

Our Ref : 305428493

Date : 17-10-2020

Time of Fax : _____

ALG

Attn : Motor Claims Dept.

Via Fax : Email

Your Insured : SMR 5700G

Date of Acc : 17-10-2020

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

www.cdge.com.sg

Company Registration No: 199506048W

Workshop

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHA 4535 Y

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
→ Mr. Loke WY 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

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA4535Y

DATE: 17. Oct. 2020

MAKE : HYUNDAI

MVA: LOKE WY

MODEL : i40

DOA: 17. Oct. 2020

AIG

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper			\$1,106.00
10	Rear Bumper Clips		\$2.20	\$22.00
1	Rear Bumper Side Bracket – RH			\$35.60
1	Rear Bumper Reflector – RH			\$32.00
1	Rear Door RH			\$2,201.10
1	Rear Door Handle RH			\$36.30
1	Rear Fender RH			\$2,171.40
1	Rocker Panel Garnish RH			\$682.80
1	Rear Wheel Hub Cap			\$107.10
SUB TOTAL				\$6,394.30
LESS 20%				\$1,278.86
DISCOUNTED TOTAL				\$5,115.44
1	Rear Door Advertisement Sticker RH			\$100.00
1	Rear Bumper Advertiement Sticker			\$100.00
1	Rear Bumper Rubber Mat			\$50.00
1	Rear Door ComfortDelgro Apps Sticker			\$80.00
				\$330.00
Labour Charge				
1	Panel Beating			\$1,000.00
1	Spray Painting Charge			\$1,000.00
1	Wiring Charge			\$60.00
1	Remove/refix Reverse Sensor			\$120.00
1	Door Transfer			\$120.00
TOTAL LABOUR				\$2,300.00
ESTIMATE TOTAL				\$7,745.44
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

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	17/10/2020 10:06
Date Of Accident	17/10/2020 08:00
Exact Location Of Accident	NORTH BUONA VISTA RD X HOLLAND DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4535Y
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	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	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	CHUA KIAN TIONG
NRIC No	SXXXX106J
Date Of Birth	27/01/1959
Occupation	OUTDOOR
Date Of Driving Pass	28/03/1977
Driving Experience	43 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97705274
Fax Number	
Contact Number	
EEmail Address	CKTWILLIAM@GMAIL.COM

Address	BLK 6842C TAMPINES STREET 82 #04-44
Postcode	523842
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	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	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	SMR5700G
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage ,
No. Of Passenger (Including Driver)

LEFT FRONT

Sketch Plan Pg. 1

IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
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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.
8. **Consent under the Personal Data Protection Act (PDPA)**

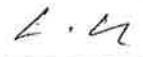
I understand, acknowledge, agree and consent that:

- (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)
 - (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, 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 court orders.

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

Policyholder's Signature
Date & Time:

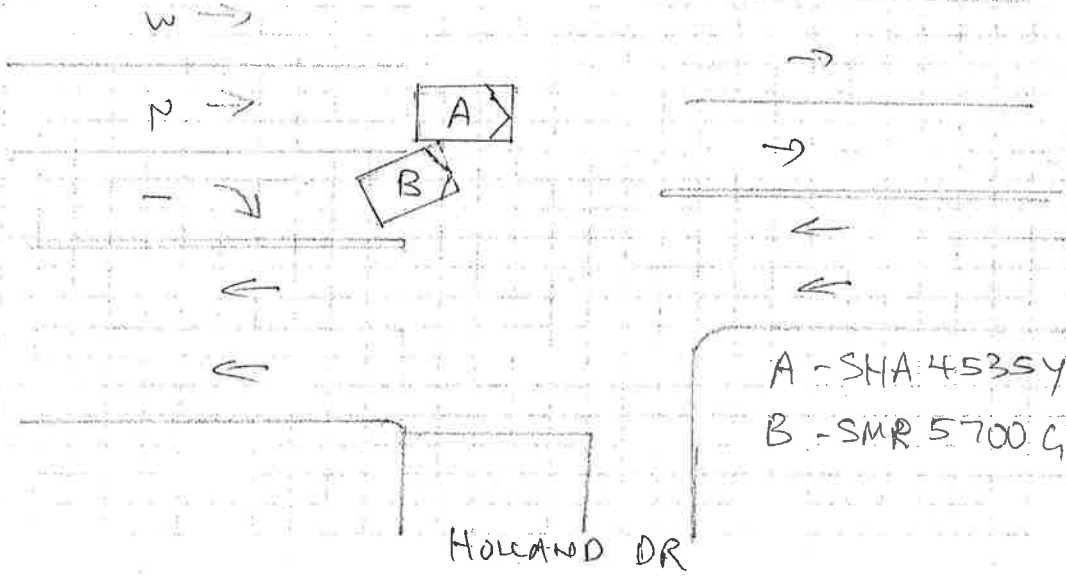

Driver's Signature
(if driver is not the policyholder)
Date & Time: 17.10.2020


Reporting Centre Personnel's Signature
Name: Larry Ng
NRIC/Fin No.:

Sketch Plan Pg. 2

SKETCH PLAN

NORTH BUONA VISTA RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Statant attached @

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: 17.10.2020
0925h

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: Larry Ng

Sketch Plan Pg. 3

Describe Circumstances of the Accident.

On 17.10.2020, at about 0800hrs, I was driving my Comfort taxi, on lane 2 along

North Buona Vista Rd with 1 male pax. Weather was clear and light traffic.

As I approached the T junction with Holland Drive, the lights were green and I continued driving straight.

Just somewhere at the pedestrian crossing, I suddenly felt an impact from my right.

I braked and turned around and saw a private car, B, had hit my taxi right rear door area. Lane 1 is a right turn lane. Maybe B suddenly changed his mind and decided to go straight and thus cutting into my lane.

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

17.10.2020
0925h

Larry Ng
Witnessed by Reporting
Centre Personnel

A member of COMFORTDELGRO

Date/Time : 17.10.2020 10:50

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 4037133

JC NO.: 305428493

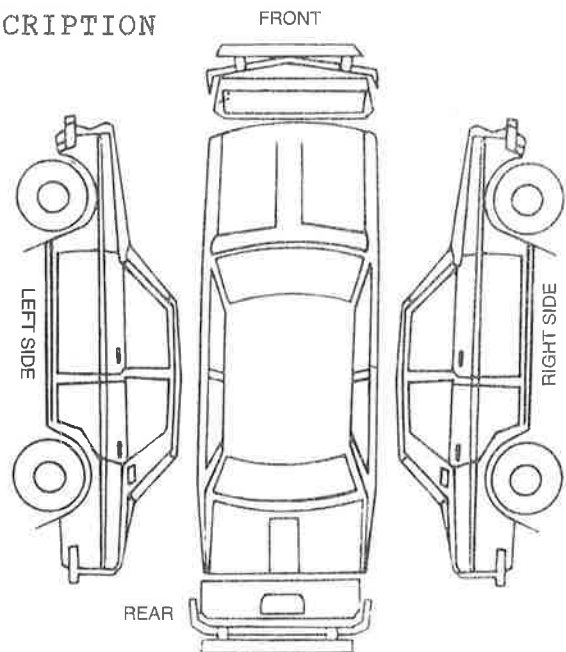
STOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO: SHA4535Y	MILEAGE
/MS	7010045	MAKE : HYUNDAI	FUEL
STOMER NO	383 SIN MING DRIVE	MODEL I-40	E.....1/2.....F
DRESS	Singapore SINGAPORE 575717	17.10.2020 08:45	DATE/TIME IN
	65508755	YR OF MANU. 26.03.2015	TARGET DATE
(R)	(O)	CHASSIS CODE KMLB41UMFU065930	COMPLETION DATE/TIME:
(P)			
COUNT CARD NO.			

Accident Date: 17.10.2020

NATURE: 3P 17.10.2020

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA4535Y YY

Vehicle No.: SHA4535Y

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard