

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 30549444
Date : 15-11-21
Time of Fax : _____

Via Fax : SMOGL
Your Insured : SKL 7494J
Date of Acc : 12-11-21

Attn: Motor Claims Department

ALG

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

B2989D

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

} **jumanibm@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

For Vice President
Taxi Accident Repair

Date/Time: 15.11.2021 11:01

Page : 1

am: . ARC Repair TP(CFS0)1

JOB CARD

Sales Order: 4140844

JC NO 305494441

OMER

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

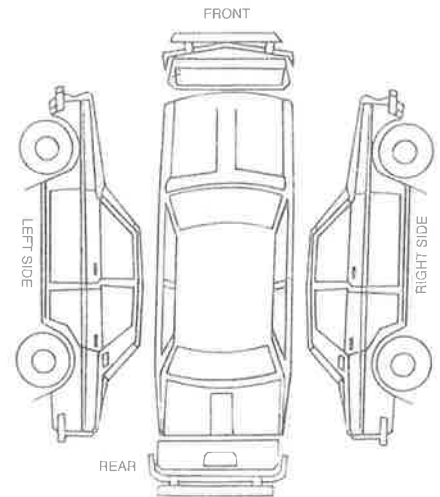
DUNT CARD NO.

REGN NO.: SHB2989D	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 15.11.2021 10:30
YR OF MANU. 30.04.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU141097	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 12.11.2021
Accident Time: 3P.12.11.2021

NO LABOR CODE DESCRIPTION



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Damage Slip

Exit Pass

SHB2989D

JU AIG

Vehicle No.:

SHB2989D

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305494441
 REGN NO : SHB2989D
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 30.04.2019
 DATE/TIME IN : 15.11.2021 10:30
 ACCIDENT DATE : 12.11.2021

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 04-01-0104-2533-G	MOULDING ASSY-RR BUMPER C	1	415.25	20.00	332.20
0003 04-01-0104-1150-A	PROTECTOR MAT	1 N	50.00	2.00-	50.00
0004 04-01-0104-2532-G	BRACKET ASSY-RR BUMPER SI	1	55.80	20.00	44.64
0005 09-01-0104-2207-G	UNIT ASSY-REAR CORNER RAD	1	1,625.00	20.00	1,300.00
0006 04-01-0101-0111-G	BUMPER COVER CLIP REAR	10	22.00	20.00	17.60

SUB-TOTAL : 2,111.96

JOB NATURE

0000 PB	PANEL BEATING	400.00
0001 SP	SPRAYPAINT CHARGE	400.00
0002 L	REMOVE/REFIX REVERSE SENSOR	50.00
0003 L	DIAGNOSE AND RESET FUALT CODE	120.00

SUB-TOTAL : 970.00

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305494441
REGN NO : SHB2989D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 30.04.2019
DATE/TIME IN : 15.11.2021 10:3
ACCIDENT DATE : 12.11.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,081.96

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

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	12/11/2021 18:44 (SGT)
Date of Accident	12/11/2021 09:15 (SGT)
Exact Location of Accident	Mount Elizabeth, Singapore
Additional Location Information	PICK UP POINT (TAXI STAND)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2989D
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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) +65-98308074
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	CHONG NAM
NRIC No	SXXXX074C

Date Of Birth	02/10/1961
Occupation	Outdoor
Date Of Driving Pass	13/01/1983
Driving experience	38 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98308074
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 108 ALJUNIED CRESCENT #07-26
Address complement	-
Postcode	380108
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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 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 THE 12/11/2021 AT AROUND 0915HRS, I VEHICLE A (SHB2989D) WAS WAITING IN QUEUE ALONG MOUNT ELIZABETH PICK UP POINT. AS I WAS WAITING, I FELT A HARSH IMPACT ON MY REAR RIGHT AND REALISED THAT VEHICLE B (SKL7494T) HAD REAR ENDED ME. NO ONE WAS INJURED AT THAT POINT OF TIME.

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	SKL7494T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number		-
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 Authorised 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.



Policyholder's Signature / Date & Time

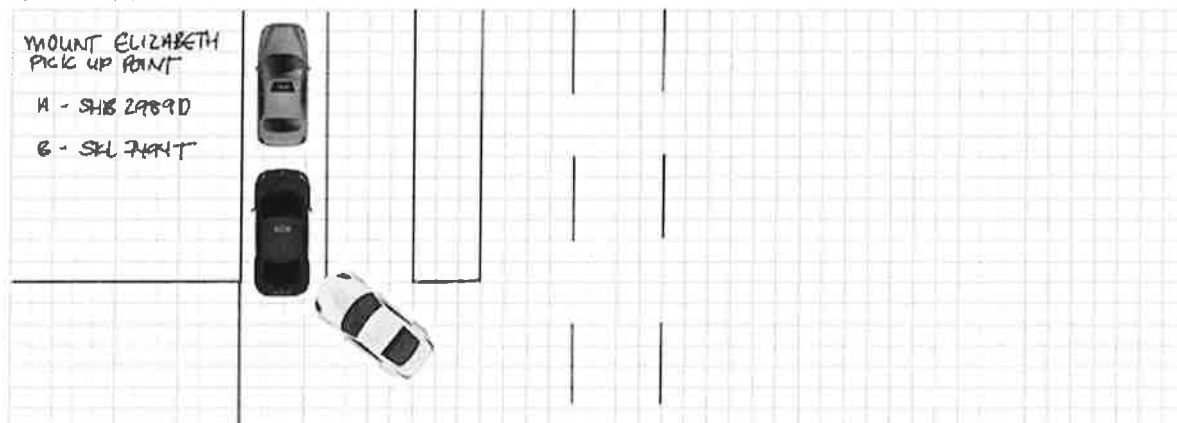
Driver's Signature (If driver is not the policyholder) / Date & Time 12/11/2021 1400



DAHNIAL

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE 12/11/2021 AT AROUND 0915HRS, I VEHICLE A(SHB2989D) WAS WAITING IN QUEUE ALONG MOUNT ELIZABETH PICK UP POINT. AS I WAS WAITING, I FELT A HARSH IMPACT ON MY REAR RIGHT AND REALISED THAT VEHICLE B(SKL7494T) HAD REAR ENDED ME. NO ONE WAS INJURED AT THAT POINT OF TIME.

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 12/11/2021 1400

Witnessed by Reporting Centre Personnel

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