

Our Ref : 305358423

Date : 02.12.2019

Time of Fax : 1525hrs

ALG

Via Fax : email

Your Insured : SMK 8822E

Date of Acc : 01.12.2019

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 SHC 7266T

→ **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*

Larry Ng

for Vice President  
Crash Repairs & Claims Recovery

**COMFORTDELGRO ENGINEERING PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SHC7266T

DATE: 2. Dec. 2019

MAKE : HYUNDAI

MODEL : IONIQ

DOA: 1. Dec. 2019

**AIG**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER			\$459.40
1	REAR BUMPER CENTRE MOLDING ASSY			\$451.25
1	REAR BUMPER LOER CENTRE MOLDING ASSY			\$270.10
1	REAR BUMPER REINFORCEMENT			\$294.80
1	REAR BUMPER REINFORCEMENT STAY – RH			\$138.10
10	REAR BUMPER CLIPS		\$2.20	\$22.00
1	REAR BUMPER UNDER CENTRE			\$53.85
1	REAR BUMPER SIDE UNDER – RH			\$27.50
1	REAR BUMPER REFLECTOR – RH			\$31.90
1	REAR LICENSE LAMP – RH		\$30.20	\$30.20
	<b>SUB TOTAL</b>			<b>\$1,779.10</b>
	<b>LESS 20%</b>			<b>\$463.46</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$1,315.64</b>
1	REVERSE SENSOR			\$135.70
1	REAR NUMBER PLATE			\$25.00
1	REAR NUMBER PLATE CASING			\$30.00
1	REAR BUMPER RUBBER MAT			\$50.00
				<b>\$240.70</b>
	<b>Labour Charge</b>			
1	Panel Beating			\$300.00
1	Spray Painting Charge			\$250.00
1	Wiring Charge			\$50.00
1	Remove/refix reverse sensor			\$80.00
1	Computer Programming for BSD			\$250.00
	<b>TOTAL LABOUR</b>			<b>\$930.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$2,486.34</b>
	<i>Note: BSD – Blind Spot Detection Sensor</i>			

Nett  
Nett  
Nett  
Nett

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.

## 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	02/12/2019 14:02
Date Of Accident	01/12/2019 14:35
Exact Location Of Accident	JLN BUKIT HO SWEE TOWARDS LOWER DELTA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7266T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD (COMPANY)
Co Reg No	199502839G
Email Address	FLEETSAFTY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ
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	TAN LAI ANN
NRIC No	S1201657C
Date Of Birth	27/12/1956
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2014
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98985998
Fax Number	
Contact Number	
EMail Address	OGER11654@GMAIL.COM

Address	37 04-461 CIRCUIT ROAD
Postcode	370037
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: ; - GENDER: ; MALE
Passenger 2	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	SMK8822E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG ANN SOON
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

FRT LEFT



**Describe Circumstances of the Accident.**

On the 01/12/2019 @ about 14:35hrs, I was driving along Jln Bukit Ho Swee towards Lower Delta Rd with a couple passenger on board my taxi.

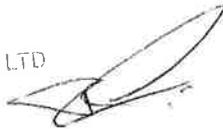
As I reached the junction of Lower Delta Rd, I stop my taxi to checked the incoming vehicle before proceed to drive out when suddenly there's an impact from behind my taxi. I step out to checked and found out a vehicle of SMK8822E front left had collided onto my taxi rear portion.

No injury at the point of accident.

**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

Wendy   
Witnessed by Reporting  
Centre Personnel

02 DEC 2019