

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref : 305467824  
Date : 10.05.21  
Time of Fax : Email

Via Fax : \_\_\_\_\_  
Your Insured : SJK 885L  
Date of Acc : 07.05.21

Attn: Motor Claims Department

AlG

Dear Sirs

**SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH A 88Y**

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:

◆ **Ms. Loke Wei Yieng (yy)** Tel: 62148355 or HP: 86285336  
◆ Juman 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

**lokewy@sparkcarcare.com**  
**Fax no. 65468156**

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

**COMFORT TRANSPORTATION PTE LTD****REPAIR ESTIMATE****Vehicle No.** : SHA88Y

Date: 09.05.2021

**Make** : HYUNDAI

Insurance: AIG

**Model** : IONIQ(G2)

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			\$459.40
10	REAR BUMPER CLIPS			\$22.00
1	REAR BUMPER CENTRE MOULDING ASSY			\$451.25
1	REAR BUMPER REINFORCEMENT			\$394.80
1	REAR BUMPER REINFORCEMENT BRACKET RH			\$138.10
1	REAR BUMPER FOG LAMP			\$201.50
1	LICENCE LAMP			\$85.30
1	ANTENNA ASSY – SMARTK			\$40.50
1	BOOTLID HYUNDAI PLATE			\$24.30
1	EMBLEM HYBRID			\$24.30
1	EMBLEM – IONIQ			\$31.30
	<b>SUB TOTAL</b>			\$1,872.75
	<b>LESS 20%</b>			\$374.55
	<b>DISCOUNTED TOTAL</b>			<b>\$1,498.20</b>
1	BOOTLID COMFORT TEL NO STICKER			\$35.00
1	BOOTLID COMFORT LOGO STICKER			\$30.00
1	REAR NUMBER PLATE + TRIM COVER			\$45.00
1	BOOTLID COMFORT APP STICKER			\$30.00
1	REAR BUMPER REVERSE SENSOR			\$180.00
				<b>\$285.00</b>
	<b>Labour Charge</b>			
	PANEL BEATING			\$800.00
	SPRAY PAINTING CHARGE			\$600.00
	WIRING CHARGE			\$50.00
	REMOVE/REFIX REVERSE SENSOR			\$80.00
	<b>TOTAL LABOUR</b>			<b>\$1,530.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$3,313.20</b>

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 09/05/2021 19:50 (SGT)  
Date of Accident 07/05/2021 09:05 (SGT)  
Exact Location of Accident Kim Keat Link, Singapore  
Additional Location Information  
Country/State of Loss Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA88Y

### INSURED/POLICYHOLDER

Is company? Yes  
Name Of Registered Owner CITYCAB PTE LTD  
Company Reg No 1XXXXX839G  
Email Address fleetsafety@cdgtaxi.com.sg  
Mobile Phone No (Phone) +65-96759819  
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/P2419140  
Cover Note Number

### DRIVER

Name of Driver TAN AH SOON  
NRIC No SXXXX914C



Date Of Birth	30/08/1948
Occupation	Outdoor
Date Of Driving Pass	22/10/1969
Driving experience	51 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96759819
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 384 TAMPINES STREET 32 #06-37
Address complement	-
Postcode	520384
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?	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

ON 07.05.2021 AT ABOUT 0905 HRS, I WAS DRIVING MY VEHICLE A SHA88Y ON KIM KEAT LINK TURNING LEFT ONTO LORONG 6 TOA PAYOH. AT THE SLIP ROAD, I STOPPED MY VEHICLE A TO CHECK ON TRAFFIC ON MY RIGHT. VEHICLE B SJK885L THEN REAR ENDED MY VEHICLE A. NO ONE 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?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK885L
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHONG YOONG SIONG

NRIC No	SXXXXX958Z
Contact Number	(Phone) +65-98521825
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

## IMPORTANT NOTICE

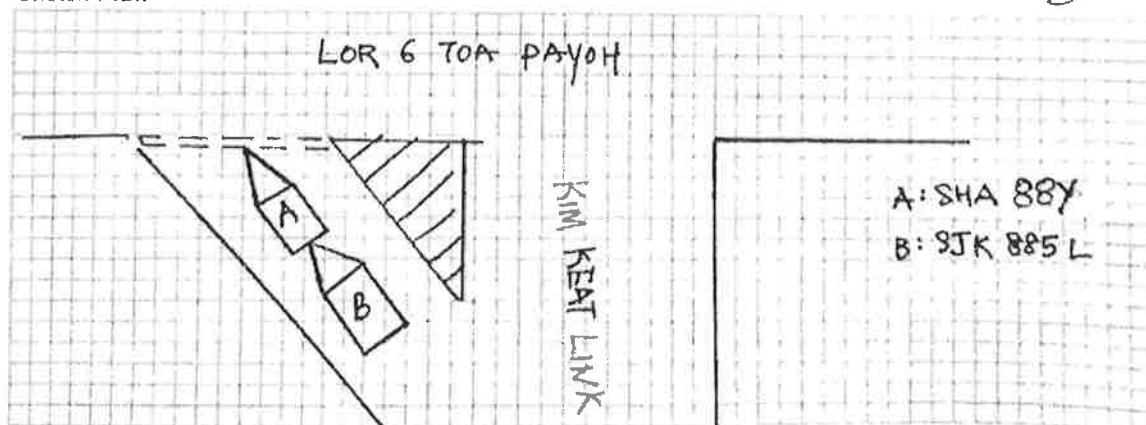
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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) 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.
  - (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 Personnel

Sketch Plan



## Describe Circumstances of the Accident

ON 07.05.2021 AT ABOUT 0905 HRS I WAS DRIVING MY  
 VEH A SHA 88Y ON KIM KEAT LINK TURNING LEFT  
 ONTO LOR 6 TOA PAYOH. AT THE SHIP ROAD, I STOP  
 MY VEH A TO CHECK ON TRAFFIC ON MY RIGHT.  
 VEH B SJK 885L THEN REAR ENDED MY VEH A  
 NO ONE WAS INJURED

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
 Time

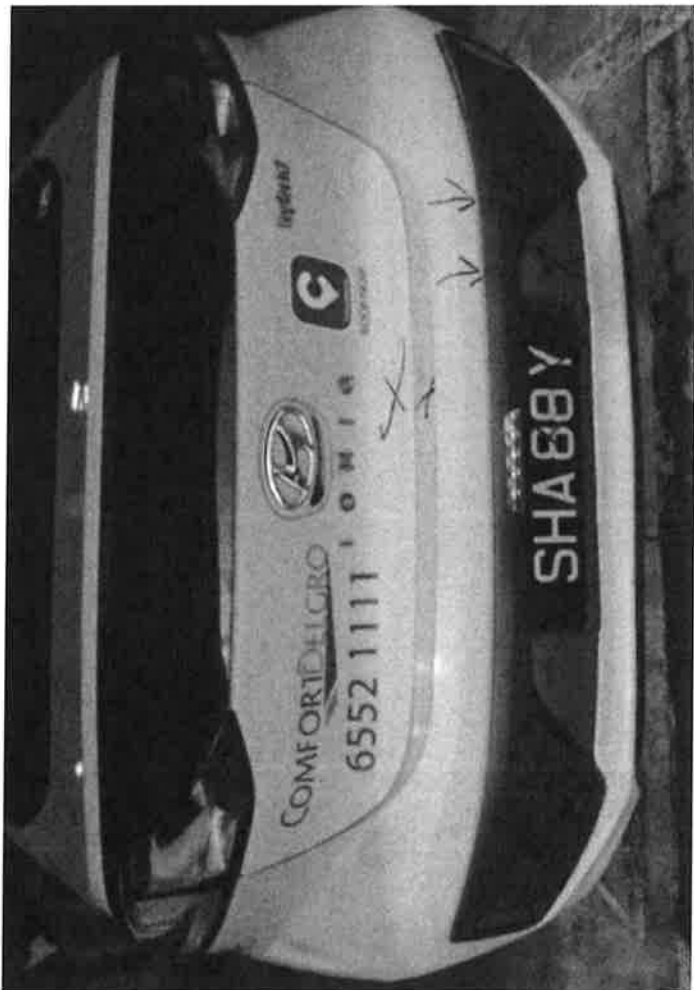
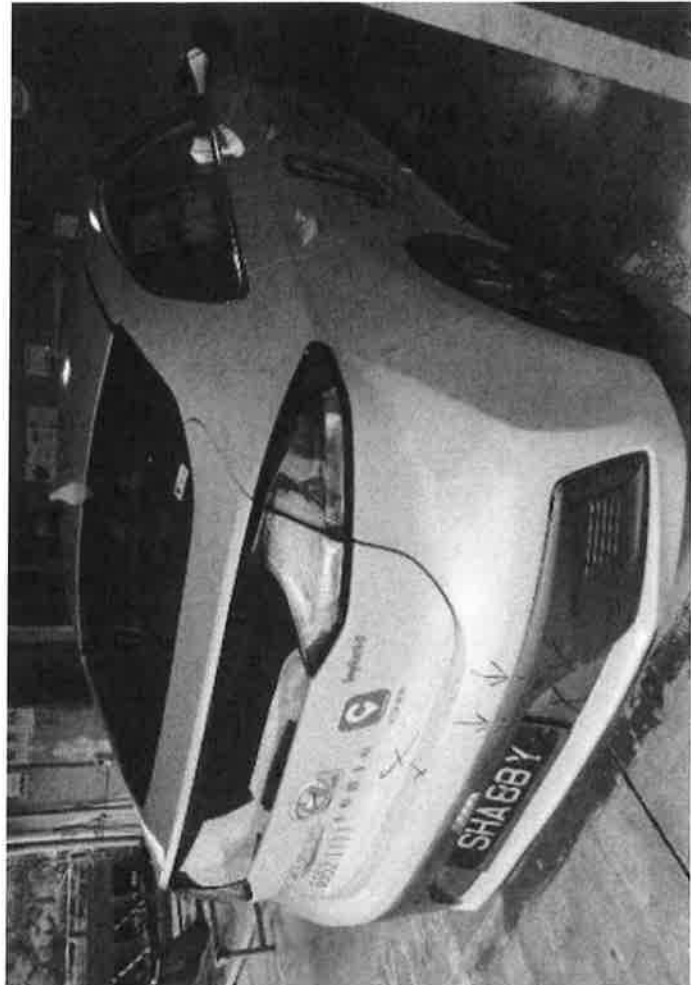
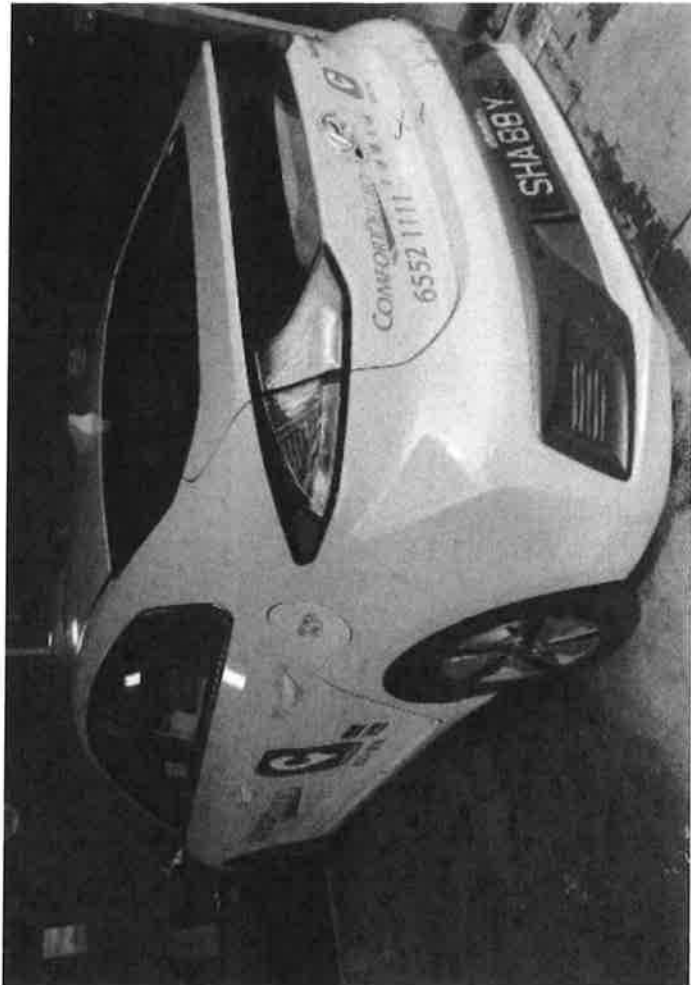
Driver's Signature (if driver is not the policyholder) / Date  
 & Time

08.05.2021

1045HRS

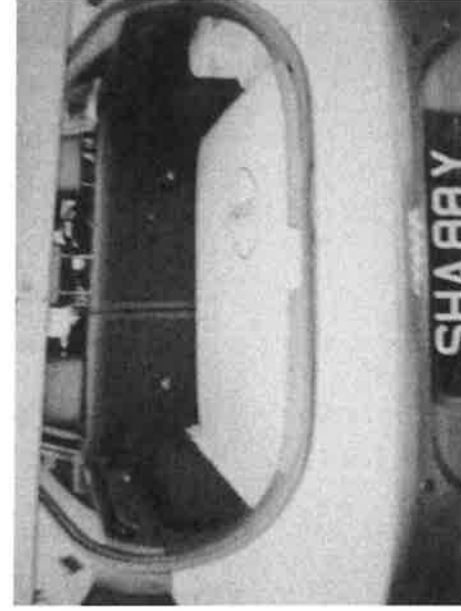
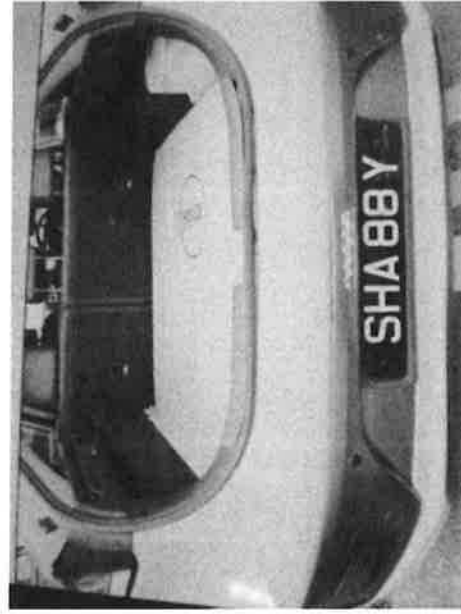
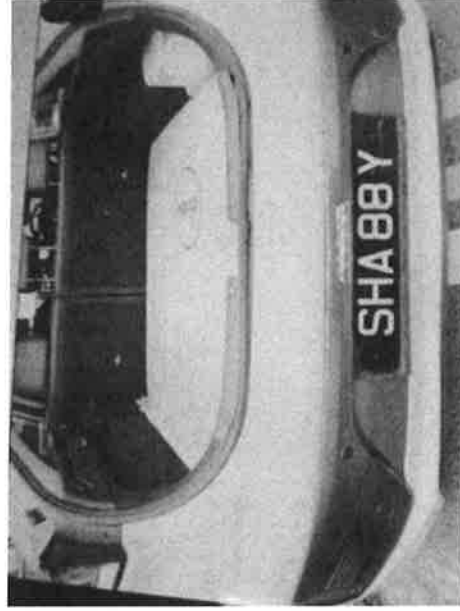
Witnessed by Reporting Centre  
 Personnel

Ng Yoon





715 0908  
2060 512



Date/Time: 10.05.2021 08:24

Page : 1

eam: ARC Repair TP(CFS0)1

**JOB CARD** Sales Order:

JC NO.:305467824

OMER

AS CITYCAB PTE LTD  
OMER NO. 7010070  
RESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65551188 (O)  
(P)

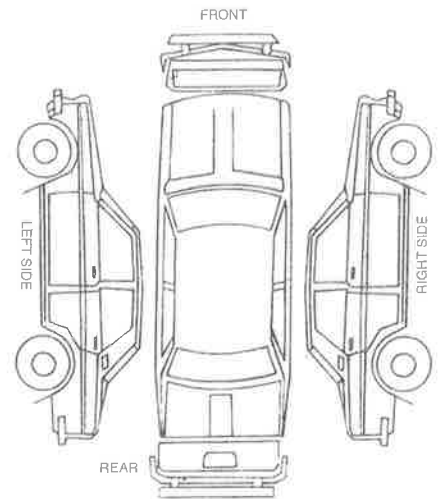
OUNT CARD NO.

REGN NO. <b>SHA 88Y</b>	MILEAGE
MAKE <b>HYUNDAI</b>	FUEL E.....1/2.....F
MODEL <b>IONIQ(G3)</b>	DATE/TIME IN <b>08.05.2021 10:00</b>
YR OF MANU. <b>22.10.2019</b>	TARGET DATE
CHASSIS CODE <b>KMHC851CVLU180534</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 07.05.2021  
ATURE: 3P 07.05.2021

S/NO LABOR CODE DESCRIPTION



OKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: **SHA 88Y** **YY AIG**

Vehicle No.: **SHA 88Y**

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard