

3188

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Our Ref: 308160000

Date: 150518

Via Fax: 6296 2706

Mainline +65 6383 8280
Facsimile +65 6280 9755

Time of Fax: _____

Your Insured: SLK 4576D

www.cdge.com.sg

Lompac

Date of Acc: 130518

Company Registration No: 199306040W

Attn: Motor Claims Dept.

Workshops

Braddell
205 Braddell Road
Singapore 579701

Dear Sirs

Loyang
59 Loyang Drive
Singapore 508989

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SNC 3104D

Sin Ming
383 Sin Ming Drive
Singapore 675717

1 The client has engaged us to repair the vehicle and submit claims against the other party/parties involved in the accident.

Pandan
45 Pandan Road
Singapore 609286

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.

Ubi
320 Ubi Road 3
Singapore 408649

3 Enclosed, please find:

- i) Our initial estimate of repairs of the damaged vehicle.
- ii) Accident report made by our client.

Senoko
24 Senoko Loop
Singapore 758166

4 I would appreciate it if you could call us to arrange for the survey of the vehicle

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Lim Kwok Eng Tel no. 62148316 or Hp no. 98240811

Jumari Masudin Tel no. 62148315 or Hp no. 96355305

Chiang Lat Choon Tel no. 62148314

Lim Tien Siong Tel no. 62148398 or Hp no. 96358546

Defu
6 Defu Avenue 1
Singapore 639537

Marymount
600 Sin Ming Avenue
Singapore 675733

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

for Vice President
Crash Repairs & Claims Recovery

5/14/2018

Insurance Particulars Enquiry By Agency Detail

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLK4576D	13 May 2018 / 21:10:00	Successful	L06	LONPAC INSURANCE BHD

Previous

OK

SUC 3104 D



COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
 Mainline + 65 6383 6280 Facsimile + 65 6280 9756
 Workshops
 59 Loyang Drive Singapore 508909 24 Senoko Loop Singapore 750150
 383 Sin Ming Drive Singapore 575717 7 Sungai Kadut Way Singapore 728791
 45 Pandan Road Singapore 609286 6 Dotu Avenue 1 Singapore 539537
 320 Ubi Road Singapore 508449

Date/Time: 14.05.2018 17:21 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305160200

CUSTOMER RMS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL (R) 65508755 (O) (F) SCOUNT CARD NO.	REGN NO: SHC3104D	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 14.05.2018 13:30
	YR OF MANU 11.02.2014	TARGET DATE
	CHASSIS CODE KMHLB41UMEU047560	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 13.05.2018
 NATURE: 3P 13.05.2018

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgment Slip

Exit Pass

File No.: SHC3104D CHIANG

Vehicle No.: SHC3104D

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

MCD0618062598 / ComfortDaigro Engineering Pte Ltd - Loyang
 ENTRY DATE & TIME: 14/05/2018 15:41
 SUBMITTED BY: Catherine Por May Juan

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	14/05/2018 15:41
Date Of Accident	13/05/2018 21:10
Exact Location Of Accident	DAIRY FARM RD TWDS UPP BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3104D
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	NG KAI KOOK
NRIC No	S0166483B
Date Of Birth	10/01/1948
Occupation	OUTDOOR
Date Of Driving Pass	17/08/1972
Driving Experience	45 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96257659
Fax Number	
Contact Number	
Email Address	NGKAIKOOK@HOTMAIL.COM

Address 465 15-156 SEGAR ROAD
 Postcode 670465
 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 RAINING
 Road Surface WET

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? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

SEE ATTACH.

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

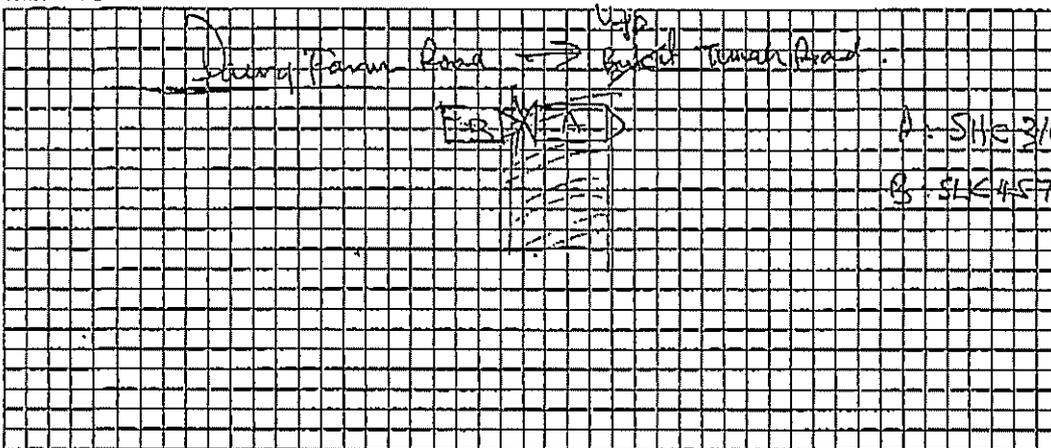
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLK4576D
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TEO MUI HENG
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13-may-2018 @ 09:10 pm. I had ~~received~~
 - down and upon the road bump. Suddenly
 B collided into my taxi (A) near
 position. My taxi rear bumper and others
 were damaged.
 I had a lady passenger, and she was
 not injured.
 The Road condition was wet, and ~~drizzle~~
 I was not injured.

DECLARATION

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

COMFORT TRANSPORTATION PTE L
 CG REG. NO 159302821R

Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)

Reporting Centre Personnel's Signature
 Name:

Loke Yien

Sketch Plan Pg. 2

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 Authorized 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 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.

Policyholder's Signature
 Date & Time: _____
 REG. NO 199303821R
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: _____

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

