

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305160613
Date : 15-05-18
Time of Fax: _____

Via Fax : AMAT
Your Insured: PRH 6314
Date of Acc : 15-05-18

Attn: Motor Claims Department

PWD

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

B 4166Z

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

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 4166Z

DATE 15/5/2018 15:33

MAKE :

MODEL : HYUNDAI i40

JM

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			\$ 49.00	
	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 Advertisement Logo			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00	Nett
				\$ 385.70	
	Labour Charge				
	Panel Beating			\$ 280.00	
	Spray Painting Charge			\$ 200.00	
	Wiring Charge			\$ 50.00	
	R/Refix Reverse Sensor			\$ 120.00	
	TOTAL LABOUR			\$ 650.00	
	ESTIMATE TOTAL			\$ 2,561.58	
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.					

er of COMFORTDELGRO

Date/Time: 15.05.2018 16:49

Page : 1

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305160613

COMFORT TRANSPORTATION PTE LTD
 7010045
 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 65508755

(O)

REGN NO: SHB4166Z	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: I-40	DATE/TIME IN 15.05.2018 13:50
YR OF MANU: 02.04.2015	TARGET DATE
CHASSIS CODE: KMHLB41UMFU067874	COMPLETION DATE/TIME:

ARD NO.

JOB DESCRIPTION

ent Date: 15.05.2018
 E: 3P 15.05.18

LABOR CODE

DESCRIPTION

PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ent Slip

Exit Pass

SHB4166Z

JU FWD

Vehicle No.:

SHB4166Z

Advisor

Signature/Date

Name of Service Advisor

Date

o Service Reception upon collection

To be kept by Security Guard

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	15/05/2018 14:47
Date Of Accident	15/05/2018 08:10
Exact Location Of Accident	PASIR RIS DRIVE 3 TWDS PASIR RIS OUTSIDE BLK 475
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4166Z
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	ONG KIAT SENG
NRIC No	S0163522J
Date Of Birth	05/11/1950
Occupation	OUTDOOR
Date Of Driving Pass	07/12/1973
Driving Experience	44 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87409194
Fax Number	
Contact Number	
EMail Address	ONGKS50@YAHOO.COM

Address	BLK 483 PASIR RIS DRIVE 4 #02-465
Postcode	510483
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?	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: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE DIVISION HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180515/2026

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	FBH6311Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	FWD SINGAPORE PTE. LTD.

Nature Of Damage FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN

Approximate Age

Injuries Sustain NOT SURE

Injured person in which vehicle? FBH6311Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

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. 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.:

Loke Wei Yieng

Sketch Plan Pg. 2

SKETCH PLAN

A = SHIB 4-66-3

B = FBH 1.6311

Bik 475

Passer R's Drive 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

T/20180515/2026

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. 3



**SINGAPORE
POLICE FORCE**



T/20180515/2026

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180515/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2018 10:51		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG KIAT SENG MICHAEL			Address: APT BLK 483 PASIR RIS DR 4 #02-465 HDB-PASIR RIS SINGAPORE 510483		
ID Type / ID No.: NRIC NO / S0163522J			Contact No.: Home/Office: Mobile: 87409194		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 05/11/1950	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/05/2018 08:10	Type of Location: Straight Road
Location: Along Road 1 PASIR RIS DRIVE 3 IN FRONT BLK 475 PARIS RIS DRIVE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBH6311Y	Motorcycle				Seriously Damaged	0
SHB4166Z	Car				Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20180515/2026

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180515/2026

CONTINUATION OF REPORT

Driver			
Name	ONG KIAT SENG MICHAEL		ID No. S0163522J
Related Vehicle	NIL		Contact No. 87409194
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

15/05/2018 @0810HRS (IN FRONT BLK 475 PARIS RIS DRIVE 3)

I WAS DRIVING ALONG PARIS RIS DRIVE 3, I WAS TRAVELLING ON THE LEFT OF 2 LANES. I SAW THERE WAS A PASSENGER ON THE SIDE OF THE ROAD, I SWITCH ON MY SIGNAL AND PULLED OVER. AFTER THE PASSENGER ENTER INTO MY TAXI, I DROVE OFF JUST FOR A SHORT MOMENT AND A MOTORCYCLIST COLLIDED WITH THE MY REAR OF MY TAXI. THE RIDER FELL TO THE GROUND AND I QUICKLY PULLED OVER AND CHECKED IF HE WAS INJURED IN ANYWAY. NEARBY THE INCIDENT THERE WAS A POLICE CAR ON DUTY CAME PASS AND ASSISTED. THEY CALLED FOR THE AMBULANCE FOR THE INJURED RIDER, LATER ON AMBULANCE AND TRAFFIC POLICE WAS AT THE SCENE OF THE LOCATION.

THAT'S ALL

Sketch Plan Pg. 5



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20180515/2026

3 of 3

Report No. T/20180515/2026

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:
TP /
KEE CHUAN JIA MARCUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/05/2018 10:51

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: