

COMFORTDELGRO ENGINEERING

Sheet1

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

Our Ref : 305102036

Date : 29/12/17

Time of Fax : _____

Via Fax : email

TRANSCAB SHB 9598C
Your Insured : _____

Date of Acc : 27/12/17

AVERT

Attn : Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO 8HA 73832

- 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 : SHA 7383Z

DATE 29/12/2017 9:54

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			\$ 603.60	
	Rear Bumper Reinforcement			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket			\$ 49.00	
	Rear Bumper Clips			\$ 22.00	
	Rear Bumper Sponge			\$ 143.40	
	Rear Bumper Under Cover			\$ 225.00	
	SUB TOTAL			\$ 1,907.35	
	LESS 20%			\$ 381.47	
	DISCOUNTED TOTAL			\$ 1,525.88	
	Rear Bumper Advertisement Logo			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00	Nett
				\$ 250.00	
	Labour Charge				
	Panel Beating			\$ 380.00	
	Spray Painting Charge			\$ 200.00	
	TOTAL LABOUR			\$ 580.00	
	ESTIMATE TOTAL			\$ 2,355.88	
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 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	28/12/2017 16:52
Date Of Accident	27/12/2017 20:35
Exact Location Of Accident	BAYFRONT AVE - MBS CASINO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7383Z
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	HYUNDAI
Model	I40
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	

Driver

Name of Driver	TEO TIONG CHYE
NRIC No	S1508671H
Date Of Birth	06/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	12/03/1980
Driving Experience	37 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	323B #13-559 SENGKANG EAST WAY
Postcode	542323
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES N NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

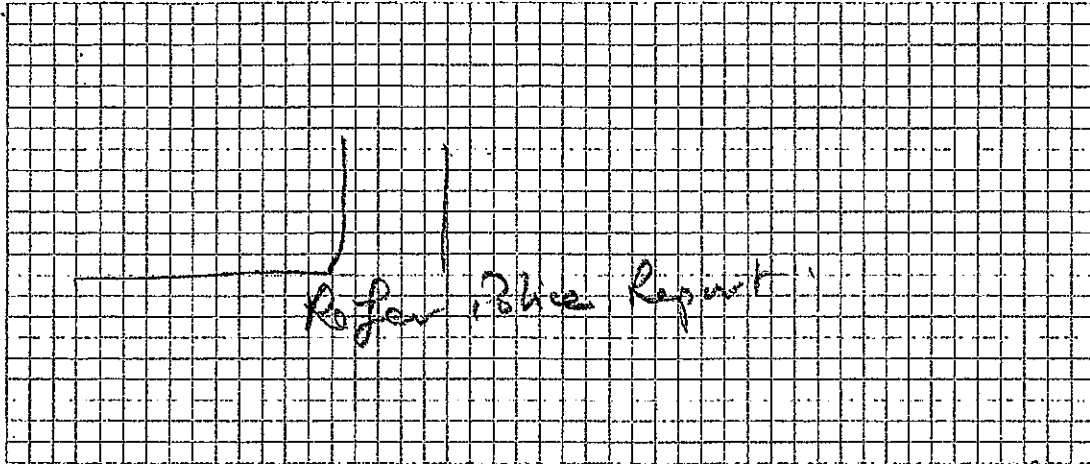
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB9598C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HONG KOK KEONG
NRIC/Passport Number	S0021576G
Contact Number	93691170
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TEO TIONG CHYE
Approximate Age	56
Injuries Sustain	NECK,BACK,SHOULDER,RHT LEG
Injured person in which vehicle?	SHA7383Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



Refer Police Report

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT A) SHA 738 3Z B) SHB9598C

Refer Police Report - 7/20171228/2027/

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.

CO. REG. NO. 199301821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ID No.:

SR Moorthy
28/12/17

Sketch Plan Pg. 2



**SINGAPORE
POLICE FORCE**



T/20171228/2027

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

1 of 3

Report No. T/20171228/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2017 12:15		Vide Report No.:		Station Diary No.: 12	
Informant's Particulars					
Name of Informant: TEO TIONG CHYE			Address: APT BLK 323B SENGKANG EAST WAY #13-559 SINGAPORE 542323		
ID Type / ID No.: NRIC NO / S1508671H			Contact No.: Home/Office: Mobile: 91068478		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 06/12/1961	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 27/12/2017 20:35	Type of Location:
Location: Along Road 1 BAYFRONT AVENUE				
Taxi stand of Marina Bay Sands Casino				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	Nb of Passenger
SHA7383Z	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue		0
SHB9598C	Car	CHEVROLET	EPICA 2.0DSL AT ABS D/AB	Red		0

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20171228/2027

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

2 of 3

Report No. T/20171228/2027

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO TIONG CHYE	ID No.	S1508671H
Related Vehicle	SHA7383Z (Car)	Contact No.	91068478
Hospital/Clinic	MEDILIFE CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/12/2017	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	HONG KOK KEONG	ID No.	S0021576G
Related Vehicle	NIL	Contact No.	93691170
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/12/17 at around 2035hours, I was along Bayfront ave waiting to join the taxi stand queue when I was hit on the back by another taxi. After the impact he hit the rear of my vehicle again. We then exchange particulars, took photos of the damaged and I left. I visited clinic the following day and received 3 days MC, I also received a doctor's memo for a x-ray.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999



T/20171228/2027

3 of 3

Report No. T/20171228/2027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 2 GAN JIAN CAI, DARREN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TAN JESIEWICZ
Contact No.: 65474885

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
28/12/2017 12:15

Classification Of Case:

Sketch Plan Pg. 5

