

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref : 305480028 Via Fax : Email  
Date : 27 07 21 Your Insured : SKK 6793S  
Time of Fax : \_\_\_\_\_ Date of Acc : 24 07 21

Attn: Motor Claims Department

Aig Aia

Dear Sirs

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

D 8622L

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

} **limts@cde.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

Lim Tien Siong

For Vice President  
Taxi Accident Repair

## COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATEDATE: 27.07.21INSURANCE: AIG ASIA (4/5)MODEL: Hyundai IoniqMVA: LIM T SVEHICLE NO.: SHD8622L

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Smart Key Antenna	1		\$40.50
	Rear Bumper	1		\$459.40
	Rear Bumper Reinforcement	1		\$394.80
	Rear Bumper Reinforcement Bracket (LH/RH)	2	\$138.10	\$276.20
	Rear Bumper Centre Moulding Assy	1		\$451.25
	Rear Bumper Lower Centre Moulding Assy	1		\$155.00
	Rear Bumper Cover Clips	10	\$2.20	\$22.00
	Rear Bumper Fog Lamp	1		\$201.50
	Rear Bumper Towing Cover	1		\$98.80
	<b>SUB TOTAL</b>			\$2,099.45
	<b>LESS 20%</b>			\$419.89
	<b>DISCOUNTED TOTAL</b>			<b>\$1,679.56</b>
	Rear Bumper Mat	1		\$50.00
	Rear Bumper Reverse Sensor	1		\$180.00
	Rear No.Plake W/Trim Cover	1		\$55.00
	<b>S/NETT TOTAL</b>			<b>\$285.00</b>
	<b>SPARE PARTS TOTAL</b>			<b>\$1,964.56</b>
	<b>Labour Charge</b>			
	Panel Beating			\$400.00
	Spray Painting Charge			\$300.00
	Remove/Refix Reverse Sensor			\$120.00
	<b>TOTAL LABOUR</b>			<b>\$820.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$2,784.56</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	27/07/2021 08:58 (SGT)
Date of Accident	24/07/2021 12:30 (SGT)
Exact Location of Accident	MacPherson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8622L
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### 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) +65-83838921
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	YEE TIM WAH
NRIC No	SXXXX550H

Date Of Birth	17/01/1968
Occupation	Outdoor
Date Of Driving Pass	15/10/1987
Driving experience	33 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83838921
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 34 NLOHONG 5 TOA PAYOH #03-317
Address complement	-
Postcode	310034
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 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 24/07/2021 AT ABOUT 1230HRS, I WAS DRIVING VEH (A) SHD8622L ALONG MACPHERSON ROAD TOWARDS BENDEMEER ROAD. WHILE STATIONARY ON FIRST LANE (TURN RIGHT LANE) VEH (B) SKK6793S COLLIDED ONTO VEHICLE A REAR BUMPER. I SUSTAINED SHOULDER PAIN DUE TO THE IMPACT.

#### 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	SKK6793S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	(Phone) +65-91443721
Address	
Address complement	
Postcode	
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	YEE TIM WAH
Address	BLK 34 NLORONG 5 TOA PAYOH #03-317
Address Complement	-
Post Code	310034
Approximate Age Years Old	53
Injuries Sustained	SHOULDER PAIN - 2 DAYS MC
Injured person in which vehicle?	SHD8622L
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**.
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. 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")

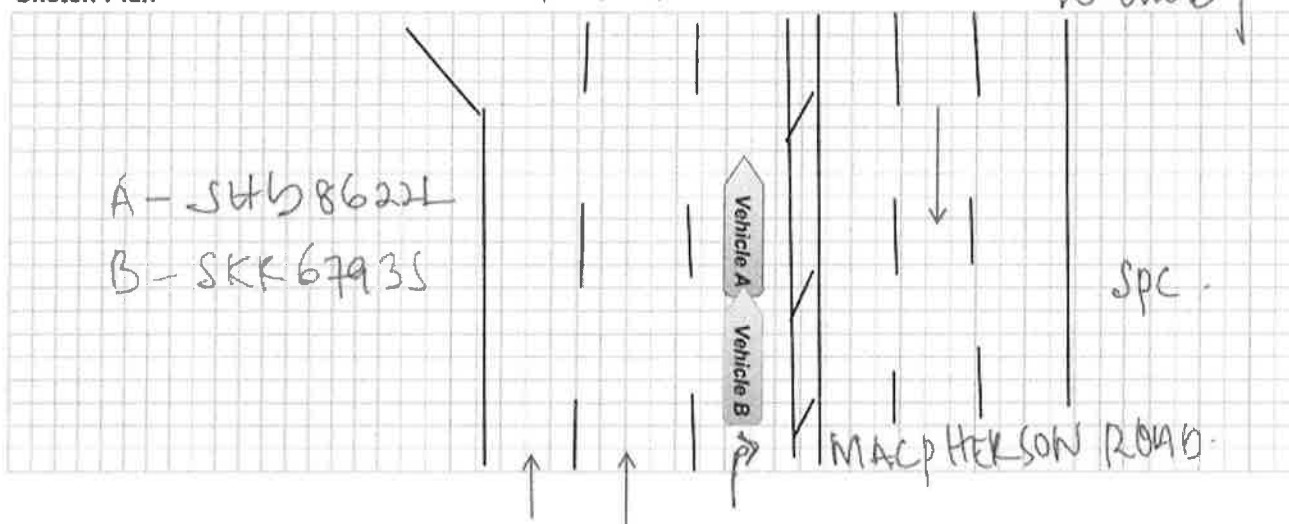
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

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 24/07/2021 AT ABOUT 1230HRS, I WAS DRIVING VEHICLE A ( SHD8622L) ALONG MACPHERSON ROAD TOWARDS BENDEMEER ROAD. WHILE STATIONARY ON FIRST LANE (TURN RIGHT LANE) VEHICLE B ( SKK6793S) COLLIDED ONTO VEHICLE A REAR BUMPER. I SUSTAINED SHOULDER PAIN DUE TO THE IMPACT.

## Declaration

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

Policyholder's Signature / Date &  
Time

7/9

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

26/7/21 - 1400H

Witnessed by Reporting Centre  
Personnel

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