

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

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www.cdge.com.sg

Company Registration No: 199506048W

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

Our Ref : 305720

Date : 280218

Time of Fax : 0950

AXA

Via Fax : email

Your Insured : SLB4423J

Date of Acc : 260218

Attn : Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHD 6601K

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

2/27/2018

Insurance Particulars Enquiry By Agents Detail

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLB4423J	26 Feb 2018 / 17:45:00	Successful	A12	AXA INSURANCE PTE LTD

Previous

OK

SND 6601K

COMFORTDELGRO ENGINEERING PTE LTD**REPAIR ESTIMATE***

VEHICLE NO : SHD 6601K

DATE 27/2/2018 14:45

MAKE :

MODEL : MERCEDES BENZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			\$ 1,510.00	
	Rear Bumper Reinforcement			\$ 1,150.00	
	Rear Bumper Bracket Lower (LH/RH)		\$ 135.00	\$ 270.00	
	Rear Bumper Bracket Top (LH/RH)		\$ 125.00	\$ 250.00	
	Rear Bumper Retainer Mounting (LH/RH)		\$ 115.00	\$ 230.00	
	SUB TOTAL			\$ 3,410.00	
	LESS 20%			\$ 682.00	
	DISCOUNTED TOTAL			\$ 2,728.00	
	Rear Bumper Sensor			\$ 388.00	Nett
	Rear Bumper Rubber Mat			\$ 50.00	Nett
				\$ 438.00	
	Labour Charge				
	Panel Beating			\$ 400.00	
	Spray Painting Charge			\$ 250.00	
	Wiring Charge			\$ 50.00	
	Remove/Refix Reverse Sensor			\$ 120.00	
	TOTAL LABOUR			\$ 820.00	
	ESTIMATE TOTAL			\$ 3,986.00	
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	27/02/2018 16:00
Date Of Accident	26/02/2018 17:45
Exact Location Of Accident	CHANCERY LANE TWDS DUNEARN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6601K
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
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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	MCOM0015

Cover Note Number

Driver

Name of Driver	THONG KUANG SHIN
NRIC No	S1373695B
Date Of Birth	03/11/1959
Occupation	OUTDOOR
Date Of Driving Pass	11/07/1980
Driving Experience	37 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	THONGKUANGSHIN0311@YAHOO.COM

Address 339 12-549 WOODLANDS AVENUE 1
Postcode 730339
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 -
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) 3
Passenger 1
NAME: : -
GENDER: : MALE
Passenger 2
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] TAMPINES E 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 SLB4423J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address

Postcode

Insurance Company Name

Nature Of Damage FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name THONG KUANG SHIN

Approximate Age 59

Injuries Sustain NECK

Injured person in which vehicle? SHD6601K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

Refer attachment

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - T/20180221/2093

DECLARATION

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

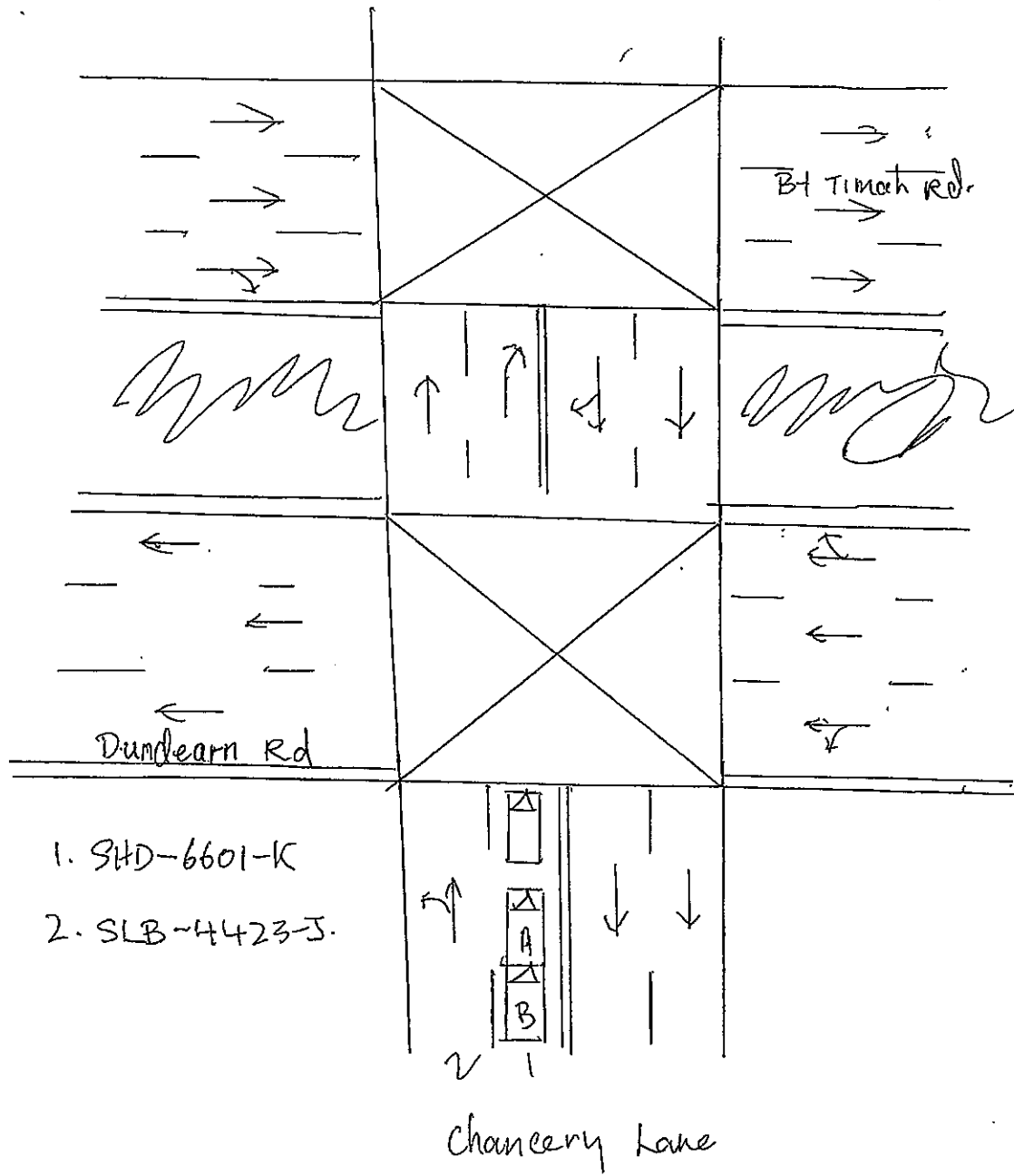
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Sketch Plan Pg. 2



Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20180227/2093

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

1 of 3

Report No. T/20180227/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2018 14:47	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: THONG KUANG SHIN	Address: APT BLK 339 WOODLANDS AVENUE 1 #12-549 SINGAPORE 730339		
ID Type / ID No.: NRIC NO / S1373695B	Contact No.: Home/Office: Mobile: 96618932		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 58	Date of Birth: 03/11/1959	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: 26/02/2018 17:45	Type of Location: X-Junction
Location: Along Road 1 CHANCERY LANE DUNEARN ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
SHD6601K	Car					2
SLB4423J	Car					0

Details of Person Involved

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

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20180227/2093

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

2 of 3

Report No. T/20180227/2093

CONTINUATION OF REPORT

Driver			
Name	THONG KUANG SHIN	ID No.	S1373695B
Related Vehicle	SHD6601K (Car)	Contact No.	96618932
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/02/2018	Date Discharge	27/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On the mentioned date and time, I was on Chancery Lane heading towards Dunearn road with two passengers with me. The traffic light was red and as such my vehicle was in a stop position. Suddenly, I felt an impact from the back causing my vehicle to move forward but did not hit onto the front vehicle. I went out to make a check and discovered that my vehicle was being hit by another vehicle. I took photographs of the accident and the plate number of the vehicle. The traffic was heavy and as such I did not take the particulars of the other party. My passengers informed that they do not need any medical treatment at that point of time. Nobody was injured during the accident. No Traffic Police and Ambulance was at scene.

Today, I felt pain on my neck and back and as such I seek medical treatment and received 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20180227/2093

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

3 of 3

Report No. T/20180227/2093

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 IBRAHIM BIN CHEMAD

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/02/2018 14:47

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

