

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305451030 Via Fax : Email
Date : 29 01 21 (Fri) Your Insured : SHD 5002 L
Time of Fax : _____ Date of Acc : 28 01 21

Attn: Motor Claims Department

Ag Abia

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

A1741M.

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
♦ <u>Lim Tien Siong</u>	<u>Tel: 6214 8398 or HP: 9635 8546</u>
♦ Chiang Liat Choon	Tel: 6214 8314 or HP: 9296 6006

} **limts@cde.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

Lim Tien Siong

For Vice President
Taxi Accident Repair

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 29.01.2021

Time: 10:01:12

Page: 1

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13 IS

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

JOB NO : 305451030
 REGN NO : SHA1741M
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 01.08.2019
 DATE/TIME IN : 28.01.2021 16:00
 ACCIDENT DATE : 28.01.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 FNPS	REAR NO.PLATE W/TRIM COVE	1	N	55.00	0.00	55.00
0002 04-01-0104-2282-G	REAR BUMPER	1		459.40	20.00	367.52
0003 04-01-0104-2533-G	REAR BUMPER CTR MOULDING	1		451.25	20.00	361.00
0004 04-01-0104-2544-G	REAR BUMPER TOW COVER	1		98.80	20.00	79.04
0005 04-01-0104-2545-G	REAR BUMPER LWR MOULDING	1		155.00	20.00	124.00
0006 04-01-0104-2370-G	REAR BUMPER FOGLAMP	1		201.50	20.00	161.20
0007 04-01-0104-2288-G	REAR BUMPER BEAM	1		394.80	20.00	315.84
0008 04-01-0104-3919-G	REAR BUMPER STAY RH	1		138.10	20.00	110.48
0009 04-01-0104-3819-G	REAR BUMPER STAY LH	1		138.10	20.00	110.48
0010 04-01-0104-0852-G	REAR BUMPER REFLECTOR RH	1		41.45	20.00	33.16
0011 04-01-0104-0851-G	REAR BUMPER REFLECTOR LH	1		41.45	20.00	33.16
0012 09-01-9999-0068-A	REVERSE SENSOR	1.000		180.00	2.00	180.00
0013 04-01-0104-2270-G	BOOTLID EMBLEM-HYBRID	1		24.30	20.00	19.44

COMFORTDELGRO ENGINEERING PTE LTD

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Page: 2

(Fri)
13 TS

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0014 04-01-0104-2271-G	BOOTLID EMBLEM-IONIQ	1	31.30	20.00	25.04
0015 28-01-0103-0005-A	BOOTLID COMFORTDELGRO	1	40.00	2.00	40.00
0016 28-01-0103-0006-A	BOOTLID 65521111	1	35.00	0.20	35.00
0017 28-01-9999-2025-A	BOOTLID APPS	1	35.00	0.02	35.00

SUB-TOTAL : 2,085.36

JOB NATURE

0000 PB	PANEL BEATING	400.00
0001 SP	SPRAYPAINT CHARGE	600.00
0002 L	R/I REVERSE SENSOR	120.00

SUB-TOTAL : 1,120.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

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Page: 3

13 IS

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MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 01.08.2019
DATE/TIME IN : 28.01.2021 16:00
ACCIDENT DATE : 28.01.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

Long

TOTAL : 3,205.36

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	29/01/2021 08:36 (SGT)
Date of Accident	28/01/2021 09:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	SLIP ROAD FROM CTE TWDS BRADDELL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1741M
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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	EO HANG MENG
NRIC No	SXXXX076B
Date Of Birth	07/05/1953
Occupation	Outdoor

Date Of Driving Pass	14/10/2008
Driving experience.	12 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91037181
Alt. Phone Number	-
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Address	BLK 115 ANG MO KIO AVENUE 4
Address complement	#02-387
Postcode	560115
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changkat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007819999
Alt. Police Station Phone No	(Fax) +65-67832722
Police Station Address	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT NO: T/20210128/2047

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	SMD5002L
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG
Nature Of Damage	MODERATE
Details of property damaged in accident	FRONT
No. Of Passenger (Including Driver)	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. 193303621B

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

As per attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report

7/20210128/2047-

DECLARATION

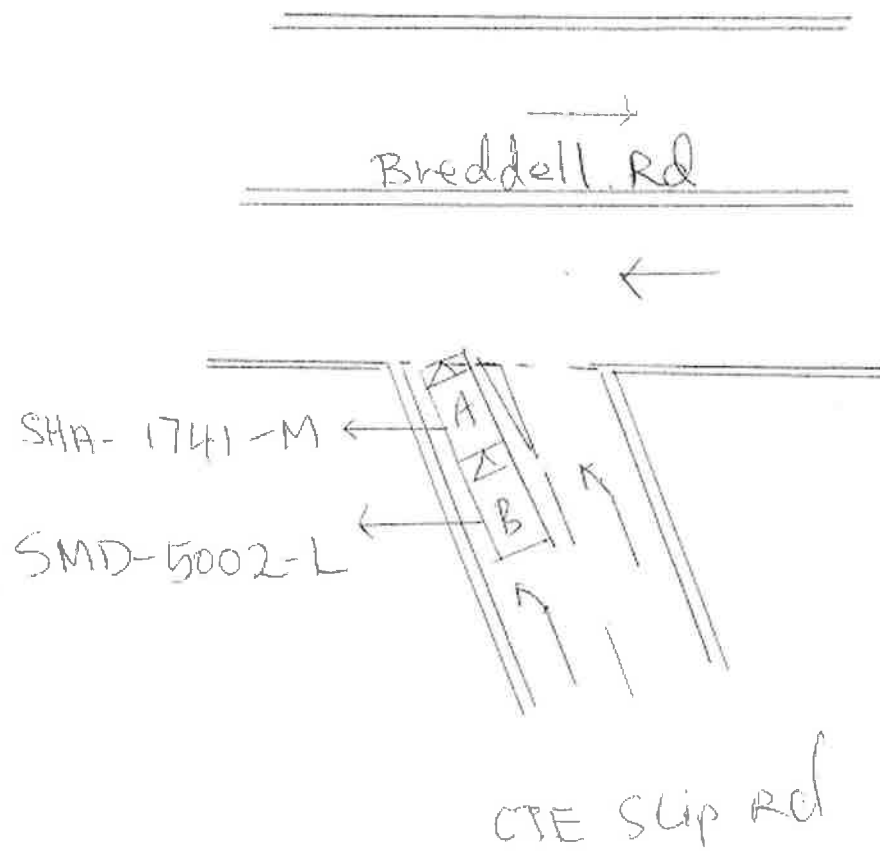
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 105303821R

Policyholder's Signature
Date & Time:

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

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





**SINGAPORE
POLICE FORCE**



T/20210128/2047

1 of 3

Report No. T/20210128/2047

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2021 12:55	Vide Report No.:	Station Diary No.: 20
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Informant's Particulars

Name of Informant: EO HANG MENG			Address: APT BLK 115 ANG MO KIO AVENUE 4 #02-387 SINGAPORE 560115		
ID Type / ID No.: NRIC NO / S0173076B			Contact No.: Home/Office: Mobile: 91037181		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 07/05/1953	Type of Informant: Driver		
Race: Chinese			Institution / School Name:		
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/01/2021 09:00	Type of Location:
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA1741M	Car				Slightly Damaged	0
SMD5002L	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20210128/2047

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No. T/20210128/2047

CONTINUATION OF REPORT

Driver			
Name	EO HANG MENG	ID No.	S0173076B
Related Vehicle	SHA1741M (Car)	Contact No.	91037181
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/01/2021	Date Discharge	28/01/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 28/01/2021 at 0830hrs, I was travelling along CTE.

I exited the CTE at Braddell Road exit. While I was still on the slip road towards Braddell Road exit, I stopped my vehicle to wait for the traffic. Suddenly, I felt a nudge at the rear of my vehicle. I alighted to make a check and realized that the vehicle from the rear had collided my rear. I make a check at all parties and confirmed that there was no requirement for immediate medical attention. I exchanged particulars with the driver and left the scene.

Later, I felt some aching at the lower back area. I proceeded to see doctor and was given 5 days MC.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20210128/2047

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Report No. T/20210128/2047

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Staff Sgt TAN YI YI, JEAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No: 65476404

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
28/01/2021 12:55

Classification Of Case: