

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305138978
Date : 06.04.18
Time of Fax: _____

Via Fax : Smart
Your Insured: SLR 9984P
Date of Acc : 05.04.18

Attn: Motor Claims Department

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

D 42239

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

Jumani

for Vice President
Crash Repairs & Claims Recovery

am: AEC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305138978

OWNER IS COMFORT TRANSPORTATION PTE LTD OWNER NO 7010045 ADDRESS 383 SIN MING DRIVE SINGAPORE SINGAPORE 575717 (R) 6550 8755 (O) (P)		REGN NO: SHD4223G	MILEAGE
		MAKE: HYUNDAI	FUEL E.....1/2.....F
		MODEL SONATA	DATE/TIME IN 05.04.2018 16:10
		YR OF MANU 10.05.2012	TARGET DATE
JUNT CARD NO.		CHASSIS CODE KMHET41VMCA825071	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.04.2018
 NATURE: 3 P 05.04.18

NO	LABOR CODE	DESCRIPTION
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WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

No.: **SHD4223G** **JU AXA**

Vehicle No.: **SHD4223G**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO : SHD 4223G

DATE 6/4/2018 10:47

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 538.80
	Front Bumper Bracket (RH)			\$ 20.10
	Frt Wheel Hub Cap, RH			\$ 145.00
	SUB TOTAL			\$ 703.90
	LESS 20%			\$ 140.78
	DISCOUNTED TOTAL			\$ 563.12
	Front Fender Advertisement Logo (RH)			\$ 100.00
				\$ 100.00
	Labour Charge			
	Panel Beating-Repair Frt RH Fender			\$ 250.00
	Spray Painting Charge			\$ 500.00
	FRT Wheel Alignment			\$ 120.00
	TOTAL LABOUR			\$ 870.00
	ESTIMATE TOTAL			\$ 1,533.12
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 as aforesaid.

ACCIDENT STATEMENT

Date Of Report	06/04/2018 07:48
Date Of Accident	05/04/2018 14:50
Exact Location Of Accident	SLIP RD FROM CTE(TWDS AYE/TUAS) X COLLEGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4223G
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	SONATA
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	WONG KONG LOK
NRIC No	S8118179I
Date Of Birth	11/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2004
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	KENWONGAU@GMAIL.COM

Address	473C 05-349 UPPER SERANGOON CRESCENT
Postcode	533473
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
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?	NO
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : -- GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE

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.

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	SLR9984P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ROHANI BINTE OSMAN
NRIC/Passport Number	S0416347H

Contact Number

Address

Postcode

Insurance Company Name

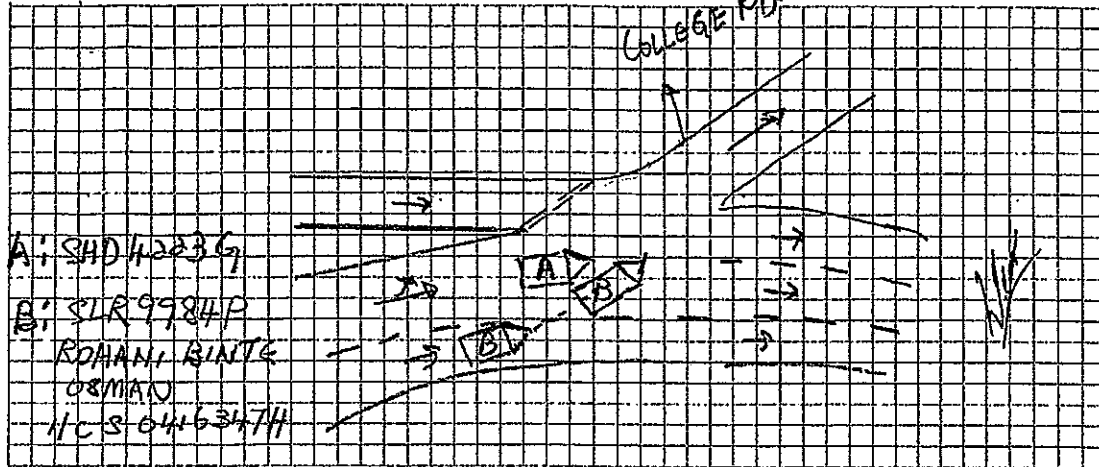
Nature Of Damage

LEFT REAR

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

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)
Date & Time:

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

Sketch Plan Pg. 2

Describe Circumstances of the Accident.

On 05 Apr 2018 at about 14:50 hrs I was driving straight on the leftmost lane along a Slip Road from CTE leading towards the direction of AVE/Tuas.

As I was about to drive passed the exit leading towards College Rd which is on my left suddenly a car Toyota Altis SLR9984P coming from my right cut sharply into my lane heading towards College Rd. Sensing the car is on a collision course with my taxi I immediately honked at the car repeatedly at the same time applied the brakes to avoid a collision but it was too late.

As a result of the driver's carelessness and failed to keep a proper lookout for my taxi caused this accident to happen. In the process the left hand side rear of the car hit and grazed the right hand side front including the right hand side front wheel of my taxi thus damaging them.

03 male passengers on board my taxi. No injury at the point of the accident.

Enclosed is a video footage to support my claims.

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) / Date
& Time

05/04/18

Witnessed by Reporting
Centre Personnel