

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305247 JH4 Via Fax : 63687421
Date : 12-07-21 Your Insured : SMB 1493P
Time of Fax : _____ Date of Acc : 09-07-21

Attn: Motor Claims Department SMB

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH C1862L

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
◆ <u>Jumani Bin Masudin</u>	<u>Tel: 6214 8315 or HP: 9635 5305</u>
◆ Lim Tien Siong	Tel: 6214 8398 or HP: 9635 8546
◆ Chiang Liat Choon	Tel: 6214 8314 or HP: 9296 6006

} **jumani@mcdge.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 Engineering Pte Ltd

209 Braddell Road Singapore 579701
 Mainline + 65 6383 6200 Facsimile + 65 6280 9756
Workshops
 205 Braddell Road Singapore 579701
 59 Loyang Drive Singapore 508989
 383 Sin Ming Drive Singapore 575717

Date/Time: 12.07.2021 10:57 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305477774

OWNER
 1S COMFORT TRANSPORTATION PTE LTD
 OWNER NO. 7010045
 ADDRESS 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 (R) 65508755 (O)
 (P)

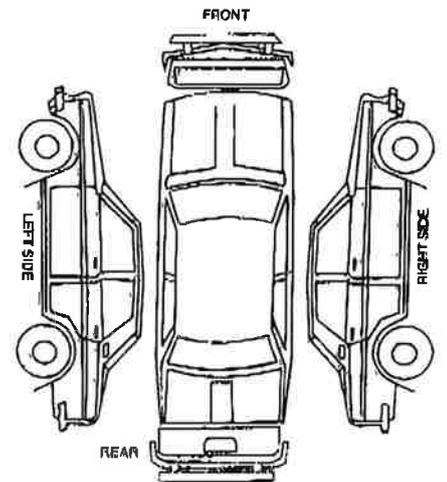
COUNT CARD NO.

REGN NO.: SHC1862L	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 12.07.2021 10:35
YR OF MANU. 14.11.2019	TARGET DATE
CHASSIS CODE KMHC851CVLU189207	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 09.07.2021
 NATURE: 3P 09.07.2021

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR _____

CUSTOMER'S SIGNATURE _____

Check-out Slip
 No.: SHC1862L JU SMRT
 Service Advisor _____ Signature/Date _____
 To be turned to Service Reception upon collection

Exit Pass
 Vehicle No.: SHC1862L
 Name of Service Advisor _____ Date _____
 To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 12.07.2021

REPAIR ESTIMATE

Time: 11:03:54

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 : 305477774
 REGN NO : SHC1862L
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G3)
 DATE OF REGN : 14.11.2019
 DATE/TIME IN : 12.07.2021 10:35
 ACCIDENT DATE : 09.07.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G COVER-RR BUMPER# 1 459.40 20.00 367.52

0002 04-01-0101-0111-G BUMPER COVER CLIP REAR 10 L 22.00 20.00 17.60

0003 04-01-0104-1150-A PROTECTOR MAT 1 N 50.00 2.00- 50.00

SUB-TOTAL : 435.12

JOB NATURE

0000 PB PANEL BEATING 400.00

0001 SP SPRAYPAINT CHARGE 300.00

0002 L REMOVE/REFIX REVERSE SENSOR 80.00

SUB-TOTAL : 780.00

TOTAL : 1,215.12

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE

DATE :

SJ04217A0006 / JP Knights Pte Ltd
 ENTRY DATE & TIME: 10/07/2021 14:02 (SGT)
 SUBMITTED BY: Suria
 VERSION: 1 (10/07/2021 14:02 (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 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	10/07/2021 14:02 (SGT)
Date of Accident	09/07/2021 17:45 (SGT)
Exact Location of Accident	Tampines Ave 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1862L
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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) +65-97839611
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	ThrdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	GAN ENG HUAT
NRIC No	SXXXX396I

Date Of Birth	11/08/1952
Occupation	Outdoor
Date Of Driving Pass	08/09/1972
Driving experience	48 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97839611
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 864 TAMPINES STREET 83 #05-438
Address complement	-
Postcode	520864
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 vehicle 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 09/07/2021 AT ABOUT 1745HRS, I WAS DRIVING VEHICLE A ALONG TAMPINES AVE 5. WHILE TRAVELLING ON SECOND LANE, I STOP VEHICLE A DUE TO RED TRAFFIC LIGHT. WHILE VEHICLE A WAS STATIONARY, VEHICLE B CENTRE DOOR WAS GRAZED ONTO VEHICLE A WHILE EXECUTE LANE FROM LANE 3 TO LANE 1. 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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB1493P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	JUNAI DY BIN MOHD SAPUAN

NRIC No	SXXXX509D
Contact Number	(Phone) +65-18003368900
Address	BLK 404 FAJAR ROAD #06-267
Address complement	"
Postcode	670404
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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.
- (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.

[Handwritten Signature]

[Handwritten Signature]

[Handwritten Signature]

Policyholder's Signature / Date & Time

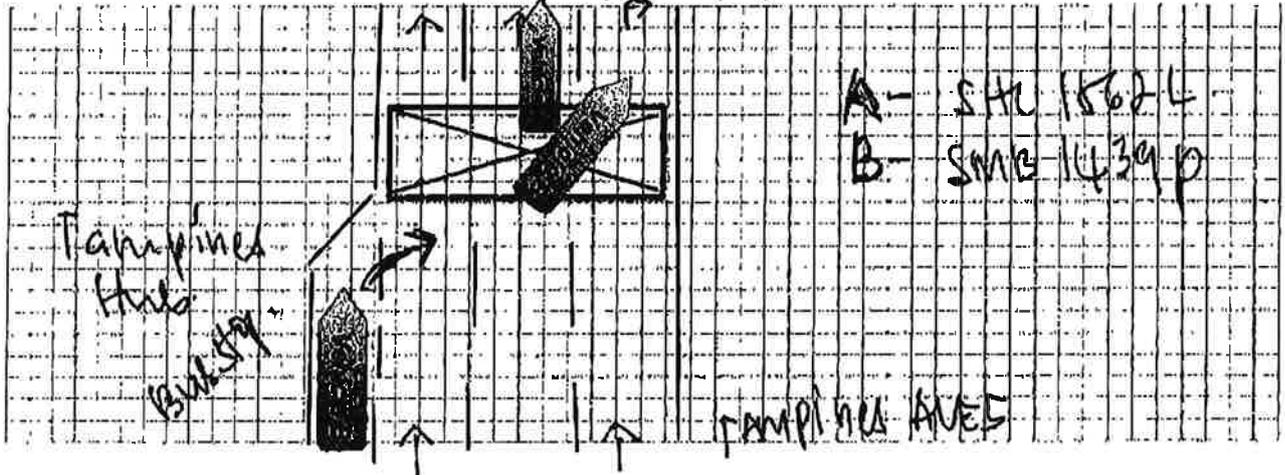
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

9/7/21 - 1915H

Khanna



SKETCH PLAN #2

Describe Circumstances of the Accident

ON 09/07/2021 AT ABOUT 1745HRS, I WAS DRIVING VEHICLE A ALONG TAMPINES AVE 5. WHILE TRAVELLING ON SECOND LANE, I STOP VEHICLE A DUE TO RED TRAFFIC LIGHT. WHILE VEHICLE A WAS STATIONARY, VEHICLE B CENTRE DOOR WAS GRAZED ONTO VEHICLE A WHILE EXCUTE LANE FROM LANE 3 TO LANE 1. NOBODY WAS INJURED.

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

Witnessed by Reporting Centre Personnel

9/7/21 - 19:57

Khanamaj



