

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305509348 Via Fax : email
Date : 22-03-23 Your Insured : SLX 897X
Time of Fax : _____ Date of Acc : 20-3-23

Attn: Motor Claims Department

ALLIANZ

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

CUT5E

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@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

For Vice President
Taxi Accident Repair

Job: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 5890377

JC NO305549348

Customer

COMFORT TRANSPORTATION PTE LTD

IS 7010045

Customer No. 383 SIN MING DRIVE

Address Singapore SINGAPORE 575717

65508755

(R) (O)

(P)

IDENTIFICATION CARD NO.

REGN NO:

SHC1775E

MILEAGE

MAKE

TOYOTA

FUEL

E.....1/2.....F

MODEL

PRIUS HYBRID(G4)22.03.2023 09:30

DATE/TIME IN

YR OF MANU

07.09.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU603563941

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 20.03.2023

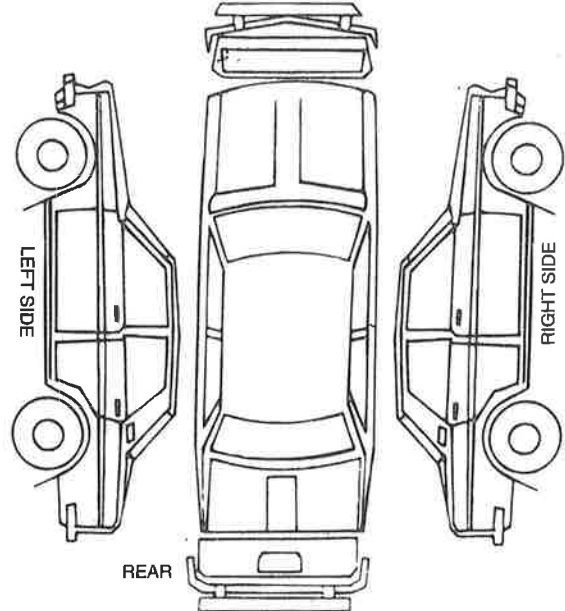
ATURE: 3P.20.03.23

NO

LABOR CODE

DESCRIPTION

FRONT



REAR

LEFT SIDE

RIGHT SIDE

WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

No.: SHC1775E

JU ALLIANZ

Vehicle No.:

SHC1775E

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

ALLIANZ[illegible]