

COMFORTDELGRO ENGINEERING

Our Ref: 305113069

Date: 02/02/18

Time of Fax: _____

Via Fax: Email

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

Workshop

Attn: Motor Claims Dept.

Dear Sirs

Your Insured: SKP4511B

Date of Acc: 02/02/18

* 9 pages

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHA7997C

Loyang
59 Loyang Drive
Singapore 508969

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. 62148355 or Hp no. 98240811
Jumani Bin Masudin Tel no. 62148315 or Hp no. 96355305
Lim Tien Siong Tel no. 62148398 or Hp no. 96358546
Chiang Liat Choon Tel no. 62148314 or Hp no. 92966006
Fauzy Bin Mokhtar Tel no: 62148319 or Hp no : 81259176
Larry Ng Tel: 6214 8316

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

A member of

COMFORTDELGRO



REPAIR ESTIMATE*

DATE 2/2/2018 15:35

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 (LH)			\$ 49.00
	Rear Bumper Clips			\$ 22.00
	Rear Bumper Sponge			\$ 143.40
	Rear Bumper Under Cover			\$ 225.00
	Rear Bumper Reflector Lamp (LH)			\$ 32.00
	SUB TOTAL			\$ 1,939.35
	LESS 20%			\$ 387.87
	DISCOUNTED TOTAL			\$ 1,551.48
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Rubber Mat			\$ 50.00
				\$ 185.70
	Labour Charge			
	Panel Beating			\$ 380.00
	Spray Painting Charge			\$ 200.00
	Wiring Charge			\$ 50.00
	R/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 750.00
	ESTIMATE TOTAL			\$ 2,487.18

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 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	02/02/2018 14:49
Date Of Accident	02/02/2018 06:55
Exact Location Of Accident	SLIP RD FROM REPUBLIC BLVD TWDS OPHIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7997C
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	GANASAN S/O PALANYSAMY
NRIC No	S2196736Z
Date Of Birth	02/11/1965
Occupation	OUTDOOR
Date Of Driving Pass	26/09/1994
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	GANDEV@SINGNET.COM.SG

Address 213 12-79 MARSILING CRESCENT
Postcode 730213
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) 2
Passenger 1
NAME: : -
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
POLICE STATION NAME [OTHER] CHANGKAT 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 SKP4511B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver JOANNE YEO PUAY KIANG
NRIC/Passport Number S7425358Z
Contact Number 97686420
Address
Postcode
Insurance Company Name

Nature Of Damage FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name GANASAN S/O PALANYSAM Y

Approximate Age 53

Injuries Sustain NECK,BACK,SHOULDER

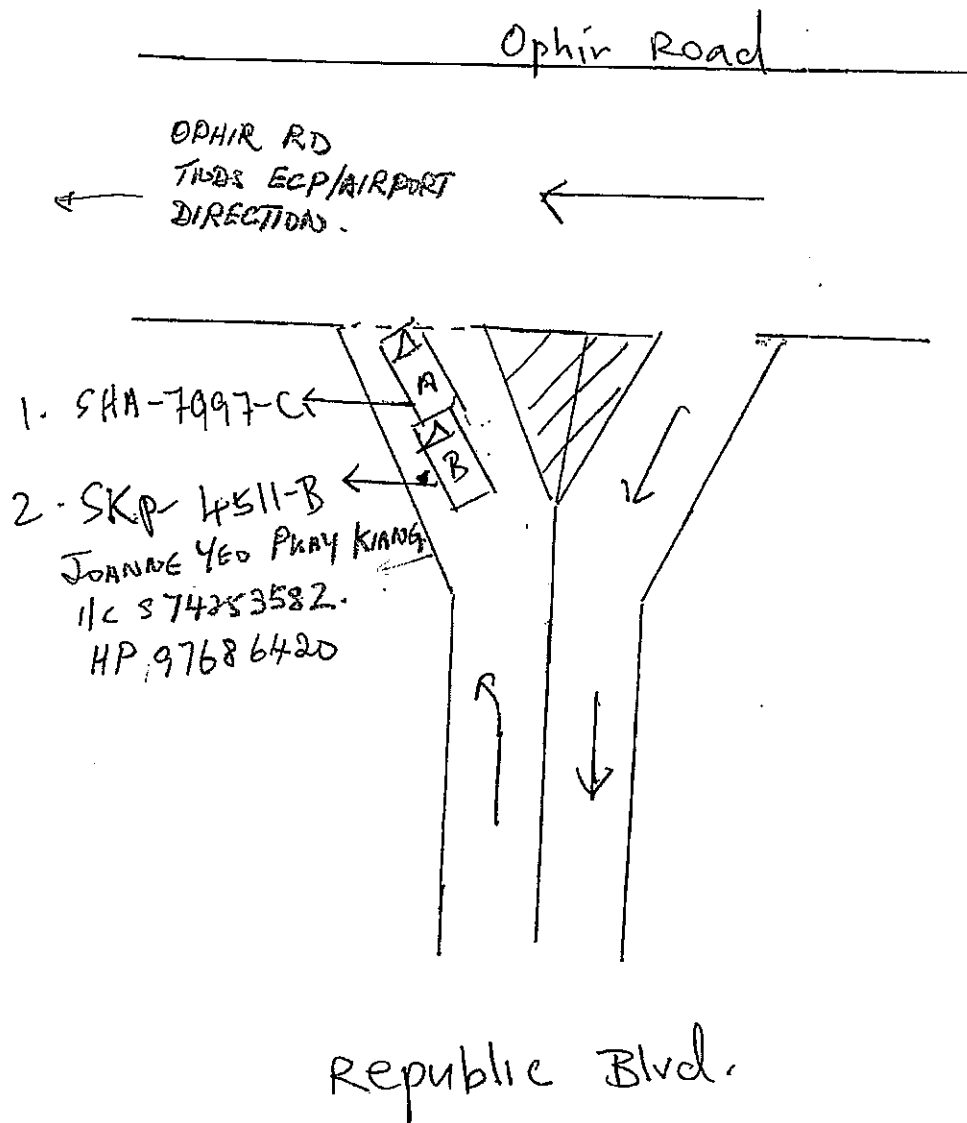
Injured person in which vehicle? SHA7997C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



[Signature]

Sketch Plan Pg. 2



**SINGAPORE
POLICE FORCE**



T/20180202/2048

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20180202/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2018 12:15		Vide Report No.:		Station Diary No.: 11	
Informant's Particulars					
Name of Informant: GANASAN S/O PALANYSAMY			Address: APT BLK 213 MARSILING CRESCENT #12-79 SINGAPORE 730213		
ID Type / ID No.: NRIC NO / S2196736Z			Contact No.: Home/Office: Mobile: 98170133		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 02/11/1965	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/02/2018 06:55	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 REPUBLIC BOULEVARD OPHIR ROAD T junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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	No. of Passenger
SHA7997C	Car				Slightly Damaged	1
SKP4511B	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No. T/20180202/2048

CONTINUATION OF REPORT

Driver			
Name	GANASAN S/O PALANYSAMY		ID No. S2196736Z
Related Vehicle	SHA7997C (Car)		Contact No. 98170133
Hospital/Clinic	HAMID FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	02/02/2018	Date Discharge	02/02/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 02/02/2018 at 0655hrs as I was travelling from Republic Blvd about to turn left via a slip road on to Ophir rd as there was a give way line on the slip rd, I then slowed down my vehicle and gradually came to a halt to look out for the oncoming traffic. However suddenly I felt an impact from the rear of my vehicle as such I turn to make a check and discovered a Grey vehicle (SKP4511B) had collided head on to the rear of my vehicle after which we came out of our vehicle and exchange particulars.



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T/20180202/2048

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109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3

Report No. T/20180202/2048

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 /

Staff Sgt YEO HAO KIAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/02/2018 12:15

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65474885

SIGNATURE

Classification Of Case:

Authentication Stamp

NP168