

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305138853
Date : 05-04-18
Time of Fax: _____

Via Fax : SMIA
Your Insured: PBA 94955
Date of Acc : 04-04-18

Attn: Motor Claims Department

AXIA

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

8531P

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

member of COMFORTDELGRO

Date/Time: 05.04.2018 16:15

Page : 1

am: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO305138853

OMER	COMFORT TRANSPORTATION PTE LTD	REGN NO:	SH 8531P	MILEAGE
S	7010045	MAKE :	HYUNDAI	FUEL
OMER NO.	383 SIN MING DRIVE	MODEL	I-40	E.....1/2.....F
ESS	Singapore SINGAPORE 575717	YR OF MANU.	21.07.2016	DATE/TIME IN
(R)	65508755	CHASSIS CODE	KMHLB41UMGU091905	TARGET DATE
(P)	(O)			COMPLETION DATE/TIME:
JUNT CARD NO.				

JOB DESCRIPTION

Accident Date: 04.04.2018
 TIME: 3P 04.04.18 IC

NO	LABOR CODE	DESCRIPTION
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PACKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No. SH 8531P JU AXA

Vehicle No.: SH 8531P

f Service Advisor

Signature/Date

Name of Service Advisor

Date _____

turned to Service Reception upon collection.

To be kept by Security Guard

REPAIR ESTIMATE*

DATE 6/4/2018 10:58

MAKE :

MODEL : HYUNDAI i40

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.

REPAIR ESTIMATE*

DATE 6/4/2018 11:00

MAKE :

MODE L : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Licence Lamp Holder			\$ 100.00
	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	\$ 98.00
	Rear Bumper Clips			\$ 22.00
	Rear Bumper Sponge			\$ 143.40
	Rear Bumper Under Cover			\$ 225.00
	SUB TOTAL			\$ 2,056.35
	LESS 20%			\$ 411.27
	DISCOUNTED TOTAL			\$ 1,645.08
	Rear No.Plates			\$ 25.00
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Advertisement Logo			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00
				\$ 410.70
	Labour Charge			
	Panel Beating			\$ 250.00
	Spray Painting Charge			\$ 500.00
	Wiring Charge			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 920.00
	ESTIMATE TOTAL			\$ 2,975.78
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	05/04/2018 15:00
Date Of Accident	04/04/2018 19:45
Exact Location Of Accident	PIE TWDS SIMEI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8531P
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	MCOM0015
Cover Note Number	

Driver

Name of Driver	TAY LENG HOCK
NRIC No	S2701948Z
Date Of Birth	25/12/1963
Occupation	OUTDOOR
Date Of Driving Pass	03/06/1997
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	335 02-315 SERANGOON AVENUE 3
Postcode	550335
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	CHAIN COLLISION
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?	YES
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: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	SERANGOON NPC
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	FBA9495S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage NOT SURE

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLN9096Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KONG CHOI LENG

NRIC/Passport Number S2612847A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage REAR LEFT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name RIDER

Approximate Age

Injuries Sustain HEAD

Injured person in which vehicle? FBA9495S

Were seat belts worn?

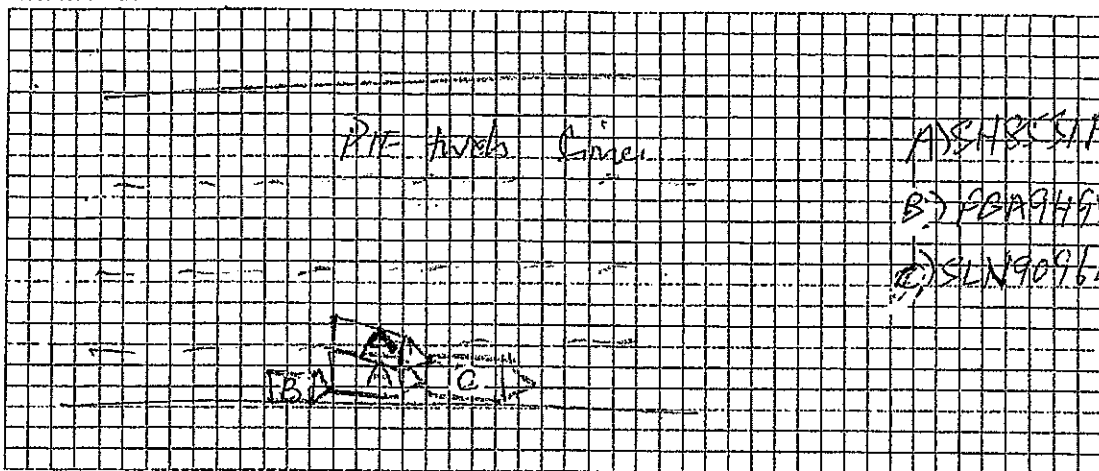
Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report
20180405/2054

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.

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



**SINGAPORE
POLICE FORCE**



T/20180405/2054

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

1 of 3

Report No. T/20180405/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2018 12:15	Vide Report No.: J/20180404/0201	Station Diary No.: 38
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Informant's Particulars			
Name of Informant: TAY LENG HOCK		Address: APT BLK 335 SERANGOON AVENUE 3 #02-315 SINGAPORE 550335	
ID Type / ID No.: NRIC NO / S2701948Z		Contact No.: Home/Office: Mobile: 97532650	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 25/12/1963	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:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/04/2018 19:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE towards Simei				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No. of Passenger
FBA9495S	Motorcycle				Slightly Damaged	0
SH8531P	Car				Slightly Damaged	1
SLN9096Z	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20180405/2054

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

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Report No. T/20180405/2054

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY LENG HOCK	ID No.	S2701948Z
Related Vehicle	SH8531P (Car)	Contact No.	97532650
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 04/04/2018 at around 1945hrs, I was travelling in my vehicle (SH8531P) on PIE towards Simei, I was driving on lane 2 at that point of time. I then change lane into lane one. While on lane one, the vehicle (SLN9096Z) in front of me braked suddenly, I then brake my vehicle however it was too late and I hit the rear of the vehicle in front of me, just then the motorcycle (FBA9495S) behind me hit the rear of my vehicle. I then alighted my vehicle and called for ambulance and police. The police then asked me the chain of events. The driver of FBA9495S was conveyed to hospital.

Subsequently I exchanged contacts with the driver of SLN9096Z and left the scene. As such, I am here lodging this report under instructions of TP IO Suffiyan.



**SINGAPORE
POLICE FORCE**



T/20180405/2054

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999



CONTINUATION OF REPORT

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Report No. T/20180405/2054

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: F / Staff Sgt LIM QING FENG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/04/2018 12:15
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436 	Classification Of Case: