

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305434605
Date : 20-11-20
Time of Fax: _____

Via Fax : EMIAL
Your Insured: GW 8512A
Date of Acc : 19-11-20

Attn: Motor Claims Department AIG

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH A 7049P

Our client has engaged us to repair the above vehicle and submit claims against the other party/parties-involved in the accident _

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.

Enclosed, please find:

- i) Our initial estimate of repairs of the damaged vehicle;
- ii) Accident report made by our client.

I would appreciate it if you could call us to arrange for the survey of the vehicle:-

| | | |
|----------------------|---------------------------------|---|
| ♦ Lim Kwok Eng | Tel: 6214 8316 or HP: 9824 0811 | } jumanibm@cdge.com.sg Fax no. 6546 8156 |
| ♦ Juman Bin Masudin | Tel: 6214 8315 or HP: 9635 5305 | |
| ♦ Lim Tien Siong | Tel: 6214 8398 or HP: 9635 8546 | |
| ♦ Chiang Liat Choon | Tel: 6214 8314 or HP: 9296 6006 | |
| ♦ Larry Ng Nyuk Phin | Tel: 6214 8315 or HP: 9230 2824 | |
| ♦ Fauzy Bin Mokhtar | Tel: 6214 8319 or HP: 8125 9176 | |

→ If we do not hear from you within the next 48 hours, we shall deem 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.

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.

Thank you.

Yours faithfully

for Vice President
Crash Repairs & Claims Recovery

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

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 609285
320 Ubi Road 3 Singapore 408649

24 Senoko Loop Singapore 758156
Kungel Kadu Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time 20.11.2020 10:10 Page 1

Member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)1

Sales Order: 4043669

305434605

JOB CARD

SHA7049P

JC NO.:

FROMER COMFORT TRANSPORTATION PTE LTD
7010045

AS 383 SIN MING DRIVE
FROMER NO Singapore SINGAPORE 575717
RESS 65508755

(R)

(O)

(P)

OUNT CARD NO.

Accident Date: 19.11.2020

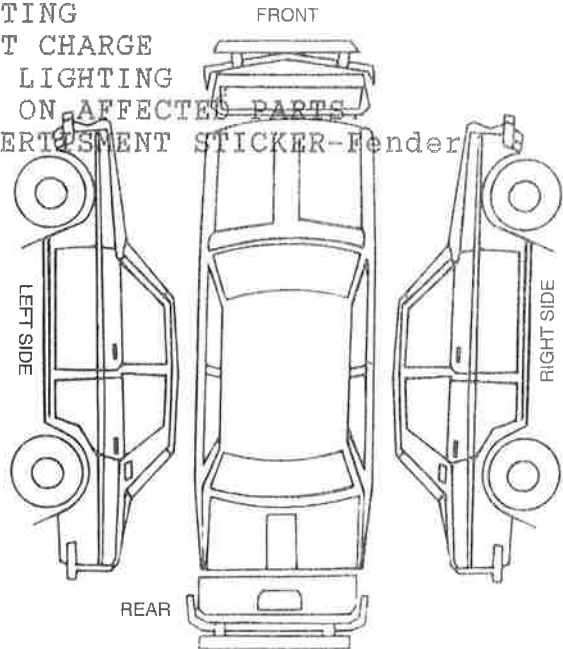
NATURE: 3P 19.11.2020/C

JOB DESCRIPTION

| S/NO | LABOR CODE |
|--------|------------|
| 000060 | PB |
| 000070 | SP |
| 000080 | 17-01 |
| 000090 | 20-00 |
| 000100 | 20-05 |

DESCRIPTION

PANEL BEATING
SPRAYPAINT CHARGE
CHECK ALL LIGHTING
TUFF COAT ON AFFECTED PARTS
RENEW ADVERTISEMENT STICKER-Fender



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

SHA7049P

JU AIG

Exit Pass

Vehicle No.:

SHA7049P

No.:

Signature/Date

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 20.11.2020

REPAIR ESTIMATE

Time: 09:59:08

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305434605
REGN NO : SHA7049P
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 14.05.2015
DATE/TIME IN : 20.11.2020 08:45
ACCIDENT DATE : 19.11.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | |
|------------------------|---------------------------|------|----------|-------|----------|
| 0001 04-01-0103-2322-A | I40V3 BUMPER W LIP & FOG | 1 | 1,052.20 | 20.00 | 841.76 |
| 0002 04-01-0103-0782-A | I40VC LAMP ASSY-HEAD RH# | 1 | 1,388.00 | 20.00 | 1,110.40 |
| 0003 04-01-0103-0640-G | I40VC BRACKET-FR BUMPER S | 1 | 24.60 | 20.00 | 19.68 |
| 0004 04-01-0101-0111-G | HYUNDAI BUMPER COVER CLIP | 10 L | 20.00 | 20.00 | 16.00 |
| 0005 04-01-0103-0573-A | I40VC PANEL-FENDER RH+ | 1 | 663.00 | 20.00 | 530.40 |

SUB-TOTAL : 2,518.24

JOB NATURE

| | | |
|------------|------------------------------------|--------|
| 0000 PB | PANEL BEATING | 600.00 |
| 0001 SP | SPRAYPAINT CHARGE | 500.00 |
| 0002 17-01 | CHECK ALL LIGHTING | 50.00 |
| 0003 20-00 | TUFF COAT ON AFFECTED PARTS. | 50.00 |
| 0004 20-05 | RENEW ADVERTISEMENT STICKER-Fender | 100.00 |

SUB-TOTAL : 1,300.00

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305434605
REGN NO : SHA7049P
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 14.05.2015
DATE/TIME IN : 20.11.2020 08:4
ACCIDENT DATE : 19.11.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,818.24

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

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 | 20/11/2020 09:23 |
| Date Of Accident | 19/11/2020 22:50 |
| Exact Location Of Accident | ALONG TAI THONG CRES |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHA7049P |
|-----------------------------|----------|

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 | 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 | TAN KOH NEE |
| NRIC No | SXXXX576E |
| Date Of Birth | 27/02/1966 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/08/2012 |
| Driving Experience | 8 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92316583 |
| Fax Number | |
| Contact Number | |
| EEmail Address | 0771ANTHONY@GMAIL.COM |

| | |
|---|----------------------------------|
| Address | BLK 128 MARSILING LANE #30-71 |
| Postcode | 732128 |
| 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) | 3 |
| Passenger 1 | NAME: - GENDER: MALE |
| 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 | GW8512H |
| Vehicle Make/Model/Colour | VAN |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | UNKNOWN |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |

Postcode

Insurance Company Name

Nature Of Damage

LEFT FRONT

No. Of Passenger (Including Driver)

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 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. 1993C3821R

Policyholder's Signature
Date & Time:

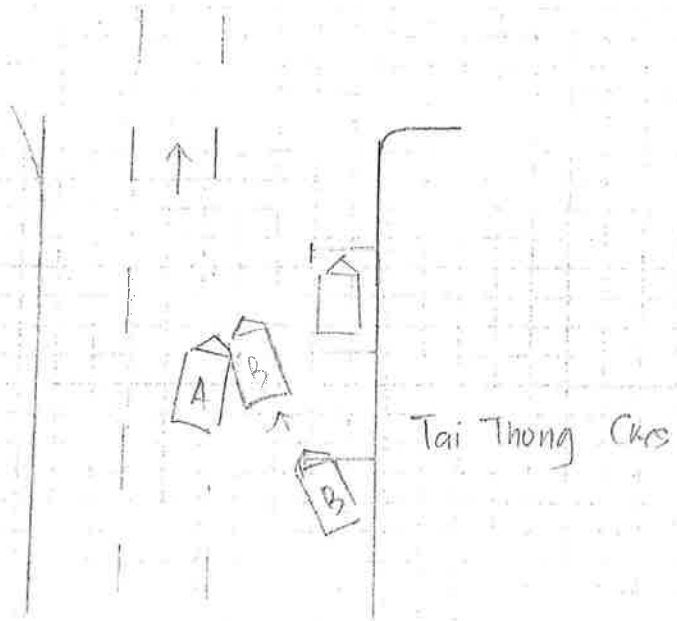
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

A: SHA 7049 P.

B: GW 8512 H





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| |
|---|
| On 19/11/2020 at about 22:50 hrs, I Veh A was |
| permying a couple pass at above said location. In the midst |
| I filtering to right in order made a right turn at further up. |
| Veh B swerved out from parking lot and it left front |
| portion collided onto the front right portion of my taxi. |
| Both of us then alighted to take photo, the said van driver |
| refused to provide particulars. No injury reported at the point |
| of accident. My passengers drop off at scene. |
| |
| |
| |

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821RPolicyholder's Signature
Date & Time:

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


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