

Our Ref : 305455055

Date : 23/02/21

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

Via Fax : Email

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mainline +65 6383 6280  
Facsimilie +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

Workshop

Your Insured : GBG8377A

Date of Acc : 22/02/21

Attn : Motor Claims Dept.

Dear Sirs

\* 8 pages

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHA3891A

Loyang  
59 Loyang Drive  
Singapore 508969

- 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  
Jumani Bin Masudin Tel no. 62148315 or Hp no. 96355305  
Lim Tien Siong Tel no. 62148398 or Hp no. 96358546  
Chiang Liat Choon Tel no. 62148314 or Hp no. 92966006  
Fauzy Bin Mokhtar Tel no: 62148319 or Hp no : 81259176  
Larry Ng Tel: 6214 8316

- 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

Lke

AIG

COMFORTDELGRO ENGINEERING PTE LTD

Date: 23.02.2021

REPAIR ESTIMATE

Time: 10:53:05

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 : 305455055  
REGN NO : SHA3891A  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G3)  
DATE OF REGN : 22.10.2019  
DATE/TIME IN : 22.02.2021 14:25  
ACCIDENT DATE : 22.02.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-0592-G	PANEL ASSY-FRONT DOOR RH#	1	L	1,797.20	20.00	1,437.76
0002	04-01-0104-2468-G	MOULDING ASSY-W/LINE FRT	1	L	186.20	20.00	148.96
0003	04-01-0104-2572-G	GRIP-FRONT DOOR OUTSIDE R	1	L	234.80	20.00	187.84
0004	28-01-0103-0003-A	FRT DOOR LOGO COMFORTDELG	1	N	75.00	2.00-	75.00
0005	28-01-9999-2023-A	APP LOGO REAR DOOR L/R CT	1	N	80.00	0.20	80.00
0006	04-01-0104-2470-G	MOULDING ASSY-W/LINE RR D	1	L	166.20	20.00	132.96
0007	04-01-0104-0595-G	PANEL ASSY-REAR DOOR RH#	1	L	1,789.90	20.00	1,431.92
0008	04-01-0104-0810-G	MOULDING ASSY-SIDE SILL R	1	L	290.00	20.00	232.00

SUB-TOTAL : 3,726.44

JOB NATURE

0000	23-01	TOWING FEE					60.00
0001	L	PANEL BEATING[repair rr fender Rh]					900.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA					850.00

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

JOB NO : 305455055  
 REGN NO : SHA3891A  
 MILEAGE : 000000000  
 MAKE : HYUNDAI  
 MODEL : IONIQ(G3)  
 DATE OF REGN : 22.10.2019  
 DATE/TIME IN : 22.02.2021 14:2  
 ACCIDENT DATE : 22.02.2021

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0003 20-00 TUFF COAT ON AFFECTED PARTS.			50.00		
0004 20-02 TRANSFER OF DOOR FRT RH			120.00		
0005 20-02 TRANSFER OF DOOR REAR RH			120.00		
					SUB-TOTAL : 2,100.00
					TOTAL : 5,826.44

\_\_\_\_\_  
 MVA NAME & SIGNATURE  
 DATE :

\_\_\_\_\_  
 SURVEYOR NAME & SIGNATURE  
 DATE :

AUTHORISED : YES / NO

# 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	23/02/2021 09:00 (SGT)
Date of Accident	22/02/2021 14:25 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	KPE TUNNEL TWDS SHEARES AVE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3891A
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Home) +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	LAU HUNG SOON
NRIC No	SXXXX704D
Date Of Birth	07/03/1963
Occupation	Outdoor

Date Of Driving Pass	19/05/1989
Driving experience	31 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96231173
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	149 07-859 WOODLANDS STREET 13
Address complement	-
Postcode	730149
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

 attach

#### 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	GBG8377A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NATALING YAP SUER TING
Contact Number	(Phone) +65-81831846
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

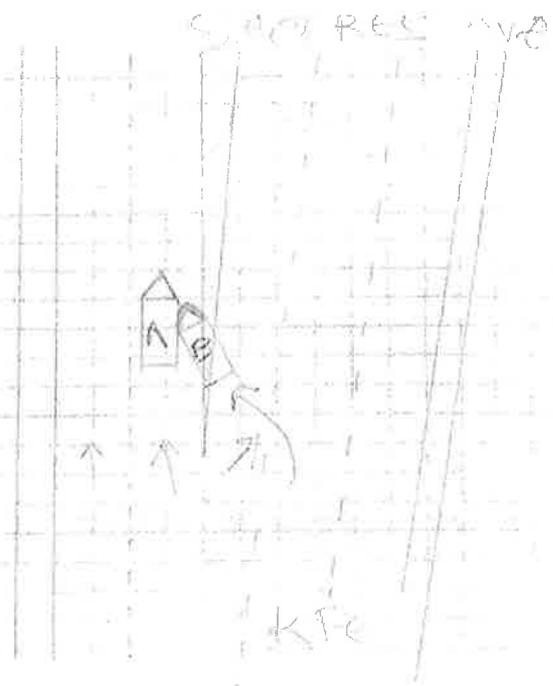
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

SLIGHT  
FRT LEFT

SKETCH PLAN

A = SHA 3891A

B = G B G 83 FFA  
(VAN)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 22/2/2011 @ 14:25 hrs, I was driving along KPE Tunnel towards Sharon Ave direction with no passenger on board my taxi. As I was driving towards the exit, suddenly there's a jerk on my taxi right side. I slow down to stop and found out a van of G B G 83 FFA had change lane.

The said van had crossed onto my taxi, whole right side. No injury at the point of accident.

DECLARATION

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

ACCIDENT INVESTIGATION PEE 11  
8.3.2011 BY 1000

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.:

22 FEB 2011

**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 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 to 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 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.

REGISTRY OF TRANSPORTATION (RTA)  
121, 123, 125, 127, 129, 131, 133

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Olivia Wong  
NRIC/Fin No.: 27 544 2003