

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref : 305441072 Via Fax : EMAIL  
Date : 28.12.2020 Your Insured : SKT1933R  
Time of Fax :                      Date of Acc : 26.12.2020

Attn: Motor Claims Department ALG

Dear Sirs

**SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH B 6635Z**

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 8355 or HP: 9824 0811
◆ Jumani Bin Masudin	Tel: 6214 8315 or HP: 9635 5305
◆ Lim Tien Siong	Tel: 6214 8398 or HP: 9635 8546
◆ <b>Chiang Liat Choon</b>	<b>Tel: 6214 8314 or HP: 9296 6006</b>

} **chianglc@cdge.com.sg**  
**Fax no. 6546 8156**

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 Insurante company.

Thank you.

Yours faithfully

  
For Vice President  
Taxi Accident Repair

# COMFORT DELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

## REPAIR ESTIMATE

DATE: \_\_\_\_\_

INSURANCE: aig

MODEL: Hyundai Ioniq (Rear)

MVA: CHIANG

VEHICLE NO.: SHB6635Z

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1	Boot Lid			\$2,480.40
1	Boot Lid Rubber			\$187.40
1	Boot Lid Hinge (LH/RH)		\$31.30	\$71.30
1	Boot Lid Lock Lower			\$51.30
1	Boot Lid 'H' Emblem			\$28.00
1	Boot Lid Absorber (LH/RH)		\$86.70	\$173.40
1	Emblem-Hybrid			\$24.30
1	Emblem-Ioniq			\$31.30
1	Antenna Assy-SMARTK			\$40.50
1	Boot Lid Glass, Upper			\$907.20
1	Boot Lid Glass, Lower			\$584.90
2	Boot Lid Lamp(LH/RH)		\$794.40	\$1,588.80
1	Boot Lid Trimboard			\$259.70
1	Licence Lamp (LH/RH)		\$42.65	\$85.30
1	Bootlid Garnish			\$36.10
1	Bootlid Lower Garnish			\$25.40
2	Tail lamp assy LH/RH		\$870.40	\$1,740.80
1	Rear Bumper			\$459.40
1	Rear Bumper Reinforcement			\$394.80
1	Rear Bumper Reinforcement Bracket (LH/RH)		\$138.10	\$276.20
1	Rear Bumper Centre Moulding Assy			\$451.25
1	Rear Bumper Lower Centre Moulding Assy			\$155.00
1	Rear Bumper Side Bracket (LH/RH)		\$55.80	\$111.60
10	Rear Bumper Cover Clips		\$2.20	\$22.00
1	Rear Bumper Under Centre Cover			\$225.00
1	Rear Bumper Reflector Lamp(LH/RH)		\$41.45	\$82.90
1	Rear Bumper Fog Lamp			\$201.50
1	Rear Bumper Towing Cover			\$98.80
1	Rear Bumper lip			\$123.85
1	Rear Fog Lamp			\$201.50
SUB TOTAL				\$11,119.90
LESS 20%				\$2,223.98
DISCOUNTED TOTAL				\$8,895.92
1	Boot Lid Comfort Logo & Tel No. Sticker			\$60.00
1	Boot lid App Logo Sticker			\$40.00
1	Reverse sensor			\$180.00
1	Rear bumper mat			\$50.00
1	Rear No. Plate W/Holder			\$55.00
1	Rear Windscreen Sealant			\$46.00
SUB TOTAL				\$431.00
Labour Charge				
Panel Beating				\$1,200.00

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Spray Painting Charge			\$1,000.00
	Wiring Charge			\$90.00
	Tuff Kote			\$180.00
	Towing Charge			\$80.00
	Remove/Refix Cushion & Upholstery Rear			\$150.00
	Remove/Refix Rear Windscreen Glass			\$120.00
	Remove/Refix Reverse Sensor			\$120.00
	<b>TOTAL LABOUR</b>			<b>\$2,940.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$12,266.92</b>
<p><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.</b></p>				

# 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 Submission	28/12/2020 10:39 (SGT)
Date of Accident	26/12/2020 15:25 (SGT)
Exact Location of Accident	Hougang Ave 9, Singapore
Additional Location Information	HOUGANG AVE 9 TWDS YIO CHU KANG RD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6635Z
-----------------------------	----------

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXXX1R
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ioniq
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

### INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	MCOM0015
Cover Note Number	-

### DRIVER

Name of Driver	DOMINIC TAN CHIN TAK
NRIC No	SXXXX741D
Date Of Birth	08/03/1973
Occupation	Outdoor

Date Of Driving Pass	23/05/1995
Driving experience	25 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96926671
Alt. Phone Number	-
Email Address	DOMINICTAN38@HOTMAIL.COM
Address	BLK 422 HOUGANG AVENUE 6
Address complement	#06-128
Postcode	530422
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	-
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT1933R
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE YI PENG GILBERT
Contact Number	(Phone) +65-91193055

Address	
Address complement	
Postcode	
Insurance Company Name	AIG
Nature Of Damage	SLIGHT
Details of property damaged in accident	FRONT
No. Of Passenger (Including Driver)	

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	DOMINIC TAN CHIN TAK
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	DOMINIC TAN CHIN TAK
Injured person in which vehicle?	
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**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. 199303821R

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.: Olivia Wong

28 DEC 2020

1

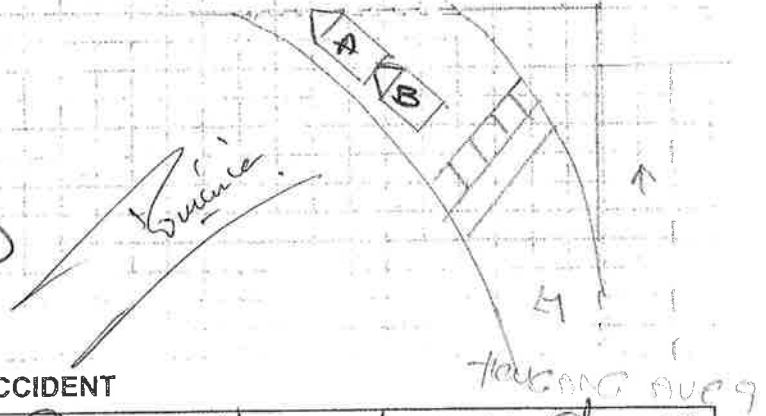
SKETCH PLAN

A = SHB663C2

Yio Chu Kang Rd

B = SKT1933R

(MERCEDES)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 26/12/2020 @ 1525hrs, I was driving along Hargeng Ave 9 towards Yio Chu Kang Rd direction with 1 passenger on board my taxi.

As I reached the stopping line along the Slip Road I slow down to stop to checked any incoming vehicle on my right side.

Then there's an impact on my taxi rear portion. The impact caused my taxi to surge forward. I parked on the side road to checked and found out a vehicle of SKT1933R front portion had collided onto my taxi rear portion.

I felt slight back pain from the impact and will consult doctor later. My passenger left to take another taxi.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

CO. REG. NO. 199303621R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

Olivia Wendy

NRIC/Fin No.:

23 DEC 2020