COMFORTDELGRO

305425621 Our Ref :

ComfortDelGro Engineering Pte Ltd 205 Braddell Road Singapore 579701

Time of Fax:

Your Insured : SGG 4004T

www.cdge.com.sg

AG

Date of Acc : 30.09. 2020 Company Registration No: 199506048W

Workshop

Attn: Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO ____ SHD 47-28 S

Lovang 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 Siona

Tel no. 62148398 or Hp no. 96358546

Chiang Liat Choon Tel no. 62148314 or Hp no. 92966006

Tel no: 62148319

Me. Loke WY

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









COMFORTDELGRO ENGINEERING PTE LTD

also server as the first results in section in the control of the server and the first feature results.

REPAIR ESTIMATE

DATE: 01/10/20 3P INSURANCE: ____AIG___

MODEL: HYUNDAI IONIQ SURVEYOR: LKK

VEH NO.: SHD4728S MVA: LOKE WY

		E 22 - 50	NAME OF THE PARTY		
PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS	
	Front Bumper	1		\$418.30)
	Front Bumper Bracket Top RH	1		\$35.00)
	Front Bumper Bracket RH	1		\$28.00)
	Front Bumper Side Bracket Support RH	1		\$12.00)
	Front Bumper Centre Moulding	1		\$188.00)
	Front Bumper Grille RH	1		\$186.90	,
	Frt Bumper Reinforcement	1		\$1,075.10)
	Frt Bumper Towing Cover	1		\$29.00	1
	Frt Bumper Lip	1		35.10	ı.
	Frt Bumper License Plate	1		\$17.40	,
	Frt Bumper Clips	10		\$22.00	۱.
	Radiator Grille	1		\$1,409.10	ıl.
	Radiator Grille Upr	1		\$48.30	1
	Bonnet	1		\$2,253.80	1
	Flap Assy Active Air Upper RH	1		\$356.00	ıl -
	Front Bumper Plate Garnish	1]	\$188.00	,
	Day Light RH	1		\$642.50	,
	Headlamp RH	1		\$1,993.65	, [
	Headlamp Support Panel Assy	1		\$949.30	
	Front Fender RH	1		\$490.70	,[
	Rear Bumper	1		\$459.40	1
	Rear Bumper Cover Clips	10		\$22.00	
	Rear Bumper Towing Cover	1		\$98.80	
- 1	Rear Bumper Reflector Lamp LH RH	1		\$63.80	
	Rear Bumper Centre Moulding Assy	1		\$451.25	
	Rear Bumper Lower Centre Moulding Assy	1		\$155.00	
- 1	Rear Fog Lamp	1		\$201.50	
	SPARE PARTS SUB TOTAL			\$11,794.80	1
	LESS 20%			\$2,358.96	1
	DISCOUNTED SPARE PARTS TOTAL			\$9,435.84	1
	Frt Number Plate with Trim Cover	,		\$55.00	NI-
	182	1			
	Rear Bumper Rubber Mat	1		\$50.00	1
	Rear Number Plate with Trim	1		\$55.00	
	Reverse Sensor	1		\$180.00	
	Emblem loniq	1		\$31.30	1000
E	Emblem- Blue Drive	1		\$26.60	Ne
	DISCOUNTED SPARE PARTS & NETT TOTAL		ſ	\$9,833.74	Ì

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Panel Beating			\$700.00
	Spray Painting			\$1,000.00
	Remove / Replace Reverse Sensor			\$120.00
	Remove/ Install Radiator & Aircon Condenser			\$150.00
	Tuff Kote			\$90.00
	Check Lighting			\$60.00
	LABOUR TOTAL			\$2,120.00
	ESTIMATE TOTAL		t	\$11,953.74

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 witholding 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.	sonicio di di di anting di tina roportat tito donito di la to dopica di tito report doing made avaliabile
	ACCIDENT STATEMENT
Date Of Report	01/10/2020 10:47
Date Of Accident	30/09/2020 18:15
Exact Location Of Accident	AYE TWDS TUAS BEFORE PORTSDOWN EXIT
Country/State of Loss	SINGAPORE
the state of the later of the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD4728S
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGETAXI.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	NO

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 MIKE ONG SEOW PENG

NRIC No SXXXX363C Date Of Birth 09/03/1967 Occupation **OUTDOOR** Date Of Driving Pass 21/04/1992

Driving Experience 28 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98781600

Fax Number Contact Number

EMail Address MIKEOSP828@YAHOO.COM.SG Address BLK 74 BEDOK NORTH ROAD

#06-118

Postcode 460074

Was driver an employee of the Insured's Company NO

Trac arror arromprojec or are moured a company re

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - TAXI DRIVER

-

Insurance Company of Driver's Own Vehicle

¥1

General Information of the Accident

Type Of Accident

CHAIN COLLISION

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

3

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

8 -

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:

427

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGG4004T

Vehicle Make/Model/Colour

MERCEDES

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLQ5218A

Vehicle Make/Model/Colour

LEXUS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

JANICE LIM(PAX)

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SHD4728S

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

MIKE ONG SEOW PENG

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SHD4728S

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate</u> as <u>possible</u>. Any wilful misrepresentation or witholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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.
- 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 setout 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)
 - 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 my be sited outisde 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, investigation, 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 ourt orders.

COMFORT TRANSPORTATION PTE LTD CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

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

NRIC/Fin No.:

Reporting Centre Personnel's Signature Name:

Larry No

1

Sketch Plan Pg. 2

Describe Circumstances of t	he Accident.	
On 30.09.2020, at about 183	15hrs, I was driving my Comfort taxi, SHD4728	D, on lane 1
along AYE towards Tuas wit	h 1 female pax.	
It was raining and heavy tra	ffic. Somewhere before the Portsdown exit, t	he front
vehicles suddenly stopped.	I immediately braked and had just barely stop	ped and
lightly hit the front car, C, w	hen at the same time, an impact from the rea	r which
pushed my taxi forward and	aggravated the damage to my taxi. The impa	ct from the rear
was caused by another car, I	B. My taxi was damaged in the rear and front	
After the accident, my pax s	aid she had neck pain. I offered to call for an a	ambulance but
she declined. Lalso feel pair	n in my neck and will consult a doctor later.	
she decimed. Taiso reer pair	Thirting fleek and will consult a doctor facer.	
Photos taken at the scene.		
	- to the control of t	
Declaration		
Jeciai ation		
/We declare the foregoing particu	lars are true in every respect.	
	Comment	
MFORT TRANSPORTATION PT CO. REG. NO. 199303821R	E LTD	Larry Ng
olicyholder's Signature/Date &	Driver's Signature(If driver is not the policyholder)/Date & Time 31/9/20 09:45	Witnessed by Reportin

A 72 7 7 0 5 7 0 A 7 2 8 S S A 2 5 A 4 7 2 8 S S A 5 A 6 4 7 2 8 S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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				-
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 1100				

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: 0(.10-2020

aven

Reporting Centre Personnel's Signature

Name:

NRIC/Fin No.: Larry Ng













COMFORTDELGRO ENGINEERING

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AND THE WAY BY AND A

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

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205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 609286

24 Senoko Loop Singapore 758156 7 Sungel Kadut Way Singapore 728791 501 Yishun Industrial Park A Singapore 768732

Date/Time: 320 01Roa1 0 in 2020 64911:16

Page: 1

JOB CARD Sales Order: JC NO.:305425621 !eam: ARC Repair TP(CLSO)1 REGN NO. SHD4728S MILEAGE **FOMER** COMFORT TRANSPORTATION PTE LTD **FUEL** 1S MAKE: HYUNDAI 7010045 FOMER NO. 383 SIN MING DRIVE E.....1/2.... DATE/TIME IN . 09 . 2020 20:00 MODEL IONIQ(G3) Singapore SINGAPORE 575717 30 65508755 (R) YR OF MANU. 16.01.2020 TARGET DATE (P) CHASSIS CODE KMHC851CVLU189998 COMPLETION DATE/TIME: OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 30.09.2020 VATURE: 3P 30.09.2020

3/NO

LABOR CODE

FRONT DESCRIPTION

	98 u			REAR		RIGHT SIDE	
OKED & PASSED OUT BY:							
SERVICE ADVISOR				*	CUSTOMER'S S	IGNATURE	
rledgement Slip			X Exit Pass	ų.			
No.: SHD4728S	YY	ė.	Vehicle No.:	SHD4728S			
f Service Advisor		Signature/Date	Name of Service	e Advisor	Date		
turned to Service Reception upon coll	lection		To be kept by S	Security Guard			
