

# COMFORTDELGRO ENGINEERING

Our Ref: 305143180Date: 18.04.2018Time of Fax: 1200msLONPACVia Fax: 6296 2706 ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Your Insured: SSF7041KDate of Acc: 16.04.2018

Company Registration No: 199508048W

Workshop

Attn: Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHA 2545 GLoyang  
59 Loyang Drive  
Singapore 508969

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. 62148355 or Hp no. 98240811  
Jumani Bin Masudin Tel no. 62148315 or Hp no. 96355305  
Lim Tien Siong Tel no. 62148398 or Hp no. 96358546  
Chiang Liat Choon Tel no. 62148314 or Hp no. 92966006  
Fauzy Bin Mokhtar Tel no: 62148319 or Hp no: 81259176  
Larry Ng Tel: 6214 8316

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



Larry Ng

for Vice President  
Crash Repairs & Claims Recovery

A member of

COMFORTDELGRO





MCD618050955 / ComfortDelGro Engineering Pte Ltd - Loyang  
 ENTRY DATE & TIME: 17/04/2018 15:21  
 SUBMITTED BY: Huang XiaoYan

## 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 willful 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 17/04/2018 15:21  
 Date Of Accident 16/04/2018 19:30  
 Exact Location Of Accident PIE TWDS CHANGI AIRPORT AFTER PAYA LEBAR RD EXIT  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA2545G  
**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 CHNG THIAN CHAI  
 NRIC No S0559512F  
 Date Of Birth 28/05/1947  
 Occupation OUTDOOR  
 Date Of Driving Pass 19/03/2003  
 Driving Experience 15 YEARS AND 0 MONTHS  
 Gender MALE  
 Mobile Number  
 Fax Number  
 Contact Number  
 EMail Address TC\_SOON@YAHOO.COM.SG

Address BLK 261 BOON LAY DRIVE #11-541  
 Postcode 640261  
 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? 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) 2  
 Passenger 1

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] MARINE PARADE N.P.C  
 Was notice of Intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180417/2060

#### 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 SJF7041K  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver AKIFF ASYRAF BIN ANUAR  
 NRIC/Passport Number S9333326H  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name LONPAC INSURANCE BHD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name DEREK TAN KAY HEONG

Approximate Age

Injuries Sustain

NECK PAIN.

Injured person in which vehicle?

SHA2545G

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name CHNG THIAN CHAI

Approximate Age

70

Injuries Sustain

PAIN TO NECK, SHOULDER AND BACK. ON 7 DAYS MC.

Injured person in which vehicle?

SHA2545G

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## 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. 100303821R

Policyholder's Signature  
Date & Time:

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

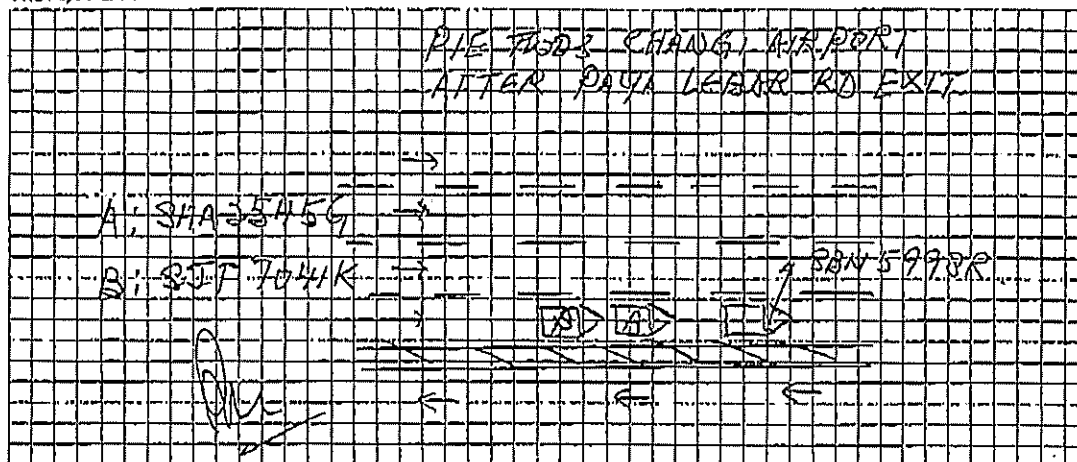
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA/RC SketchPlanForm\_V3



## Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to P/Report T/2018.04.17/2060

## 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 Person's Signature  
Name:  
NRIC/FIN No.:

CrallMC SketchPlanForm\_V3

17/04/18

## Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20180417/2060

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20180417/2060

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/04/2018 13:41		Vide Report No.:		Station Diary No.: 25
<b>Informant's Particulars</b>				
Name of Informant: CHNG THIAN CHAI		Address: APT BLK 261 BOON LAY DRIVE #11-541 SINGAPORE 640261		
ID Type / ID No.: NRIC NO / S0559512F		Contact No.: Home/Office: Mobile: 96753426		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 70	Date of Birth: 28/05/1947	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/04/2018 19:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY On PIE between Pava Lebar Exit and Eunos Exit, on the first lane.				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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	Colour	Condition	No. of Passenger
SHA2545G	Car				Slightly Damaged	1
SJF7041K	Car				Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## Sketch Plan Pg. 4



**SINGAPORE  
POLICE FORCE**



T/20180417/2060

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20180417/2060

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHNG THIAN CHAI	ID No.	S0559512F
Related Vehicle	SHA2545G (Car)	Contact No.	96753426
Hospital/Clinic	C & K FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/04/2018	Date Discharge	17/04/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver</b>			
Name	Akiff Asyraf Bin Anuar	ID No.	S9333326H
Related Vehicle	SJF7041K (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

I picked a passenger at 15 Pioneer Walk 1859hrs and informed me to send him to Bedok North St13. I took the route from KPE to PIE. After I exited KPE to PIE, there was a heavy traffic on PIE towards Changi Airport at that point of time. I was travelling on lane 1 at about 70km/hr with intermittent break.

At about 1930hrs, while my taxi, SHA2545G, was at stationary position due to the jam midway Paya Lebar exit and Eunos exit, I felt a bang on the rear of my taxi. I then exited the taxi to take a look. I then discovered that a Toyota Axio, SJF7041K, banged onto the rear of my taxi. The left rear bumper of my taxi was detached and there were scratches on the rear right side. The other party's vehicle suffered a dent on the front of his bumper and hood. We then took photos and exchanged particulars expect out phone numbers. The other party said that he wanted to do a private settlement however I did not agree as I am only the relieve and had to consult with the main hirer.

On the same evening at about 2130hrs, my wife informed me that the other party came over to my house to discuss regarding the private settlement however I was not at home, and he left his number for me to contact him.

I then contacted him 2315hrs and discussed about the private settlement. I subsequently informed him that I will not be going through with the private settlement as my hirer did not agree to do so.

I did not suffer any form of injury at the point of time. However, I experienced neck pain on the morning of 17/04/2018 and proceeded to the doctors which then I was given 7 days of Medical leave.

My passenger Derek Tan Kay Heong, S7017871J HP: 81115869, informed me that he suffered an aching neck due to the accident and mentioned that he might be visiting the doctors.

Sketch Plan Pg. 5

**SINGAPORE  
POLICE FORCE**

T/20180417/2060

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20180417/2060

CONTINUATION OF REPORT

The other party, Akiff Asyraf Bln Anuar, S9333326H, did not mention suffering any form of pain and also 1 of his passenger.

I am lodging this report for insurance purposes.

## Sketch Plan Pg. 6



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999



T/20180417/2060

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Report No. T/20180417/2060

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 GIA WAN XIN <i>[Signature]</i>
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AET / SSI KIRAN SAMIAN Contact No.: 65476179
Authentication Stamp NP168 <i>[Signature]</i> SIGNATURE

Signature Of Informant: <i>[Signature]</i>
Date/Time: 17/04/2018 13:41
Classification Of Case: