

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref :

305142149

Date :

16/4/18

Time of Fax:

1355hr

Via Fax

AXA  
Email

Your Insured:

SFF58884

Date of Acc:

13-4-18

Attn: Motor Claims Department

Dear Sirs

**SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH**

A 4973R

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
• Larry Ng Nyuk Phin	Tel: 6214 8315 or HP: 9230 2824
• Lim Tien Siong	Tel: 6214 8398 or HP: 9635 8546
• Chiang Liat Choon	Tel: 6214 8314 or HP: 9296 6006
• Jumani Bin Masudin	Tel: 6214 8315 or HP: 9635 5305
• Fauzy Bin Mokhtar	Tel: 6214 8319 or HP: 8125 9176

Fax no. 6546 8156

PLS CALLED

Fauzy

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

for Vice President  
Crash Repairs & Claims Recovery

A member of COMFORTDELGRO

Date/Time: 16.04.2018 13:59

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3818069

JC NO305142149

STOMER

MS COMFORT TRANSPORTATION PTE LTD

STOMER NO 7010045

DRESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(P) (O)

COUNT CARD NO.

REGN NO:

SHA4973R

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

16.04.2018 11:00

YR OF MANU

08.07.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU091827

COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 13.04.2018

NATURE: 3P 13.04.18 > AXA INSURANCE

S/NO

LABOR CODE

DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No.: SHA4973R

FZ

Vehicle No.:

SHA4973R

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 16.04.2018

REPAIR ESTIMATE

Time: 15:49:05

Page: 1

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

JOB NO : 305142149  
REGN NO : SHA4973R  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 08.07.2016  
DATE/TIME IN : 16.04.2018 11:00  
ACCIDENT DATE : 13.04.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

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PART REQUISITION

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0001 04-01-0103-2322-A I40V3 BUMPER W LIP &amp; FOG 1 L 603.60 20.00 482.88

0002 04-01-0103-1150-A I40VC PROTECTOR MAT 1 N 50.00 2.00- 50.00

SUB-TOTAL : 532.88

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JOB NATURE

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0000 L PANEL BEATING- REAR 250.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

0002 17-01 CHECK ALL LIGHTING 50.00

0003 L REMOVE/REFIX REVERSE SENSOR 120.00

SUB-TOTAL : 620.00

TOTAL : 1,152.88

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MVA NAME & SIGNATURE  
DATE :

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AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

## 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	14/04/2018 12:27
Date Of Accident	13/04/2018 23:10
Exact Location Of Accident	RIVER VALLEY TWDS KIM SENG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4973R
<b>Insured/Policyholder</b>	
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	MUHAMAD RAHIM BIN RESAD
NRIC No	S7010694I
Date Of Birth	08/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	16/07/1993
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	FLUIDRIDER@GMAIL.COM

Address	BLK 888A TAMPINES STREET 81 #06-1074
Postcode	521888
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?	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)	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]	TAMPINES N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180414/2043

#### 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	SFF5888U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### 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 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  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 14/4/18  
11.30 am

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

GIA/MHC SketchPlanForm\_V3

1

**Sketch Plan Pg. 2**

### SKETCH PLAN

See  
attach

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer: Police Report attach T/20180414/2043

## 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:

GIARMC SketchPlanForm\_V3

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11:30

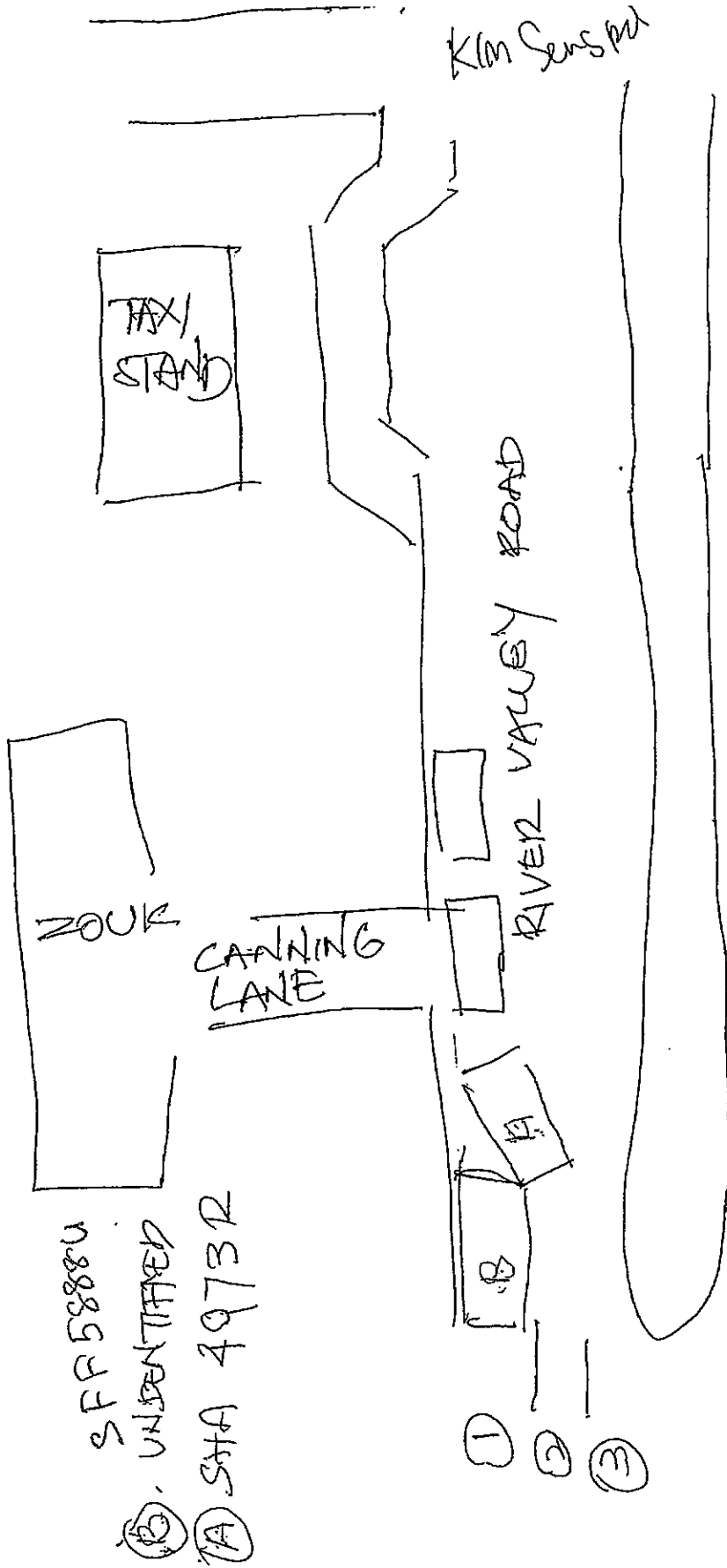
Date & Time: 1130  
14/4/18.

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

NRIC/FIN No.:

14/4/18  
Jackson Heng Back on  
CSO





NAME: MUHAMMAD RATHIM BIN ROSHD

NRIC: S7010694T

DATE: 14/4/18

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## Sketch Plan Pg. 4



**SINGAPORE  
POLICE FORCE**



T/20180414/2043

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20180414/2043

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2018 10:22		Vide Report No.:		Station Diary No.: 30	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMAD RAHIM BIN RESAD			Address: APT BLK 888A TAMPINES STREET 81 #06-1074 SINGAPORE 521888		
ID Type / ID No.: NRIC NO / S70106941			Contact No.: Home/Office: Mobile: 91999413		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 08/04/1970	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/04/2018 23:10	Type of Location: Straight Road
Location: Along Road 1 RIVER VALLEY ROAD Towards Kim Seng Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No:	Type	Make	Model	Color	Condition	No of Passenger
SHA4973R	Car				Slightly Damaged	1

SFF 58884.



**SINGAPORE  
POLICE FORCE**



T/20180414/2043

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20180414/2043

**CONTINUATION OF REPORT**

**Brief Details.**

On the 14/4/2018 at around 2312hrs, I was travelling along River Valley Rd towards Kim Seng Rd. It was a three lanes road. I was travelling on the first lane. Before nearing to Canning Lane, one Porsche Cayenne Lime Green with white stripes was parked at the double yellow line on the roadside, causing all the other vehicles to need to filter to the second lane in order to pass by the vehicle as it was stationary for quite some time. When I was filtering to the second lane and about to filter back to the first lane after passing the vehicle as I wanted to go into the taxi stand on the left, the vehicle kept honking and started to drive, colliding onto the left rear side of my vehicle. I could hear the impact of the collision and I then came down of the vehicle to make a check.

I then came out of my vehicle and verified that the vehicle had indeed collided onto my vehicle and took photo of it. The Chinese female driver seemingly below 30 years old, did not came down of the vehicle. As I have a passenger on board my vehicle, I then went to my vehicle to inform the passenger to alight first. While I am settling with the passenger, the Porsche then reversed the vehicle and drove off without informing me, I also did not manage to see its vehicle number.

I have an in-car camera inside my vehicle, however, had not viewed it yet as require my company to view it.

I am not injured, neither is my passenger, no other pedestrians or cyclists were involved. The left rear bumper of my vehicle is dented.



**SINGAPORE  
POLICE FORCE**



T/20180414/2043

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20180414/2043

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 1 LAM XUE TING	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2018 10:22
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168	