

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

## Workshops

**Braddell**  
205 Braddell Road  
Singapore 579701

**Loyang**  
59 Loyang Drive  
Singapore 508969

**Sin Ming**  
383 Sin Ming Drive  
Singapore 575717

**Pandan**  
45 Pandan Road  
Singapore 609286

**Ubi**  
320 Ubi Road 3  
Singapore 408649

**Senoko**  
24 Senoko Loop  
Singapore 758156

**Sungei Kadut**  
7 Sungei Kadut Way  
Singapore 728791

**Defu**  
6 Defu Avenue 1  
Singapore 539537

**Marymount**  
600 Sin Ming Avenue  
Singapore 575733

Our Ref : 305431699

Date : 04.11.2020

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

ALG

Via Fax : EMAIL

Your Insured : SMT 2906P

Date of Acc : 04.11.2020

Attn : Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO 8HD 4059P

- 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

Jumari Masudin Tel no. 62148315 or Hp no. 96355305

Chiang Liat Choon Tel no. 62148314

Lim Tien Siong Tel no. 62148398 or Hp no. 96358546

- 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 PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO SHD4059P

04/11/20

MAKE :

MODEL IONIQ G3

CHIANG/ AIG

| Qty  | Parts Description/ Labour   | Type | Unit Price | Amount            |
|--|-----------------------------|------|------------|-------------------|
| 1  | REAR BUMPER                 |      |            | \$459.40          |
| 1  | REAR BUMPER BRACKET LH/RH   |      | \$55.80    | \$111.60          |
| 1  | REAR REINFORCEMENT          |      |            | \$294.80          |
| 10   | REAR BUMPER CLIPS           |      | \$2.20     | \$22.00           |
| 1  | REAR BUMPER CENTRE MOULDING |      |            | \$451.25          |
| 1  | FOG LAMP                    |      |            | \$201.00          |
|  |                             |      |            | <b>\$1,540.05</b> |
|  | 20.00%                      |      |            | \$308.01          |
|  | <b>DISCOUNTED TOTAL</b>     |      |            | <b>\$1,232.04</b> |
|  |                             |      |            |                   |
| 1  | REVERSE SENSOR              |      |            | \$135.70          |
| 1  | BUMPER MAT                  |      |            | \$50.00           |
| 1  | REAR NUMBERPLATE W/HOLDER   |      |            | \$50.00           |
|  |                             |      |            | <b>\$235.70</b>   |
|  | <b>Labour Charge</b>        |      |            |                   |
|  | Panel Beating               |      |            | \$640.00          |
|  | Spray Painting Charge       |      |            | \$300.00          |
|  | Remove/refix reverse sensor |      |            | \$60.00           |
|  | Check lighting              |      |            | \$50.00           |
|  | <b>TOTAL LABOUR</b>         |      |            | <b>\$1,050.00</b> |
|  |                             |      |            |                   |
|  | <b>ESTIMATE TOTAL</b>       |      |            | <b>\$2,517.74</b> |
|  |                             |      |            |                   |
| 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             | 04/11/2020 11:57                   |
| Date Of Accident           | 04/11/2020 06:30                   |
| Exact Location Of Accident | TAMPINES AVE 7 TWDS TAMPINES AVE 2 |
| Country/State of Loss      | SINGAPORE                          |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHD4059P                       |
| <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       |
| 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       | KAMARUDIN AHAMAD      |
| NRIC No              | SXXXX785C             |
| Date Of Birth        | 13/09/1962            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 28/05/1982            |
| Driving Experience   | 38 YEARS AND 5 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-96556285  |
| Fax Number           |                       |
| Contact Number       |                       |
| EMail Address        | KAMARUDIN47@GMAIL.COM |

|   |                              |
|---|------------------------------|
| Address   | 429 #02-13 PASIR RIS DRIVE 6 |
| Postcode  | 510429                       |
| 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 | RAINING                  |
| Road Surface       | WET                      |

#### 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: : -<br>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 | SMT2906P    |
| 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         |

No. Of Passenger (Including Driver)

## SKETCH PLAN

A = SMO 4059P

B = SMT 2906P  
(MITSUBISHI)

Q.

TAMPINES  
Ave 7

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the 11/10/2020 @ 0630hrs, I was driving along Tampines Ave 7 towards Tampines Ave 2 direction.

As I reached slip road I slow down to check the incoming vehicle on my right side. The front vehicle stop so I stop as well when there's an impact on my taxi rear portion.

I step out to check and found out a vehicle of SMT 2906P front portion 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.

OMFORT TRANSPORTATION PTE LTD  
CP REG NO 189302521R

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/Fin No. 04 NOV 2020

# **IMPORTANT NOTICE**

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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 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  
02-5770 8000 100332142

Policyholder's Signature  
Date & Time:

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

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





