

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305113070 Via Fax : Email
Date : 020218 (Fri) Your Insured: SHC 54765
Time of Fax: _____ Date of Acc : 010218

Attn: Motor Claims Department

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

B 6697U

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 8316 or HP: 9824 0811	} Fax no. 6546 8156
◆ 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	
◆ Larry Ng Nyuk Phin	Tel: 6214 8315 or HP: 9230 2824	
◆ Fauzy Bin Mokhtar	Tel: 6214 8319 or HP: 8125 9176	

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
Crash Repairs & Claims Recovery

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

AXA

Date: 02.02.2018

Time: 16:08:09

Page: 1/2

(Fri)

TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305113070
REGN NO : SHB6697U
MILEAGE : 0000000000
MAKE : MERCEDES BENZ
MODEL : VIANO CDI 2.2L
DATE OF REGN : 24.10.2013
DATE/TIME IN : 02.02.2018 13:20
ACCIDENT DATE : 01.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0203-0579-G	REAR BUMPER	1	1,372.00	20.00	1,097.60
0002	04-01-0203-2044-G	REAR BUMPER RH	1	473.60	20.00	378.88
0003	04-01-0203-2047-G	TAIL LAMP RH	1	322.00	20.00	257.60
0004	04-01-0203-0072-G	REARBUMPER REFLECTOR RH	1	33.00	20.00	26.40
0005	04-01-0203-2049-G	TAILLAMP LOWER GARNISH RH	1	35.70	20.00	28.56
0006	28-01-0203-2001-G	TYPE DESIGNATION-2.2	1	39.00	20.00	31.20
0007	28-01-0203-2002-G	TYPE DESIGNATION-CDI	1	39.00	20.00	31.20
0008	28-01-0203-2003-G	TYPE DESIGNATION-VIANO	1	39.00	20.00	31.20
0009	28-01-0203-2000-G	TAILGATE MERCEDES STAR	1	29.00	20.00	23.20
0010	28-01-0299-2011-G	TAILGATE MAXICAB STICKER	1	40.00	2.00	40.00
0011	09-01-0299-2005-A	REVERSE SENSOR	1	288.00	0.20	288.00

SUB-TOTAL : 2,233.84

JOB NATURE

COMFORTDELGRO ENGINEERING PTE LTD

Date: 02.02.2018

REPAIR ESTIMATE

Time: 16:08:09

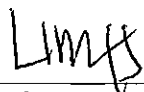
Page: 2

(Fri)

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305113070
REGN NO : SHB6697U
MILEAGE : 0000000000
MAKE : MERCEDES BEN
MODEL : VIANO CDI 2.2L
DATE OF REGN : 24.10.2013
DATE/TIME IN : 02.02.2018 13:20
ACCIDENT DATE : 01.02.2018

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0000 L	PANEL BEATING			860.00		
0001 23-502	SPRAYPAINT ON AFFECTED AREA			800.00		
0002 17-01	CHECK ALL LIGHTING			50.00		
0003 20-00	TUFF COAT ON AFFECTED PARTS.			40.00		
0004 L	R/I REVERSE SENSOR			120.00		
0005 20-05	REAR BUMPER MAT			50.00		
SUB-TOTAL						: 1,920.00
TOTAL						: 4,153.84


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :
AUTHORISED : YES / NO

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 14:40
Date Of Accident	01/02/2018 19:50
Exact Location Of Accident	TAXI QUEUE LINE ON DRIVEWAY MOVING TWDS AIRPORT T4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6697U
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	VIANO

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-15072702MFSH
Cover Note Number	

Driver

Name of Driver	JAMALLUDIN BIN HAIRI
NRIC No	S7203953Z
Date Of Birth	29/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	06/09/1997
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 237 TAMPINES STREET 21 #02-557
Postcode	520237
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	2
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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180202/2046

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	SHC5476S
Vehicle Make/Model/Colour	TRANSCAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage : FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JAMALLUDIN BIN HAIRI

Approximate Age

Injuries Sustain BACK, NECK AND BODY

Injured person in which vehicle? SHB6697U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

IMPORTANT NOTICE

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CP. REG. NO. 1000038316

Lim Ee Soon
CSO

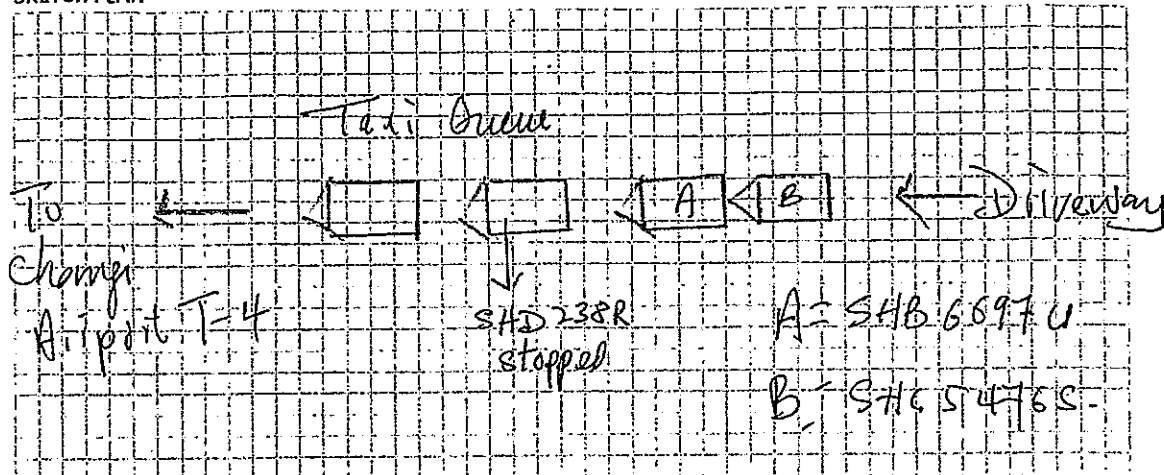
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO: T/20180202/2046

DECLARATION

I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303021R

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Lim Ee Soon
CSO

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20180202/2046

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20180202/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2018 11:58		Vide Report No.:		Station Diary No.: 66	
Informant's Particulars					
Name of Informant: JAMALLUDIN BIN HAIRI			Address: APT BLK 237 TAMPINES STREET 21 #02-557 SINGAPORE 520237		
ID Type / ID No.: NRIC NO / S7203953Z			Contact No.: Home/Office: Mobile: 96514104		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 29/01/1972	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/02/2018 19:50	Type of Location:
Location: Along Road 1 AIRPORT BOULEVARD CHANGI AIRPORT TERMINAL 4 (30 AIRPORT BOULEVARD)				
Weather: Clear		Road Surface: Dry		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	No. of Passenger
SHB6697U	Car				Slightly Damaged	0
SHC5476S	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20180202/2046

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

Report No. T/20180202/2046

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

CONTINUATION OF REPORT

Tel No: 1800-2519999

Driver			
Name	JAMALLUDIN BIN HAIRI	ID No.	S7203953Z
Related Vehicle	SHB6697U (Car)	Contact No.	96514104
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	02/02/2018	Date Discharge	02/02/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 01/02/2018 at about 7.50pm, I was driving my Comfort cab bearing vehicle number SHB6697U and was waiting at the taxi queue located at Changi Airport Terminal 4.

When the traffic flow start to move, I slowly drive forward then suddenly felt an impact from behind and realized that another taxi from Transcab bearing vehicle number SHC5476S had hit onto the rear of my taxi.

As a result of the impact, I suffered stiff neck and numbness to my left leg and was given four days medical certificate. My taxi also has damages of dent and dislodged to the rear bumper area.

I wish to inform no police or ambulance attended to my incident.



**SINGAPORE
POLICE FORCE**



T/20180202/2046

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

3 of 3
Report No. T/20180202/2046

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: E / Sgt 2 PHYLLIS HENG PEI LING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/02/2018 11:58
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>SINGAPORE POLICE FORCE</div> <div>SN 168</div> </div> <div style="text-align: center; margin-top: 20px;"> <p>SIGNATURE</p> </div> </div>