

Our Ref : 305455271

Date : 23/02/21

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

Via Fax : Email

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

Workshop

Your Insured : SMU8372J

Date of Acc : 23/02/21

Attn : Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHC321K

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

Like

AIG

COMFORTDELGRO ENGINEERING PTE LTD

Date: 23.02.2021

REPAIR ESTIMATE

Time: 17:26:28

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 : 305455271  
 REGN NO : SHC3211C  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : IONIQ(G2)  
 DATE OF REGN : 01.02.2019  
 DATE/TIME IN : 23.02.2021 13:05  
 ACCIDENT DATE : 23.02.2021

## 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 SONATA CTPL	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 L	PANEL BEATING	900.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	800.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	50.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 23.02.2021

Time: 17:26:28

Page: 2

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CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
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SINGAPORE SINGAPORE 575717  
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JOB NO : 305455271  
REGN NO : SHC3211C  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 01.02.2019  
DATE/TIME IN : 23.02.2021 13:0  
ACCIDENT DATE : 23.02.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0003 L TRANSFER OF DOOR FRT RH 120.00

0004 L TRANSFER OF DOOR REAR RH 120.00

SUB-TOTAL : 1,990.00

TOTAL : 5,716.44

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	23/02/2021 15:20 (SGT)
Date of Accident	23/02/2021 12:20 (SGT)
Exact Location of Accident	Newton, Singapore
Additional Location Information	NEWTON CIRCUS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3211C
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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	(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	ONG KWEE HUAN
NRIC No	SXXXX323D
Date Of Birth	07/06/1969
Occupation	Outdoor



Date Of Driving Pass	01/12/1994
Driving experience	26 YEARS AND 2 MONTHS
Gentler	Male
Mobile Number	(Phone) +65-96900198
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	677C YISHUN RING ROAD #03-1954
Address complement	-
Postcode	763677
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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

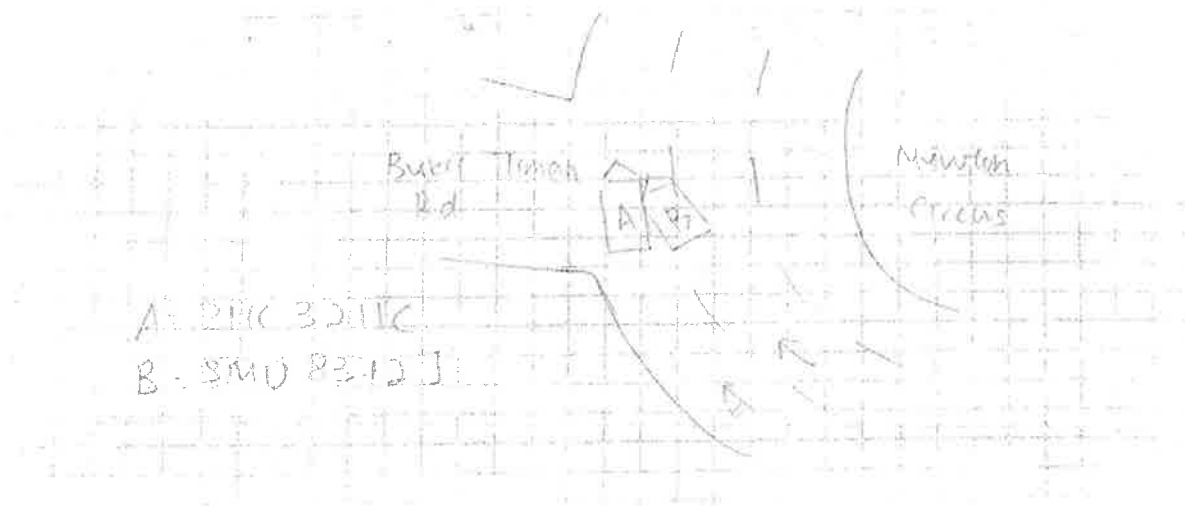
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMU8372J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAY CHIN KWANG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/2/21 at about 12:00 hrs, I Veh A was driving straight at above said location without pan. Out of sudden veh B from middle lane cut into lane wanted to exit Bukit Timah Road. As it happen too fast, I couldn't take evasive action to prevent collision. Veh B front left portion hit & grazed onto the right portion of my taxi. See photo to support claims. No injury at the point of accident.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/Fin No.: 1000123456789

**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, 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.

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.: