COMFORTDELGRO

Our Ref: 30542715

Date: 09.10.20)

Time of Fax:

AIG

Email Via Fax:

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Your Insured: SLW 1033K

Date of Acc : _ 09.10 . 2020

www.cdge.com.sg

Company Registration No: 199506048W

Workshop

Attn: Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO ______ 4761U

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

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

REPAIR ESTIMATE

DATE:	09/10/20	3P INSURANCE:	AIG	

MODEL: HYUNDAI IONIQ

VEH NO.: SHD4761U MVA: LOKE WY

SURVEYOR:

					-
RT NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS	Ì
	Front Bumper	1		\$418.30	
	Front Bumper Bracket Top LH	1		\$35.00	
	Front Bumper Bracket LH	1		\$28.00	
	Front Bumper Centre Moulding	1		\$188.00	
	Front Bumper Grille LH	1		\$186.90	1
	Day Light LH	1		\$642.50	1
	Front Bumper Clips	10		\$22.00	1
	Headlamp LH	1		\$1,993.65	-
	Headlamp Support Panel Assy	1		\$949.30	1
	Front Fender LH	1		\$490.70	1
	Front Wheel Hub Cap LH	1		\$346.40	1
	Front Fender Shield LH	1		\$114.70	
	Emblem Blue-Drive LH	1		\$26.60	
	Front Door LH	1		\$1,797.20	
	Front Door Hinge Upper LH	1		\$65.76	
	Front Door Hinge Lower LH	1		\$65.76	
	Front Door Check LH	1		\$72.98	
	Front Door Outer Handle LH	1		\$78.00	1
	Rocker Panel Outer Garnish LH	1		\$290.00	1
	SPARE PARTS SUB TOTAL			\$7,811.75	1
	LESS 20%			\$1,562.35	1
	DISCOUNTED SPARE PARTS TOTAL			\$6,249.40	1
	Front Tyre LH	1		\$216.00	Net
	Front Fender Advertisement LH	1		\$100.00	
	Front Door Comfort Logo LH	1		\$75.00	1
	Front Door Advertisement LH				
	Front Door Advertisement LH	1		\$100.00	ive
	DISCOUNTED SPARE PARTS & NETT TOTAL		l	\$6,740.40	
	ξ1				
	Panel Beating			\$1,000.00	
	Spray Painting			\$900.00	
	Remove/Refix Door Assy			\$120.00	
- 1	Wheel Alignment			\$90.00	
- 1	Check Wiring			\$50.00	

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	ESTIMATE TOTAL			\$8,900.40
	sitial actimate based on a viewal increasion of the above			

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 <u>truthful and accurate</u> 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.	
	ACCIDENT STATEMENT
Date Of Report	09/10/2020 14:08
Date Of Accident	09/10/2020 12:00
Exact Location Of Accident	TEMPLE ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD4761U
Insured/Policyholder	
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
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	CHAM FOOK SIN EDEDEDICK

Name of Driver CHAM FOOK SIN FREDERICK

NRIC No SXXXX864H
Date Of Birth 29/05/1951
Occupation OUTDOOR
Date Of Driving Pass 22/05/1975

Driving Experience 45 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93633631

Fax Number

Contact Number

EMail Address FNA29278FCFS@GMAIL.COM

Address 997A 15-805 BUANGKOK CRESCENT

Postcode 531997

Was driver an employee of the Insured's Company NC

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

-

2

NO

NO

YES

NO

1

NO

NO

General Information of the Accident

Type Of Accident SIDE SWIPE
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

Was any body injured in the Accident?
Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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 SLW1033K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

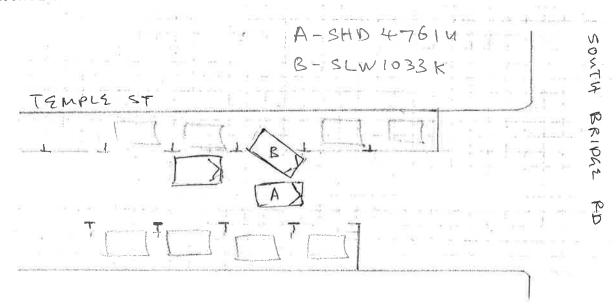
Postcode

Insurance Company Name

Nature Of Damage FRT RHT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE	CIRCUMSTANCES	OF	THE	ACCIDENT

The state of the s	
+ Statent attached +	
	-

DECLARATION

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

COMPORT TRANSPORTATION PTE LICE CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 09 10 25

09.10.2020

1330m

Reporting Centre Personnel's Signature

Name:

NRIC/Fin No.:

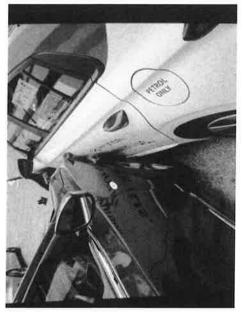
Larry No

Sketch Plan Pg. 2

Describe Circumstances of the Accident.

On 09.10.2020, at about	1200hrs, I was driving my Comfort taxi, SHD476	1U, along
Temple Street with no pa	ex. Weather was clear and no traffic.	
Somewhere towards the	junction with South Bridge Rd, there was a van,	stopped
beside the parked vehicle		
As I was driving past the	stationary van, a private car, B, came out from a	parking lot
and collided with my taxi	left front side.	
No injury.		
Declaration		
/We declare the foregoing partic	culars are true in every respect.	
FORT TRANSPORTATION PT CO. REG. NO. 199303821R	ELI. Solu	
olicyholder's Signature/Date &	Driver's signature(If driver is not the policyholder)/Date	Larry Ng
ime		Witnessed by Reporting Centre Personnel
	& Time 09.10-2020	
	(= - 0, 03	















COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

CHASSIS CODE KMHC851CVKU146228

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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 Radut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 320 000 Road 35 in 92 02 03 649 15:05

Page: 1

COMPLETION DATE/TIME:

JOB CARD JC NO.: 305427256 ARC Repair TP(CLSO)1 Sales Order: Team: REGN NO.: SHD4761U MILEAGE STOMER COMFORT TRANSPORTATION PTE LTD FUEL /MS HYUNDAI 7010045 STOMER NO. 383 SIN MING DRIVE E.....F 09.10.2020 13:00 Singapore SINGAPORE 575717 IONIQ(G2) 65508755 YR OF MANU. 14.05.2019 TARGET DATE ... (R)

(P)

COUNT CARD NO.

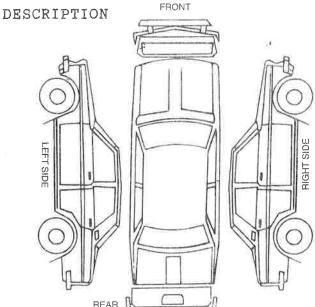
JOB DESCRIPTION

Accident Date: 09.10.2020

NATURE: 3P 09.10.2020

S/NO

LABOR CODE



		RE	EAR CONTRACTOR OF THE PARTY OF
CKED & PASSED OUT BY:		•	
SERVICE ADVISOR			CUSTOMER'S SIGNATURE
wledgement Slip	N 2	Exit Pass	
: No.: SHD4761U YY	₩	Vehicle No.: SHD4761U	Ţ
of Service Advisor	Signature/Date	Name of Service Advisor	Date
eturned to Service Reception upon collection		To be kept by Security Guard	
		.**	