tel no. 62148315 or Hp no. 96355305
Lim Tien Siong Tel no. 62148398 or Hp no. 96358546
Chiang Liat Choon Tel no. 62148314 or Hp no. 92966006
Fauzy Bin Mokhtar Tel no: 62148319 or Hp no : 81259176
Larry Ng Tel: 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

 Larry Ng

for Vice President
Crash Repairs & Claims Recovery

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB4948J

DATE: 28. Nov. 2019

MAKE : HYUNDAI

MODEL : i40

DOA: 28. Nov. 2019

AIG

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|--|------------------------------|------|------------|------------|
| 1 | Rear Bumper | | | \$553.00 |
| 10 | Rear Bumper Clips | | \$2.20 | \$22.00 |
| 1 | Rear Bumper Sponge | | | \$103.50 |
| 1 | Rear Bumper Reinforcement | | | \$428.40 |
| 1 | Rear Bumper Undercover | | | \$228.00 |
| 1 | Rear Bumper Reflector – RH | | | \$32.00 |
| 1 | Boot Lid i40 emblem | | | \$27.90 |
| 1 | Boot Lid CRDI emblem | | | \$27.90 |
| 1 | Boot Lid H emblem | | | \$28.70 |
| 1 | Boot Lid Lower Garnish | | | \$227.90 |
| SUB TOTAL | | | | \$1,679.30 |
| LESS 20% | | | | \$335.86 |
| DISCOUNTED TOTAL | | | | \$1,343.44 |
| 1 | ComfortDelgro Sticker | | | \$15.00 |
| 1 | Comfort Tel No. | | | \$15.00 |
| 1 | Rear Bumper Rubber Mat | | | \$50.00 |
| 1 | Reverse Sensor | | | \$135.70 |
| 1 | Advertisement – Rear Bumper | | | \$50.00 |
| 2 | Advertisement – Rear Fenders | | \$100.00 | \$200.00 |
| 1 | Advertisement – Boot | | | \$100.00 |
| | | | | \$565.70 |
| Labour Charge | | | | |
| 1 | Panel Beating | | | \$840.00 |
| 1 | Spray Painting Charge | | | \$500.00 |
| 1 | Tuff Kote | | | \$80.00 |
| 1 | Wiring Charge | | | \$60.00 |
| 1 | Remove/refix Reverse Sensor | | | \$100.00 |
| TOTAL LABOUR | | | | \$1,580.00 |
| ESTIMATE TOTAL | | | | \$3,489.14 |
| 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. | | | | |

Nett

Nett

Nett

Nett

Nett

Nett

Nett

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 | 28/11/2019 14:30 |
| Date Of Accident | 28/11/2019 11:30 |
| Exact Location Of Accident | BENOI RD TURNING TO GUL CIRCLE. |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHB4948J |
| 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 | ONG TIAK CHUAN |
| NRIC No | S1229603G |
| Date Of Birth | 11/06/1957 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 28/02/1983 |
| Driving Experience | 36 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97887311 |
| Fax Number | |
| Contact Number | |
| EEmail Address | ONGTIAKCHUAN1106@YAHOO.COM |

| | |
|---|----------------------------------|
| Address | BLK 8 CANTONMENT CLOSE #11-95 |
| Postcode | 081008 |
| 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) | 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

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 | GBG5680T |
| Vehicle Make/Model/Colour | VAN |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | CHEONG PENG YAM |
| NRIC/Passport Number | S1228416J |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage .

FRONT

No. Of Passenger (Including 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:

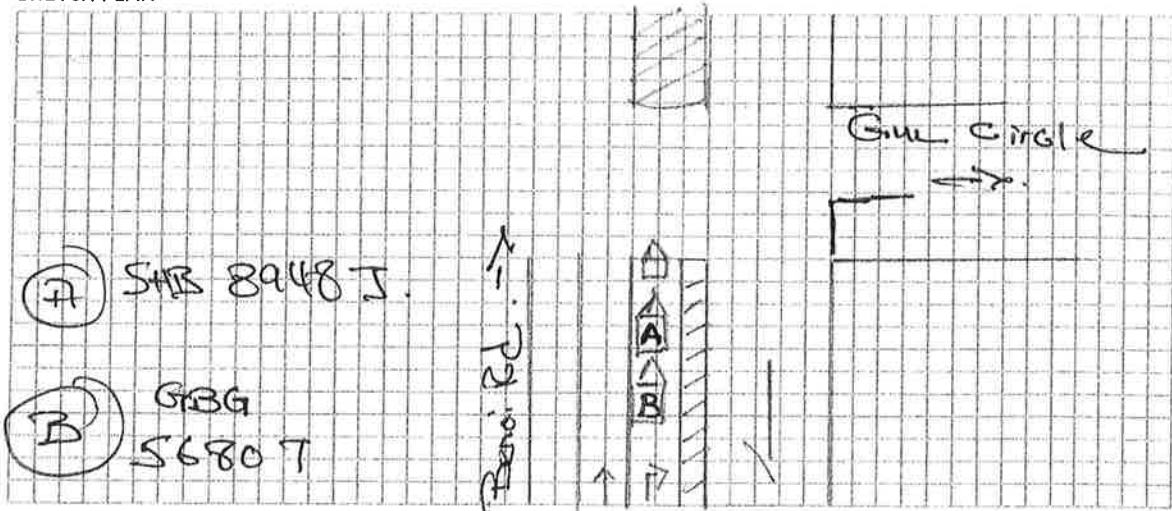
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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. 100502830G
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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 28 Nov 2019 @ 11:30h I vert (A)

Slow down and stop to make a Right turn

Suddenly vert (B) from the Rear hit vert (A)

Rear @ the point of accident vert (A)

Ferry a male pax was injured send

back to the Location.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

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.: