

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305153746
Date : 260418
Time of Fax: _____

Via Fax : Email
Your Insured: SKU566E
Date of Acc : 250418

Attn: Motor Claims Department

AXA

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

B 6245R

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

Lim Tien Siong

for Vice President
Crash Repairs & Claims Recovery

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

AXA

TS

VEHICLE NO : SHB 6245R

DATE 26/4/2018

MAKE :

MODEL : HYUNDAI i40

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|-----|---|------|------------|--------------------|
| | Rear Bumper | | | \$ 603.60 |
| | Rear Bumper Reinforcement | | | \$ 504.35 |
| | Rear Bumper Reinforcement Bracket (LH/RH) | | \$ 180.00 | \$ 360.00 |
| | Rear Bumper Side Bracket (LH/RH) | | | \$ 49.00 X 2 |
| | Rear Bumper Clips | | | \$ 22.00 |
| | Rear Bumper Sponge | | | \$ 143.40 |
| | Rear Bumper Under Cover | | | \$ 225.00 |
| | SUB TOTAL | | | \$ 1,907.35 |
| | LESS 20% | | | \$ 381.47 |
| | DISCOUNTED TOTAL | | | \$ 1,525.88 |
| | Rear Bumper Reverse Sensor | | | \$ 135.70 Nett |
| | Rear Bumper Rubber Mat | | | \$ 50.00 Nett |
| | | | | \$ 185.70 |
| | Labour Charge | | | |
| | Panel Beating | | | \$ 380.00 |
| | Spray Painting Charge | | | \$ 250.00 |
| | Wiring Charge | | | \$ 50.00 |
| | R/Refix Reverse Sensor | | | \$ 120.00 |
| | TOTAL LABOUR | | | \$ 800.00 |
| | ESTIMATE TOTAL | | | \$ 2,511.58 |

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 said.

ACCIDENT STATEMENT

| | |
|----------------------------|---------------------------|
| Date Of Report | 26/04/2018 16:24 |
| Date Of Accident | 25/04/2018 23:45 |
| Exact Location Of Accident | KILLINEY RD X SOMERSET RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHB6245R |
| 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 | TOH LENG CHIANG(ZHUO NENGJIANG) |
| NRIC No | S8035730C |
| Date Of Birth | 21/10/1980 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 28/04/1999 |
| Driving Experience | 18 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| Email Address | CHRIST805269@GMAIL.COM |

Address BLK 886A WOODLANDS DRIVE 50
 #10-523
 Postcode 731886
 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 2
 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name PAYA LEBAR NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 ,
 COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2899999 - FAX NO: 62815961
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20180426/2060

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 SKU5666E
 Vehicle Make/Model/Colour BMW
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver UNKNOWN
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

Nature Of Damage UNSURE

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TOH LENG CHIANG(ZHUO NENGJIANG)

Approximate Age

Injuries Sustain NECK SPRAIN, UPPER BACK SPRAIN, NAUSEA

Injured person in which vehicle? SHB6245R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

IMPORTANT NOTICE

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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 reputate 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

M. R. Moorthy
S R Moorthy
GSC
26/4/18

Policyholder's Signature
Date & Time:

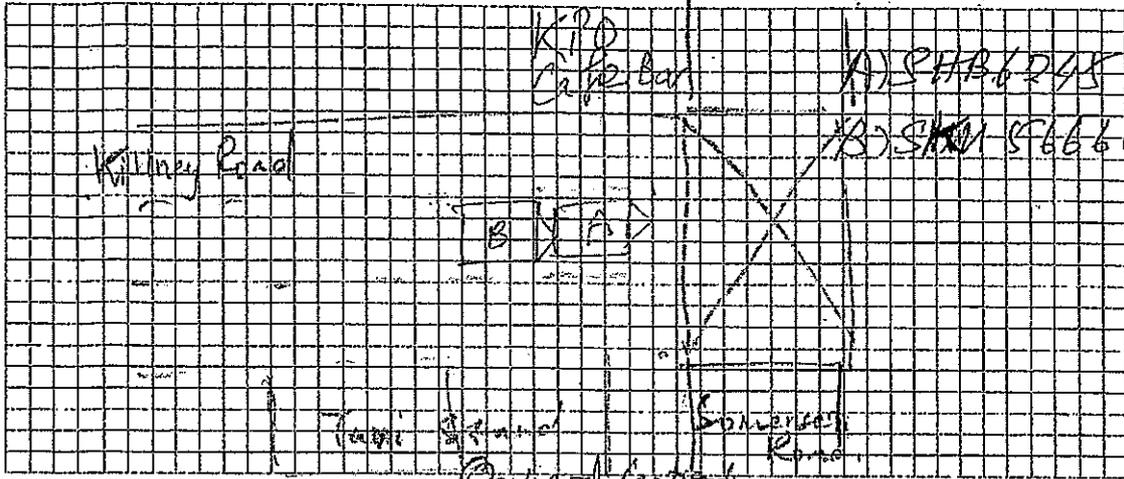
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - 7/20180426/2060

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

SR Atworthy
CSO
26/4/18



**SINGAPORE
POLICE FORCE**



T/20180426/2060

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

1 of 3

→ Report No. T/20180426/2060

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|-------------------------|
| Date/Time Report Made: 26/04/2018 12:39 | Vide Report No.: E/20180425/0185 | Station Diary No.: 8 |
|--|-------------------------------------|-------------------------|

| Informant's Particulars | | | |
|---|------------|---|------------------------------|
| Name of Informant: TOH LENG CHIANG | | Address: APT BLK 886A WOODLANDS DRIVE 50 #10-523 SINGAPORE 731886 | |
| ID Type / ID No. NRIC NO / S8035730C | | Contact No.: | Mobile: 90231916 |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 37 | Date of Birth: 21/10/1980 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: Taxi driver | | Driving Licence Information: Class: 3 | Date of Expiry: |

| General Information on the Accident | | | | |
|---|------------------------|---|--|---------------------------------|
| Type of Accident: | Injury: Hit and Run | Drink Drive: No | Date/Time of Accident: 25/04/2018 23:45 | Type of Location: X-Junction |
| Location: Junction of Road 1 and Road 2: KILLINEY ROAD SOMERSET ROAD At the Killiney Road and Somerset road towards Rivervale road. | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | 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 |
| SHB6245R | Car | | | | Slightly Damaged | 0 |
| SKU5666E | Car | | | | | 0 |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20180426/2060

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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Report No. T/20180426/2060

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------|--|--------------------------------|
| Driver | | | |
| Name | TOH LENG CHIANG | ID No. | S8035730C |
| Related Vehicle | SHB6245R (Car) | Contact No. | 90231916 |
| Hospital/Clinic | ONECARE CLINIC HOUGANG | Class of Driving Licence & Expiry Date | Class 3 Date of Expiry: NIL |
| Date Treatment | 26/04/2018 | Date Discharge | 26/04/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On 25/04/2018 at about 2345hrs, I was traveling in my vehicle: SHB6245R along Killiney Road towards Rivalley Road. When I arrived at the junction at the junction of Killiney Road towards Somerset Road, I stopped my vehicle due to the red light. As I was waiting for the red light, I noticed that the vehicle - SKU5666E was behind my vehicle and was honking at me. However as the traffic light was still red, I decided not to give too much notice to the vehicle's honking. After a short while, the honking stopped and suddenly I felt a great impact from the rear of my vehicle. I noticed that the vehicle behind had ramped into my vehicle.

I then exited my vehicle however he refused to alight from his vehicle. As I realised that something is wrong, I decided to take photo of the incident. As I was taking photo, the vehicle suddenly speeded off. I then decided to call for police and was attended by officer at the location. My In-vehicle CCTV had captured the incident and I have already handed over the memory card to IO in-charge.

I felt discomfort in my back and kept experiencing feeling of vomiting after the incident. I had seek medical attention on 26/04/2018 at OneCare Clinic Hougang where I was given 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20180426/2060

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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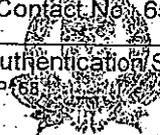
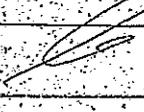
Report No. T/20180426/2060

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: F / Sgt 2. LU JUNFENG EMETH | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 26/04/2018 12:39 |
| Officer In Charge Of Case: TP / HRT / SH-KALESWARI PALANI Contact No: 65476902 SN 085 | Classification Of Case: |
| Authentication Stamp  Signature:  Singapore Police Force | |