

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305499963

Date : 03 01 22

Time of Fax : -

Via Fax : Email

Your Insured : SNC 2869R

Date of Acc : 31 12 21

Attn: Motor Claims Department

Fig B7a

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH C8014

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 |
| ♦ 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 |

} **limts@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

Lim Tien Siong

For Vice President
Taxi Accident Repair

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATEDATE: 3-Jan-22INSURANCE: AIG ASIAMODEL: Hyundai IoniqMVA: LIM T SVEHICLE NO.: SHC 801U – CityCab

| PART NO. | DESCRIPTION | QTY | UNIT PRICE | AMOUNT |
|----------|----------------------------------|-----|------------|-------------------|
| | Rear Bumper | 1 | | \$459.40 |
| | Rear Bumper Centre Moulding Assy | 1 | | \$451.25 |
| | Rear Bumper Clips | 10 | \$2.20 | \$22.00 |
| | SUB TOTAL | | | \$932.65 |
| | LESS 20% | | | \$186.53 |
| | DISCOUNTED TOTAL | | | \$746.12 |
| | Reverse Sensors | 1 | | \$180.00 |
| | Rear No.Plate With Trim Cover | 1 | | \$55.00 |
| | S/NETT TOTAL | | | \$235.00 |
| | SPARE PARTS TOTAL | | | \$981.12 |
| | <u>Labour Charge</u> | | | |
| | Panel Beating | | | \$400.00 |
| | Spray Painting Charge | | | \$300.00 |
| | Remove/Refix Reverse Sensor | | | \$120.00 |
| | TOTAL LABOUR | | | \$820.00 |
| | ESTIMATE TOTAL | | | \$1,801.12 |

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 | 01/01/2022 13:32 (SGT) |
| Date of Accident | 31/12/2021 19:15 (SGT) |
| Exact Location of Accident | Bukit Timah Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SHC801U |
|-----------------------------|---------|

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) +65-94567387 |
| 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 | NEO KAY MENG |
| NRIC No | SXXXX384C |

| | |
|--|----------------------------------|
| Date Of Birth | 10/11/1958 |
| Occupation | Outdoor |
| Date Of Driving Pass | 06/01/1992 |
| Driving experience | 29 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-94567387 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | 331 ANG MO KIO AVENUE 1 #06-1871 |
| Address complement | - |
| Postcode | 560331 |
| 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 | Wet |

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 31/12/21 AT ABOUT 1915HRS, I WAS IN VEHICLE A, SHC801U AT THE U-TURN LANE FROM BUKIT TIMAH ROAD GOING TO DUNEARN ROAD. I WAS WAITING FOR THE TRAFFIC FROM DUNEARN ROAD TO CLEAR WHEN I FELT AN IMPACT COMING FROM THE REAR OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALISED THAT VEHICLE B, SNC2869R HAS REAR ENDED MY VEHICLE. NO POB. NO INJURY. CONTACTS EXCHANGED.

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 | SNC2869R |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Camry |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |

Contact Number (Phone) +65-96649017

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

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;



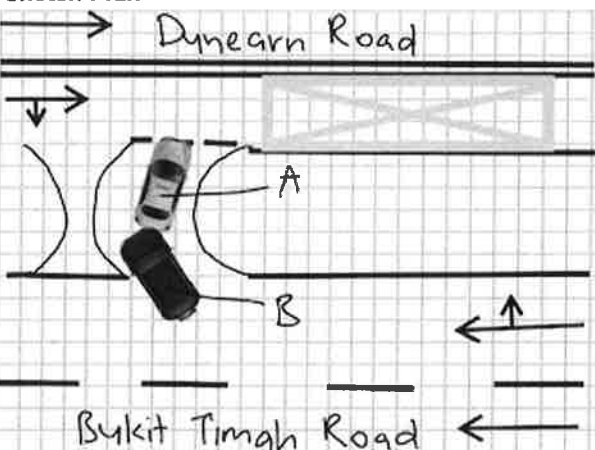
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.

| | | |
|---|--|---|
| <p>_____ Policyholder's Signature / Date & Time</p> | <p style="text-align: center;"> Driver's Signature (if driver is not the policyholder) / Date & Time 31/12/21 2145hrs</p> | <p style="text-align: center;"> Witnessed by Reporting Centre Personnel</p> |
| <p>Sketch Plan</p> <div style="display: flex; align-items: flex-start;"> <div style="flex: 1;">  <div style="flex: 1; padding-left: 20px;"> <p>A - SHC 801 U</p> <p>B - SNC 2869 R</p> </div> </div> </div> | | |

Describe Circumstances of the Accident

ON 31/12/21 AT ABOUT 1915HRS, I WAS IN VEHICLE A, SHC801U AT THE U-TURN LANE FROM BUKIT TIMAH ROAD GOING TO DUNEARN ROAD. I WAS WAITING FOR THE TRAFFIC FROM DUNEARN ROAD TO CLEAR WHEN I FELT AN IMPACT COMING FROM THE REAR OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALISED THAT VEHICLE B, SNC2869R HAS REAR ENDED MY VEHICLE. NO POB. NO INJURY. CONTACTS EXCHANGED.

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 31/12/21 2150hrs

J. Amar
Witnessed by Reporting Centre
Personnel