

ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969

Our Ref

305464172

Via Fax

EMAL

Date

16:00.21

Your Insured

1-6 88 gm

Time of Fax

Date of Acc

15.04.2

Attn: Motor Claims Department

Lonpac

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH C 855 W

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

Lim Tien Siong

Tel: 6214 8355 or HP: 9824 0811

♦ Jumani Bin Masudin

Tel: 6214 8315 or HP: 9635 5305

+ Chiang Liat Choon

Tel: 6214 8398 or HP: 9635 8546 Tel: 6214 8314 or HP: 9296 6006 chianglc@cdge.com.sg

Fax no. 6546 8156

If we do not hear from you within the <u>next 48 hours</u>, 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

COMFORTDELGRO ENGINEERING PTE LTD.

REPAIR ESTIMATE*

VEHICLE NO SHC8551M

6/04/2021

MAKE

MODEL

HYU- 140

CHIANG /LONPAC

Qty	Parts Description/ Labour	Туре	Unit Price	Amount
1	REAR BUMPER COVER			\$1,106.00
2	REAR BUMPER BRACKET SIDE LH /RH		\$35.60	\$71.20
10	REAR BUMPER CLIPS		\$2.20	\$22.00
1	REAR BUMPER UNDER COVER			\$228.00
1	REAR BUMPER REINFORCEMENT			\$394.80
1	REAR PANEL GARNISH			\$57.50
1	REAR END PANEL			\$526.70
1	REAR PANEL LOWER			\$495.50
2	REAR BUMPER REFLECTOR LH/RH		\$32.00	\$64.00
				\$2,965.70
	20.00%			\$593.14
	DISCOUNTED TOTAL			\$2,372.56
1	REAR BUMPER ADVERTISEMENT			\$50.00
1	REVERSE SENSOR 10%			\$135.70
1				\$185.70
- 1				
ļ	Labour Charge			
į.	Panel Beating			\$600.00
!	Spray Painting Charge			\$600.00
	Check lighting			\$50.00
	Remove/refix reverse sensor			\$60.00
-	Tuff Kote			\$60.00
	TOTAL LABOUR			\$1,370.00
	ESTIMATE TOTAL	- 1		\$3,928.26
		1		
			X-	
1	his is an initial estimate based on a visual inspection of the	above ve	nicle. The final repair qu	ıantum will
t	e prepared after the vehicle is surveyed by a motor Survey	or appoint	ed by the insurance co	mpany.

SJ04214G000J / JP Knights Pte Ltd ENTRY DATE & TIME: 16/04/2021 14:52 (SGT) SUBMITTED BY: Ashikin

VERSION: 1 (16/04/2021 14:52 (SGT))



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 witholding 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 16/04/2021 14:52 (SGT) Date of Accident 15/04/2021 14:00 (SGT) Exact Location of Accident Commonwealth Ave W, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8551M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 1XXXXX821R Email Address fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-89106643 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai Model 140 Exact purpose for which vehicle was being used at time of Private hire Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Taxi Transmission Auto CC 1685

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Yes Policy Number VFX/P2419138 Cover Note Number

DRIVER

Name of Driver NRIC No

KWEE TJOE DJIN @ AGUS KASMAN SXXXX413Z

Date Of Birth 22/07/1953 Occupation Outdoor Date Of Driving Pass 13/08/1975 Driving experience 45 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-89106643 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 202 CLEMENTI AVENUE 6 #07-57 Address complement Postcode 120202 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 Collision - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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 ON 15/04/2021 @ 1400HRS, I WAS DRIVING MY VEHICLE SHC8551M ALONG COMMONWEALTH AVE WEST. WHILE MY VEHICLE WAS STATIONERY DUE TO RED TRAFFIC LIGHT, VEHICLE B - YP883M COLLIDED ONTO MY REAR BUMPER. EXCHANGED PARTICULARS, NOBODY WAS INJURED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident FILE IS NOT SUITABLE Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **YP883M** Vehicle Manufacturer Mitsubishi Vehicle Model Fuso Vehicle Variant Vehicle Colour

Commercial vehicle

ONG PEE CHIN

Vehicle Category

Name of Driver

, , , , , , , , , , , , , , , , , , ,	
NRIC No	SXXXX789E
Contact Number	2
Address	=
Address complement	=
Postcode	<u> </u>
Insurance Company Name	ŝ
Nature Of Damage	<u></u>
Details of property damaged in accident	T:
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation or withholding of material facts may
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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) of :
- (i) processing, handling and/or dealing with my claims including the sattlement of the claims and any necessary investigations relating to
- (i) 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. (colectively the 'Purposes')
- (b) all insurer(s) who have insured vehicle(s) involved in the accident and the insurers law yers 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

COMFORT TRANSPORTATION PTE LTD CO. REG. NO. 199303821R Policyholder's Signature / Date & Driver's Signature (# driver is not the policyholder) / Date 3/2021 - 1652 81 Sketch Plan SHC8551M. BLOCK 18

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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

Oriver's Signature (f driver is not the policyholder) / Date & Time / 6 / 3 / 20 21 · / 10 5 20 H

Witnessed by Reporting Centre Personnel