COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199606048W

Date : 16/9 Via Fax : _____

Time of Fax: 1425 Insurance Co: Lonpac

Our Ref : _____ Date of Acc : 16/9

Workshops:

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609266

Ubi
320 Ubi Road 3
Singapore 408849

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Defu
6 Defu Avenue 1
Singapore 539537

Attn: Motor Claims Department

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH C 2914 P

This is to inform you that our client has engaged us to repair the above vehicle and submit claims against your insured vehicle SJK5856Y involved in this accident

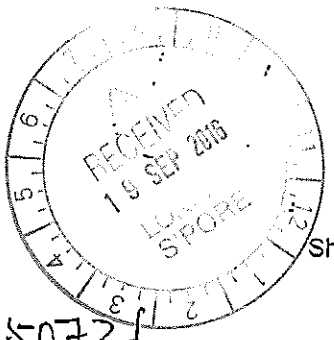
Our MVA will call to arrange for the survey of this vehicle:- Loyang Workshop

- Lim Kwok Eng Tel: 6214 8316
- Jumani Masudin Tel: 6214 8315
- ~~Chiang~~ Liat Choon Tel: 6214 8314
- Lim Tien Siong Tel: 6214 8398
- Larry Ng Nyuk Phin Tel: 6214 8316
- Fauzy Bin Mokhtar Tel: 6214 8319

Our MVA shall be forwarding to you the entire necessary document for your follow up action.

Yours faithfully

for Vice President
Crash Repairs & Claims Recovery



Sheet1

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

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www.cdge.com.sg

Company Registration No: 199506048W

Our Ref : 3049150736

Date : 170916

Via Fax : 62962706

Time of Fax : _____

Your Insured : SJK5896Y

Date of Acc : 150916

Lonpac Ins

Attn : Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHC2914P

1 The client has engaged us to repair the vehicle and submit claims against the other party/parties involved in the accident.

2 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.

3 Enclosed, please find :

I) Our initial estimate of repairs of the damaged vehicle.
II) Accident report made by our client.

4 I would appreciate it if you could call us to arrange for the survey of the vehicle

Lim Kwok Eng	Tel no. 62148316 or Hp no. 98240811
Jumari Masudin	Tel no. 62148315 or Hp no. 96355305
Chiang Liat Choon	Tel no. 62148314
Lim Tien Siong	Tel no. 62148398 or Hp no. 96358546

5 If we do not hear from you within the next 48 hours, we shall deem it 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.

6 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.

7 Thank you.

Yours faithfully

for Vice President
Crash Repairs & Claims Recovery

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Defu
6 Defu Avenue 1
Singapore 539537

Marymount
600 Sin Ming Avenue
Singapore 575733

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 2914P DATE : 17/9/2016 10:57

MAKE :

MODEL : MERCEDES

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Fender, Frt/LH			$ 878.50
	Wheel Rim			$ 552.50
	Door Shell, Frt/LH			$ 1,308.80
	Mirror Glass, Frt/LH			$ 190.60
	Mirror Housing W/Signal Lamp, Frt/LH			$ 363.70
	Mirror Motor Assy, Frt/LH			$ 243.30
	Signal Lamp, Frt/LH			$ 81.65
	Door Window Glass, Frt/LH			$ 198.98
	Door Window Outer Moulding, Frt/LH			$ 90.75
	SUB TOTAL			**$ 3,908.78**
	LESS 20%			$ 781.76
	DISCOUNTED TOTAL			**$ 3,127.02**
	Labour Charge			
	Panel Beating			$ 850.00
	Spray Painting Charge			$ 1,000.00
	Wiring Charge			$ 50.00
	Tuff Kote			$ 50.00
	Transfer Of Door			$ 120.00
	TOTAL LABOUR			**$ 2,070.00**
	ESTIMATE TOTAL			**$ 5,197.02**

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.

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline : 65 6303 6200 Facsimile : 65 6260 9755
Workshops
50 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609266
220 Ubi Road 3 Singapore 408649
24 Seneko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539637

Date/Time: 16.09.2016 18:02 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.:304950736

STOMER	REGN NO.: SHC2914P	MILEAGE
VMS COMFORT TRANSPORTATION PTE LTD	MAKE : MERCEDES BENZ	FUEL E.....1/2.....F
STOMER NO. 7010045	MODEL E220CDI(W5)	DATE/TIME IN 15.09.2016 14:45
DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 13.05.2013	TARGET DATE
(R) 65508755 (O)	CHASSIS CODE WDDZ120022A735867	COMPLETION DATE/TIME:
(P)		
COUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 15.09.2016
NATURE: ACC.15.09.16/R

S/NO	LABOR CODE	DESCRIPTION

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SHC2914P CHIANG @VAR

e of Service Advisor

Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC2914P

Name of Service Advisor

Date

To be kept by Security Guard

MCD6161 15473 / ComfortDelGro Engineering Pte Ltd - Loyang
ENTRY DATE & TIME: 16/09/2016 14:37

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 ability
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 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 Report	16/09/2016 14:37
Date Of Accident	15/09/2016 14:45
Exact Location Of Accident	PAN ISLAND EXPRESSWAY TWDS CHANGI.
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC2914P
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	
Alternative Phone No	Office-65508768
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	MERC
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Taxi
Insurance Company	
Name of Insurance Company	India International Insurance Pte Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	Yes
Policy Number	MCOM0016
Cover Note Number	
Drivor	
Name of Driver	TERRENCE ONG LU HAO
NRIC No	S6935798I
Date Of Birth	14/10/1969
Occupation	Outdoor
Date Of Driving Pass	27/11/1991
Driving Experience	24 Years And 9 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EMail Address	TERRENCEONG69@GMAIL.COM

Address	53 15-3599 GEYLANG BAHRU
Postcode	330053
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	Side Swipe- Same Direction
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	Yes
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	No
If Yes,Please state which Police Station	
Was notice of Intended Prosecution given?	No
If Yes,against whom?	

Circumstances of Accident

SEE ATTACH.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK5896Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHAD LIN
NRIC/Passport Number	
Contact Number	81216658
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RHT FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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 insuror(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

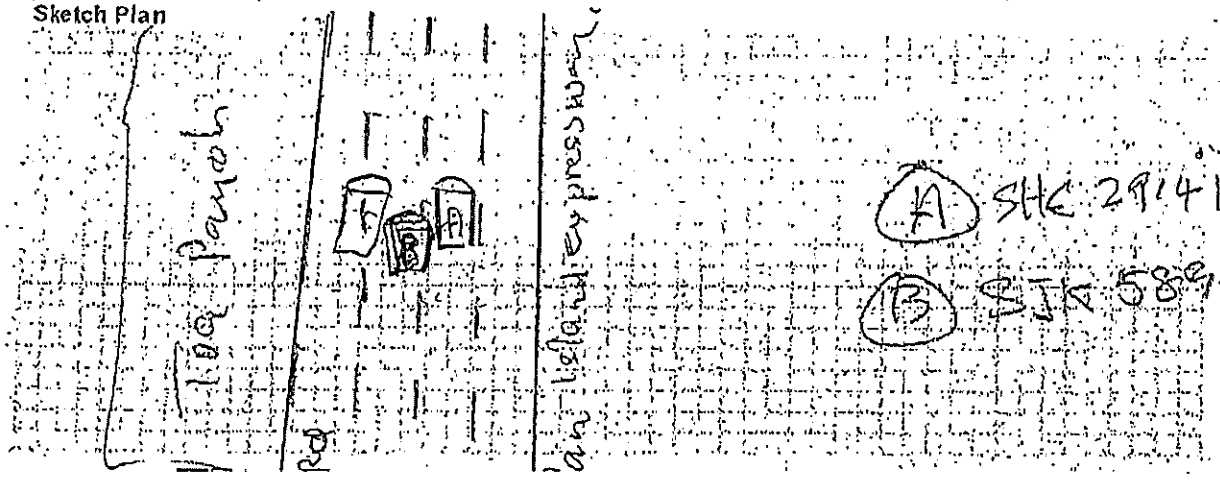
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

COMFORT TRANSPORTATION PTE LTD
CO REG NO 199302121R

Jackson Heng
CSO

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan Pg.2

Describe Circumstances of the Accident

At about 1445 hrs I was driving my taxi at pan island expressway toward Changi airport there was 3 lanes So we was in middle lane following Vehicle B, Vehicle B swift his lane to the left. Then I overtake him Beside Vehicle B there was a slip road Came a lorry who is cuts to the right, An Vehicle B turn back to the middle lane again and grazed my left side of my taxi body

Declaration

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199[illegible]R

Jackson Hong
CSO

Policyholder's Signature / Date & Time | Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel