

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cedge.com.sg

Company Registration No: 199506048W

## Workshops

Braddell  
205 Braddell Road  
Singapore 579701

Loyang  
59 Loyang Drive  
Singapore 508969

Sin Ming  
383 Sin Ming Drive  
Singapore 575717

Pandan  
45 Pandan Road  
Singapore 609286

Ubi  
320 Ubi Road 3  
Singapore 408649

Senoko  
24 Senoko Loop  
Singapore 758156

Sungei Kadut  
7 Sungei Kadut Way  
Singapore 728791

Defu  
6 Defu Avenue 1  
Singapore 539537

Marymount  
600 Sin Ming Avenue  
Singapore 575733

Our Ref: 305178304

Date: 210618

Time of Fax: \_\_\_\_\_

Via Fax: Emenif

Your Insured: SKD 39917

Date of Acc: 20 06 18

AXA TNS

Attn: Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SH 6054 M

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. 62148316 or Hp no. 98240811

Jumari Masudin Tel no. 62148315 or Hp no. 96355305

Chiang Liat Choon Tel no. 62148314

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

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

Chiang Liat Choon

for Vice President

Crash Repairs & Claims Recovery

6/21/2018

Insurance Particulars Enquiry By Agents Detail

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SKD3991T	20 Jun 2018 / 20:30:00	Successful	A12	AXA INSURANCE PTE LTD

Previous

OK

8246054M

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 afore said.

### ACCIDENT STATEMENT

Date Of Report	21/06/2018 16:21
Date Of Accident	20/06/2018 20:30
Exact Location Of Accident	MARINA BLVD X BAYFRONT AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6054M
<b>Insured/Policyholder</b>	
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
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	ONG CHWEE CHUAN
NRIC No	S1106858H
Date Of Birth	20/05/1955
Occupation	OUTDOOR
Date Of Driving Pass	08/12/1993
Driving Experience	24 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91815822
Fax Number	
Contact Number	
Email Address	CHWEECHUANONG@YAHOO.COM

Address	113 #07-114 BISHAN STREET 12
Postcode	570113
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]	BISHAN NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE POLICE REPORT.

#### 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	SKD3991T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NAVNEET
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

ONG CHWEE CHUAN

Approximate Age

63

Injuries Sustain

BACK,SHOULDER.LEG

Injured person in which vehicle?

SH6054M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

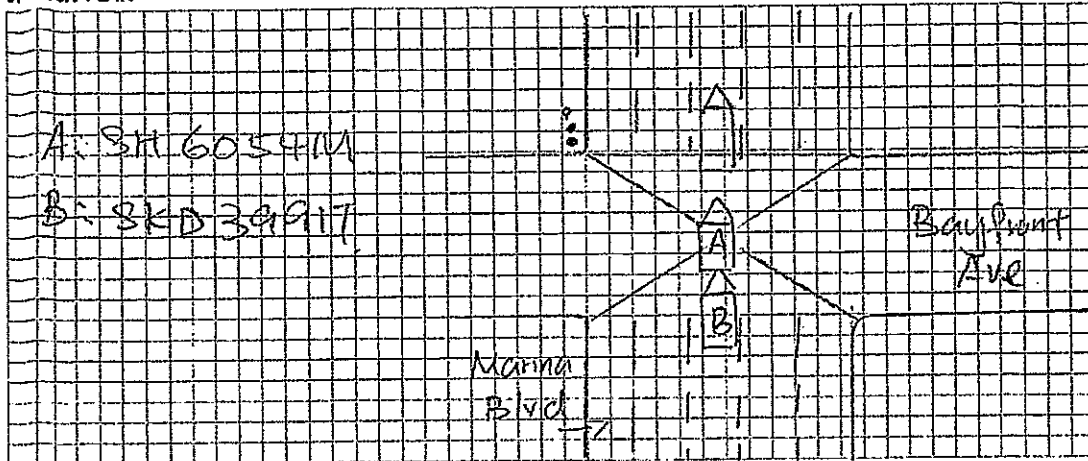
NO

Address

Postcode

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

T/20180621/2082

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CC REG. NO. 19903821R

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:

Loke Wai Yieng

## Sketch Plan Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20180621/2082

1 of 3

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20180621/2082

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2018 13:16	Vide Report No.:	Station Diary No.: 100
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## Informant's Particulars

Name of Informant: ONG CHWEE CHUAN	Address: APT BLK 113 BISHAN STREET 12 #07-114 SINGAPORE 570113		
ID Type / ID No.: NRIC NO / S1106858H	Contact No.: Home/Office: Mobile: 91815822		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 63	Date of Birth: 20/05/1955	Type of Informant: Driver
Race: Chinese	Language: Chinese		Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/06/2018 20:30	Type of Location: Straight Road
Location: Along Road 1 MARINA BOULEVARD				
Junction of Marina Boulevard and Bayfront Ave				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SH6054M	Car				Slightly Damaged	1
SKD3991T	Car				Slightly Damaged	0

## Details of Person Involved

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



## Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20180621/2082

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20180621/2082

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	ONG CHWEE CHUAN		ID No. S1106858H
Related Vehicle	SH6054M (Car)		Contact No. 91815822
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	20/06/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	NAVNEET		ID No. NIL
Related Vehicle	SKD3991T (Car)		Contact No. 97385174
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 20/06/2018 at about 2032hrs, I was driving my vehicle (SH6054M) on the third left lane along marina boulevard.

Later as there was vehicle in front of me, I stopped behind a vehicle. Suddenly, I felt a huge impact on the rear of my vehicle which a vehicle (SKD3991T) from behind collided onto the rear of my vehicle. Both of us then exchanged particulars however I forgot to take his IC number. He also admitted that it was his fault for colliding onto my car. I then asked my passenger if he needs any medical attention however he refused and took another taxi. I wish to inform that my vehicle has an in-car CCTV footage.

On the same day, I felt pain on my leg, back and shoulder therefore I went to see a doctor. I was then given a 5 days MC. I am lodging this report for medical and insurance claims.

Sketch Plan Pg. 4



SINGAPORE  
POLICE FORCE



T/20180621/2082

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

3 of 3

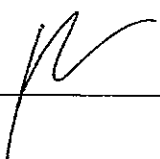
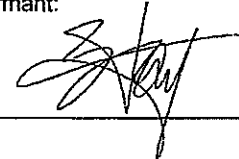

Report No. T/20180621/2082

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: E / Sgt 2 PANG XIU KANG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/06/2018 13:16
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 	SIV 051 