

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305448639 Via Fax : EMAIL
Date : 18-1-21 Your Insured : SJA 9996T
Time of Fax : _____ Date of Acc : 18-1-21

Attn: Motor Claims Department ALG

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

18 6655 R

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 |
| ♦ <u>Jumani Bin Masudin</u> | 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 |

} **jumanibm@cdege.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 Insurance company.

Thank you.

Yours faithfully

For Vice President
Taxi Accident Repair

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305448639

OMER

COMFORT TRANSPORTATION PTE LTD

IS 7010045

OMER NO. 383 SIN MING DRIVE

RESS Singapore SINGAPORE 575717

65508755

(R)

(O)

(P)

CUNT CARD NO.

REGN NO:

SHB6655R

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G2)

18.01.2021 09:50

YR OF MANU.

18.04.2019

TARGET DATE

CHASSIS CODE

RMC851CVKU141799

COMPLETION DATE/TIME:

Accident Date: 16.01.2021

NATURE: 3P 16.01.2021

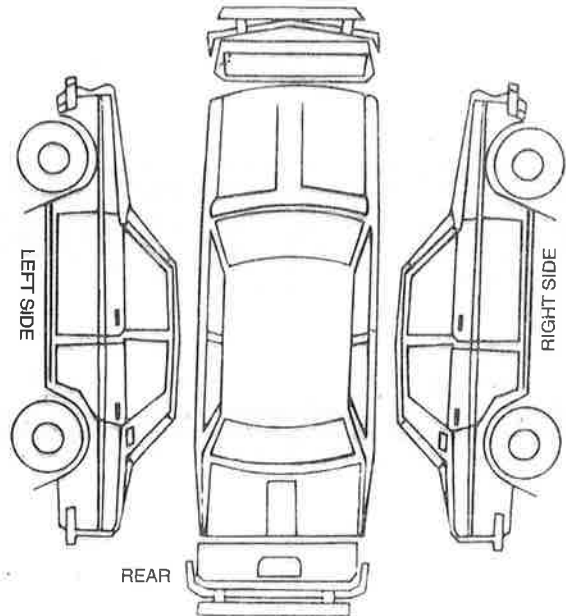
JOB DESCRIPTION

S/NO

LABOR CODE

DESCRIPTION

FRONT



REAR

HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

Vehicle No.:

SHB6655R

Vo.:

SHB6655R

JU AIG

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 18.01.2021

Time: 11:53:03

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 : 305448639
REGN NO : SHB6655R
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 18.04.2019
DATE/TIME IN : 18.01.2021 09:50
ACCIDENT DATE : 16.01.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | |
|------------------------|---------------------------|------|--------|-------|--------|
| 0001 04-01-0104-2282-G | IONIQVC COVER-RR BUMPER# | 1 | 459.40 | 20.00 | 367.52 |
| 0002 04-01-0104-2533-G | IONIQV2-4 MOULDING ASSY-R | 1 | 451.25 | 20.00 | 361.00 |
| 0003 04-01-0101-0111-G | I40VC BUMPER COVER CLIP R | 10 L | 22.00 | 20.00 | 17.60 |
| 0004 04-01-0103-1150-A | I40VC PROTECTOR MAT | 1 N | 50.00 | 2.00- | 50.00 |

SUB-TOTAL : 796.12

JOB NATURE

| | | |
|------------|-----------------------------------|--------|
| 0000 PB | PANEL BEATING | 400.00 |
| 0001 SP | SPRAYPAINT CHARGE | 300.00 |
| 0002 L | REMOVE/REFIX REVERSE SENSOR | 80.00 |
| 0003 20-05 | RENEW ADVERTISMENT STICKER-Fender | 200.00 |

SUB-TOTAL : 980.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 18.01.2021

Time: 11:53:03

Page: 2

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

JOB NO : 305448639
REGN NO : SHB6655R
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 18.04.2019
DATE/TIME IN : 18.01.2021 09:5
ACCIDENT DATE : 16.01.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,776.12

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 Submission | 18/01/2021 11:06 (SGT) |
| Date of Accident | 16/01/2021 12:15 (SGT) |
| Exact Location of Accident | Stevens Rd, Singapore |
| Additional Location Information | STEVENS RD TWDS FAR EAST |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHB6655R |
|-----------------------------|----------|

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 | Axa |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | Yes |
| Policy Number | VFX/P2419138 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------------------------|
| Name of Driver | BOBBY LIM KOON HUAT (LIN JUNFA) |
| NRIC No | SXXXX580F |
| Date Of Birth | 11/03/1977 |
| Occupation | Outdoor |

| | |
|--|--------------------------|
| Date Of Driving Pass | 19/07/2002 |
| Driving experience | 18 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96853460 |
| Alt. Phone Number | - |
| Email Address | MILYBBOB@GMAIL.COM |
| Address | BLK 211 YISHUN STREET 21 |
| Address complement | #08-03 |
| Postcode | 760211 |
| 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 | Side Swipe |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 3 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|------|
| Name | - |
| Gender | Male |

PASSENGER 2

| | |
|--------|--------|
| Name | - |
| Gender | Female |

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 | SJA9996T |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

Vehicle Colour
Vehicle Category
Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

Private car
MR GOH
(Phone) +65-96698179
AIG
SLIGHT
RH FRONT
1

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.:

SKETCH PLAN

A SHB 6555R

B SJA 9996T

Stevens Road Towards
Far East

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/01/2020 @ about 1215 hrs, I was travelling along Stevens Road towards Far East direction with passengers onboard. As I was at the extreme right lane. There was vehicle B. from my left lane cut into my lane and his right front portion had hit onto my left rear portion. no one was injured at that time of accident.

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:

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