

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 30846503
Date : 22.04.21
Time of Fax : _____

Via Fax : Ennol
Your Insured : GBE 6493X
Date of Acc : 21.04.21

Attn: Motor Claims Department ALY

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH A 2879T

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

} **chianglec@cdge.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

COMFORTDELGRO PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHA2879T

21/04/21

MAKE :

CHIANG/NTUC

MODEL IONIQ G2

Qty	Parts Description/ Labour	Type	Amount
1	REAR BUMPER		\$459.40
1	REAR BUMPER SIDE BRACKET RH /LH		\$55.80
10	REAR BUMPER CLIPS		\$22.00
1	REAR BUMPER REINFORCEMENT		\$394.80
2	REAR BUMPER REINFORCEMENT BRACKET LH/RH		\$138.10
1	REAR BUMPER LOWER MOULDING		\$155.00
1	REAR BUMPER FOG LAMP		\$201.50
2	NUMBER PLATE LAMP LH/RH		\$85.30
1	REAR BUMPER CENTRE MOULDING		\$451.25
1	EMBLEM- IONIQ		\$31.30
1	BOOT LID HYBRID PLATE		\$24.30
1	BOOTLID H EMBLEM		\$28.00
1	REAR BUMPER REFLECTOR RH/ LH		\$41.45
1	REAR FLOOR UNDER		\$225.00
1	SMART KEY ANTENNA		\$40.50
1	REAR BUMPER TOW COVER		\$98.80
	SUB TOTAL		\$2,773.15
	20.00%		\$554.63
	DISCOUNTED TOTAL		\$2,218.52
1	REAR NUMBER PLATE/W HOLDER		\$50.00
1	REAR REVERSE SENSOR		\$180.00
1	COMFORT LOGO STICKER		\$30.00
1	COMFORT APP STICKER		\$40.00
1	TEL NUMBER STICKER		\$30.00
			\$330.00
	Labour Charge		
	Panel Beating		\$850.00
	Spray Painting Charge		\$600.00
	Check wiring		\$60.00
	Tuff Kote		\$60.00
	Remove/refix Reverse sensor		\$60.00
	TOTAL LABOUR		\$1,630.00
	ESTIMATE TOTAL		\$4,178.20
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.			



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	22/04/2021 15:03 (SGT)
Date of Accident	21/04/2021 01:30 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2879T
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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) +65-86970388
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae 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
Transmission	Auto
CC	1580

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	TAN SWEE KIM
NRIC No	SXXXX673D



Date Of Birth	02/06/1962
Occupation	Outdoor
Date Of Driving Pass	21/06/1983
Driving experience	37 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86970388
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 622 JURONG WEST STREET 61 #09-183
Address complement	-
Postcode	640622
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Male

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

I WAS STOP AT THE TRAFFIC LIGHT WAITING FOR GREEN LIGHT. VEHICLE B FROM BEHIND HIT DIRECT MY TAXI REAR PORTION. I FEELING UNWELL AND WILL SEEK MEDICAL CHECKUP AS THE IMPACT VERY STRONG. BOTH VEHICLES BADLY DAMAGED. I HAVE 1 ADULT FEMALE AND BABY BOY PASSENGER ONBOARD AND THEY WILL SEEK MEDICAL CHECKUP AS WELL.

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?	No



DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE6493X
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	N VINOTH S/O NARASIMAN
NRIC No	SXXXX764C
Contact Number	-
Address	BLK 441C BUKIT BATOK WEST AVENUE 8 #02-921
Address complement	-
Postcode	653441
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN SWEE KIM
Address	BLK 622 JURONG WEST STREET 61 #09-183
Address Complement	-
Post Code	640622
Approximate Age Years Old	58
Injuries Sustained	FEELING UNWELL
Injured person in which vehicle?	SHA2879T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	UNKNOWN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHA2879T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	UNKNOWN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHA2879T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



SKETCH PLAN

IMPORTANT NOTICE

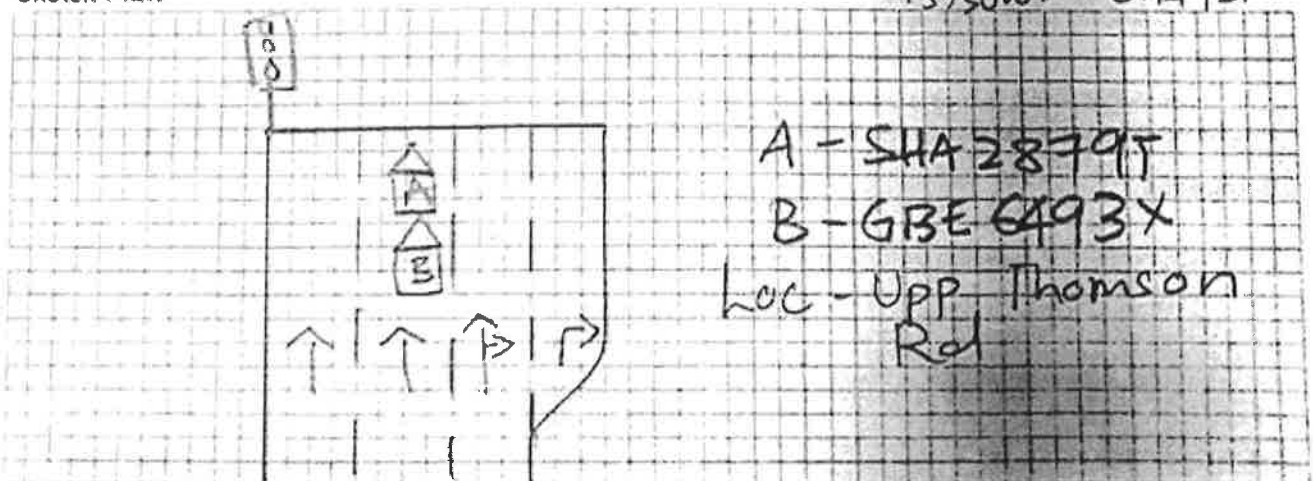
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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 7. By the lodgement of this report to the insurers, you hereby consent to the 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) of:
- (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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personal Data Protection Officer

Sketch Plan



Describe Circumstances of the Accident

I was stops at the traffic light waiting for green light. Vehicle B from behind hit direct my taxi rear portion. I feeling unwell and will seek medical checkup as the impact very strong. Both vehicles badly damaged. I have 1 adult female and baby boy passenger onboard and they will seek medical checkup as well.

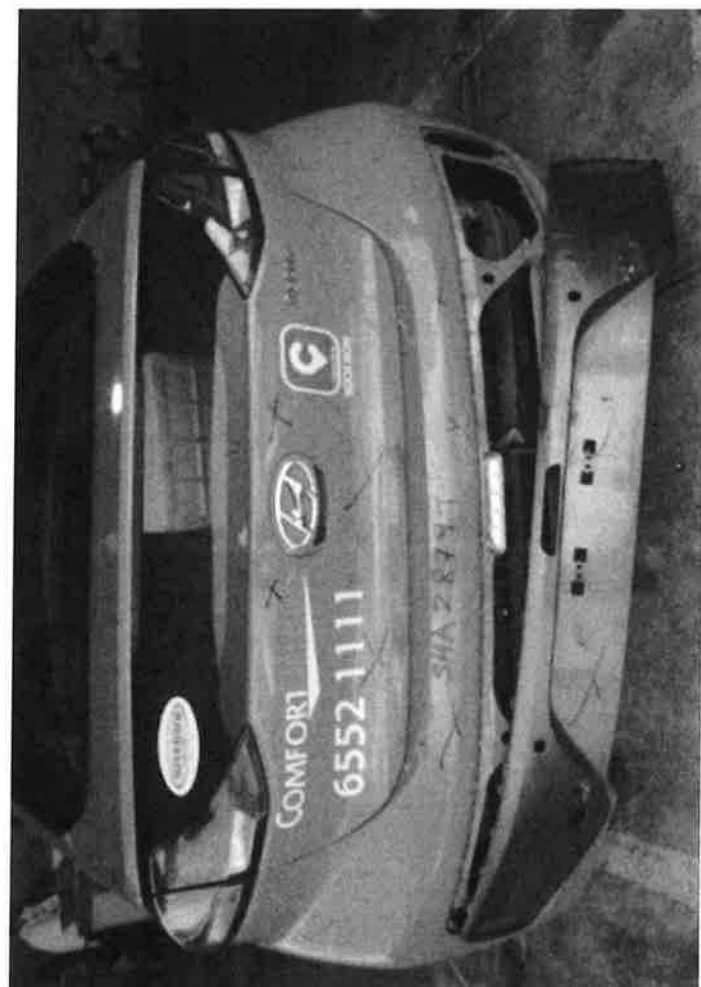
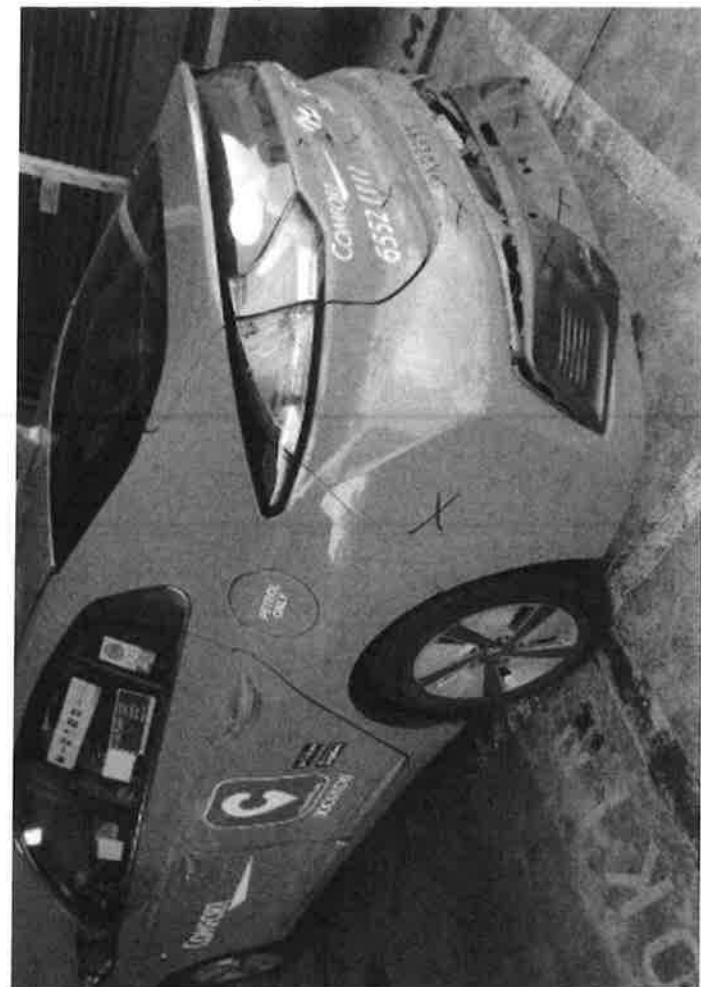
Declaration

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

Witnessed by Reporting Centre
 Personal Del Hoshin
 15:30hrs 21/9/21



SHA 28797

