

# COMFORTDELGRO ENGINEERING

Our Ref : 305372205

Date : 06/01/20

Time of Fax : \_\_\_\_\_

Fax : 62962706

Via Fax : Email

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

Workshop

→ LONPAC

Attn : Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHA3647P



8 pages

**Loyang**  
59 Loyang Drive  
Singapore 508969

- 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

for Vice President  
Crash Repairs & Claims Recovery

A member of

**COMFORTDELGRO**



## REPAIR ESTIMATE

P1

PART NO.	Description	Qty	List Price	Amount
	Boot Lid Trimboard			\$ 60.40
	Licence Lamp Cover			\$ 35.10
	Rear Bumper			\$ 459.40
	Rear Bumper Reinforcement Bracket (LH & RH)		\$138.10	\$ 276.20
	Rear Bumper Lower Centre Moulding Assy			\$ 47.50
	Rear Bumper Stay ( LH & RH )		\$138.10	\$ 276.20
	Rear Bumper Side Bracket (LH)			\$ 33.10
	Rear Bumper Cover Clips			\$ 22.00
	Rear Bumper Under Centre			\$ 53.85
	Rear Bumper Side Under(LH)			\$ 27.50
	Rear Bumper Rear Hook			\$ 5.40
	Rear Bumper Reflector Lamp(LH)			\$ 31.90
	Rear Bumper Fog Lamp			\$ 201.50
	Rear Bumper Towing Cover			\$ 98.80
	Rear Bumper Reserve Light (Parking Brake Light)			\$ 257.10
	Rear Bumper Reverse Sensor			\$ 1.00
	Bootlid Lamp(LH & RH)		\$794.40	\$ 1,588.80
	Rear Bumper Reflector Lamp(LH & RH)		\$31.90	\$ 63.80
	Rear Panel			\$ 532.00
	Rear Panel Lower Panel		\$39.40	\$ 78.80
	Bootlid Assy			\$ 2,840.40
	Rear Bumper Reinforcement			\$ 294.80
	Rear Bumper Centre Moulding Assy			\$ 451.25
	Boot Lid Glass, Upper			\$ 543.30
	Boot Lid Glass, Lower			\$ 384.90
	Boot Lid Lamp(LH/RH)		\$794.40	\$ 1,588.80
	Boot Lid 'H' Emblem			\$ 28.00
	SUB TOTAL			\$ 6,990.75
	LESS 20%			\$ 1,398.15
	DISCOUNTED TOTAL			\$ 5,592.60

Like LONPAC

P2

PART NO.	Description	Qty	List Price	Amount
PART NO.	Description	Qty	List Price	Amount
	Boot Lid Comfort Logo & Tel No. Sticker			\$ 30.00
	Rear Bumper Rubber Mat			\$ 50.00
	TOTAL			\$ 80.00
	<b>Labour Charge</b>			
	Panel Beating			\$ 1,200.00
	Spray Painting Charge			\$ 600.00
	Tuff Kote			\$ 80.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Remove/Refix Rear Windscreen Glass			\$ 120.00
	TOTAL LABOUR			\$ 2,120.00
	ESTIMATE TOTAL			\$ 7,792.60

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	06/01/2020 10:41
Date Of Accident	06/01/2020 07:55
Exact Location Of Accident	PIE TO ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3647P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ HYBRID
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-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	SULAIMI BIN ABU WALED
NRIC No	SXXXX645G
Date Of Birth	10/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	25/01/1996
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90280775
Fax Number	
Contact Number	
EMail Address	SULAIMI@MAARES.COM

Address	BLK 224A SUMANG LANE #06-149
Postcode	821224
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?	YES
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: : FEMALE
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

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	SJQ6849X
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMMAD FARID BIN OTHMAN
NRIC/Passport Number	
Contact Number	81812442
Address	

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

UNKNOWN(PAX)

Approximate Age

Injuries Sustain

SHOCK

Injured person in which vehicle?

SHA3647P

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance?

NO

Address

Postcode

## Sketch Plan Pg. 1

### 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.

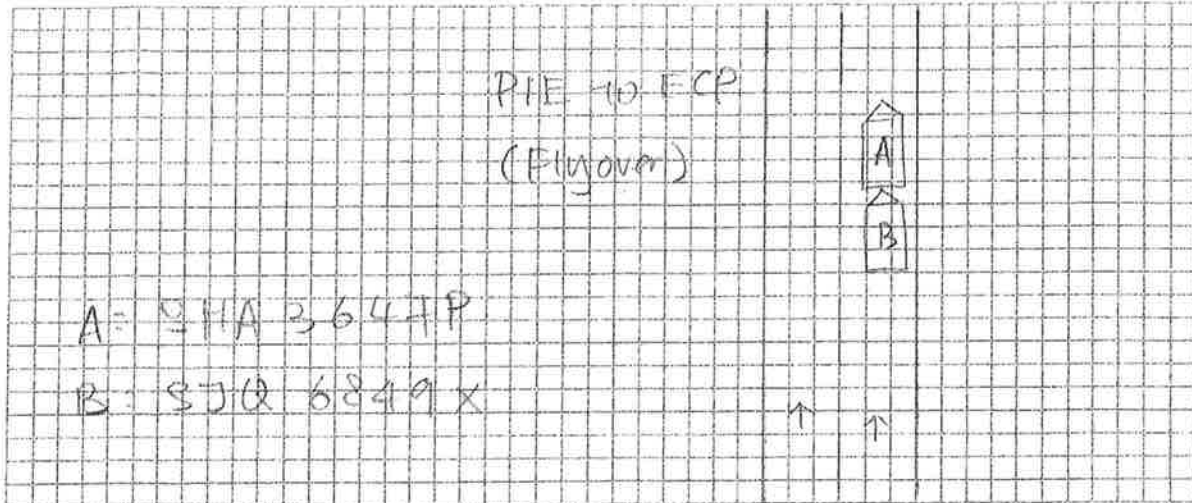
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Loke Wei Yeng  
NRIC/FIN No.:

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/1/2020 at about 07:55 hrs,

I veh A was driving at above said location with 2 female passenger onboard. Suddenly I felt an impact from behind, veh B front portion collided onto the rear portion of my taxi. Scene photo taken.

My passenger asked me send them to KK hospital because her daughter got shocked.

## DECLARATION

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

COMFORT Insurance Company Ltd

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Loke Yvel Tsing  
NRIC/FIN No.: