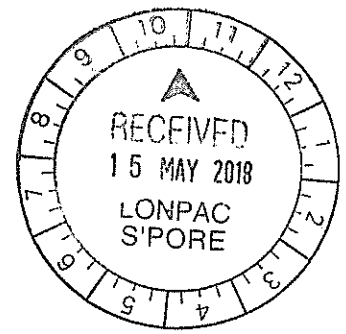


CHUNNI MOTOR WORK
PTE LTD



Date : 15.05.18

To : Lonpac Insurance Bhd

No of Pages : 13

Re : Accident involving veh no: SHA 1369E & SJY 1537L Along
Jurong East Ave 1 / Jurong East St 21 on 13.05.18

We refer to the above mention matter.

We enclosed herewith the relevant documents for your necessary action.

In line with the new protocol, kindly provide us with the list of surveyors on your panel for assessment of the damaged accident taxi involved.

Kindly arrange to survey at AMK Autopoint, Soon Hock Motor, #01-05/06,

Tel : 6483 6016.

Should you have any queries, please do not hesitate to contact Ms Lynn or Ms Irene at 65425119 or 65427162. Email : chunnimotor@gmail.com

Thank you for your kind assistance.

SHA 1369E			
PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR FENDER, LH			\$ 817.50
REAR FENDER INNER PANEL, LH			\$ 728.00
REAR FENDER OUTER PANEL, LH			\$ 486.00
REAR FENDER PANEL, ROOF SIDE OUTER, LH			\$ 311.00
REAR FENDER SHEILD (LH)			\$ 134.20
REAR FENDER SHEILD (RH)			\$ 134.20
REAR FENDER TRIMBOARD (LH)			\$ 725.00
REAR FENDER TOP COVER (BLACK COLOR) (LH)			\$ 301.10
PANEL SUB-ASSY, REAR DOOR, LH			\$ 1,227.00
REAR DOOR HINGE LOWER, LH			\$ 82.30
REAR DOOR CHECK, LH			\$ 153.00
REAR DOOR TRIMBOARD, LH			\$ 725.00
REAR DOOR INNER LOCK, LH			\$ 644.70
MOTOR ASSY, POWER WINDOW REGULATOR REAR, LH			\$ 768.90
REGULATOR SUB-ASSY, REAR DOOR WINDOW, LH			\$ 228.40
REINFORCE SUB-ASSY, ROCKER, OUTER LH			\$ 519.80
CENTRE ROCKER PANEL (GARNISH). LH			\$ 576.00
REAR TYRE RIM (LH)			\$ 1,555.00
REAR WHEEL BEARING ING & HUB			\$ 493.00
REAR CROSS MEMBER			\$ 2,179.40
REAR SHOCK ABSORBER, LH			\$ 116.00
REAR SHOCK ABSORBER MOUNTING, LH			\$ 125.30
REAR LOWER ARM, LH			\$ 345.70
REAR UPPER ARM, LH			\$ 348.80
REAR KNUCKLE ARM, LH			\$ 800.73
REAR BRAKE ABS SENSOR (WIRE)			\$ 78.80
REAR STABILIZER BAR			\$ 311.50
REAR STABILIZER LINK, LH			\$ 147.90
REAR TRAILING ARM, LH			\$ 262.90
REAR ASSIST ARM, LH			\$ 342.20
SUB TOTAL			\$ 15,669.33
LESS 20%			\$ 3,133.87
DISCOUNTED TOTAL			\$ 12,535.46
REAR DOOR COMFORT & APPS STICKER, LH			\$ 80.00
REAR TYRE (LH)			\$ 216.00
			\$ 296.00

NETT

NETT

SHA 1369E

	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	LABOUR CHARGE			
	Panel Beating			\$ 2,600.00
	Spray Painting Charge			\$ 2,000.00
	Wiring Charge			\$ 100.00
	Tuff Kote			\$ 150.00
	Towing Charge			\$ 60.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Remove/Refix Undercarriage (RR)			\$ 400.00
	Remove/Refix Fuel Tank			\$ 150.00
	Transfer of Door		\$ 120.00	\$ 240.00
	Remove/Refix Undercarriage (FRT)			\$ 400.00
	Four Wheel Alignment			\$ 120.00
	Remove/Refix Dashboard			\$ 450.00
	Remove/Refix Front Windscreen Glass			\$ 120.00
	Remove/Refix Cushion & Upholstery Front			\$ 90.00
	TOTAL LABOUR			\$ 7,150.00
	ESTIMATE TOTAL			\$ 38,454.92
<p>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.</p>				

MCD818062017-01 / ComfortDelGro Engineering Pte Ltd - Layang
 ENTRY DATE & TIME: 15/05/2018 08:20
 SUBMITTED BY: Janet Lim Siang Gek

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 15/05/2018 09:17

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 08:29
Date Of Accident	13/05/2018 03:30
Exact Location Of Accident	JURONG EAST AVE 1 X JURONG EAST ST 21
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1369E
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	TOYOTA
Model	PRIUS HYBRID 4G
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	LEO TENG FONG VINCENT
NRIC No	S1566401J
Date Of Birth	15/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	29/01/1980
Driving Experience	38 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	+65-96275685
Fax Number	
Contact Number	
Email Address	VINLEOTF@GMAIL.COM

Address BLK 255 BANGKIT ROAD
#12-416
Postcode 670255
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
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
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20180514/2062

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 SJY1537L
Vehicle Make/Model/Colour TOYOTA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MR ONG CHUAN
NRIC/Passport Number S0968896Z
Contact Number 96646428
Address
Postcode
Insurance Company Name
Nature Of Damage FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEO TENG FONG VINCENT
Approximate Age	
Injuries Sustain	WRIST AND RIGHT KNEE
Injured person in which vehicle?	SHA1369E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHOO TING YONG(PAX)
Approximate Age	
Injuries Sustain	UNSURE
Injured person in which vehicle?	SHA1369E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN**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:

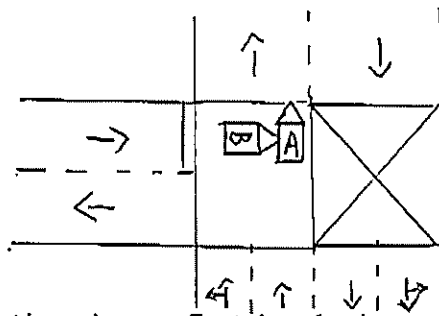
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 14/05/2018 @ 15:50hrs

ALICE
Reporting Centre Personnel's Signature
Name: Alice Tee
NRIC/FIN No.: -

SKETCH PLAN

Along Jurong East Ave 1 x Jurong East St 21

A-SHA 1369E (First Capital)
 B-SJY 1537L (Private Car)
 (Longue).

Describe Circumstances of the Accident

Refer to Police Report no: T/20180514/2062

A - SHA 1369E

B - SJY 1537L, Mr.Ong Chuan, NRIC : S 0968896Z, H/P : 9664 6428.

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 14/05/2018 @ 15:50hrs

ALICE

Reporting Centre Personnel's Signature
 Name : Alice Tee
 NRIC/FIN No : -



**SINGAPORE
POLICE FORCE**



T/20180514/2062

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

1 of 4

Report No. T/20180514/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2018 12:50	Vide Report No.: D/20180513/0033	Station Diary No.: 41
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Informant's Particulars

Name of Informant: LEO TENG FONG VINCENT			Address: APT BLK 272 BANGKIT ROAD #02-48 SINGAPORE 670272		
ID Type / ID No.: NRIC NO / S1566401J			Contact No.: Home/Office: Mobile: 96275685		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 15/06/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/05/2018 03:30	Type of Location: T-Junction
Location: Along Road 1 JURONG EAST AVENUE 1 TOWARDS JURONG EAST ST 21				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Policeman Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHA1369E	Car	TOYOTA	PRIUS	Blue	Seriously Damaged	1
SJY1537L	Car	TOYOTA			Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180514/2062

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

2 of 4

Report No. T/20180514/2062

CONTINUATION OF REPORT

Passenger			
Name	Choo Ting Yong	ID No.	NIL
Related Vehicle	SHA1369E (Car)	Contact No.	93655237
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	NIL
Driver			
Name	LEO TENG FONG VINCENT	ID No.	S1566401J
Related Vehicle	SHA1369E (Car)	Contact No.	96275685
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	13/05/2018	Date Discharge	13/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ONG CHUAN	ID No.	S0968896Z
Related Vehicle	SJY1537L (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	NIL

Brief Details.

On 13/05/2018 at about 0311hrs I had picked up male Chinese, Tel:93655237 passenger from Kim Chuan and he wanted to proceed to Jurong East St 21. On the same day at about 0330hrs while I was travelling along Jurong East 21, another vehicle which was turning in from Jurong East St 24 had hit my taxi from the right side. The accident resulted in my taxi to be moved to the other side of the road. I was then attended by police. My passenger then left my taxi

. On 13/05/2018 I had then seek medical attention and was given 3 days MC due to wrist and right knee pain.



**SINGAPORE
POLICE FORCE**



T/20180514/2062

3 of 4

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20180514/2062

CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

T/20180514/2062

4 of 4

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20180514/2062

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 /

Staff Sgt HAIRUL AZLY BIN HANAFFI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/05/2018 12:50

Officer In Charge Of Case:

TP / GIT /

SSI TAN CHIN YONG

Contact No.: 65476178

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE
POLICE FORCE

SIGNATURE