

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref : 305190884  
Date : 23 07 18  
Time of Fax: \_\_\_\_\_

Via Fax : Email  
Your Insured: SGD 87484  
Date of Acc : 21 07 18

Attn: Motor Claims Department

Dear Sirs

**SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH**

6993C

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
♦ 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

} Fax no. 6546 8156

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

## COMFORT DELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SH 6993C

DATE 23/7/2018

MAKE :

MODEL : HYUNDAI i40

AXA

TS

P1/2

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Radiator Grille			\$ 1,480.00	
	Radiator Grille H Emblem			\$ 290.80	
	Radiator Grille Chrome Moulding			\$ 395.50	
	Front Bumper Cover			\$ 1,052.20	
	Front Bumper Sponge			\$ 142.20	
	Front Bumper Reinforcement			\$ 526.10	
	Front Bumper Bracket Top (LH/RH)		\$ 22.40	\$ 44.80	
	Front Bumper Retainer Mounting		\$ 9.20	\$ 18.40	
	<b>SUB TOTAL</b>			<b>\$ 3,950.00</b>	
	<b>LESS 20%</b>			<b>\$ 790.00</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 3,160.00</b>	
	Front Number Plate			\$ 25.00	Nett
	Front No Plate Trim Cover			\$ 30.00	Nett
				<b>\$ 55.00</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ 350.00	
	Spray Painting Charge			\$ 250.00	
	<b>TOTAL LABOUR</b>			<b>\$ 600.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 3,815.00</b>	
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	23/07/2018 10:23
Date Of Accident	21/07/2018 18:10
Exact Location Of Accident	CTE TWDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6993C
<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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	KOH SOO WONG
NRIC No	S1450191F
Date Of Birth	01/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	18/11/1981
Driving Experience	36 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97275866
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	113 #06-114 WOODLANDS STREET 13
Postcode	730113
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	CHAIN COLLISION
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?	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

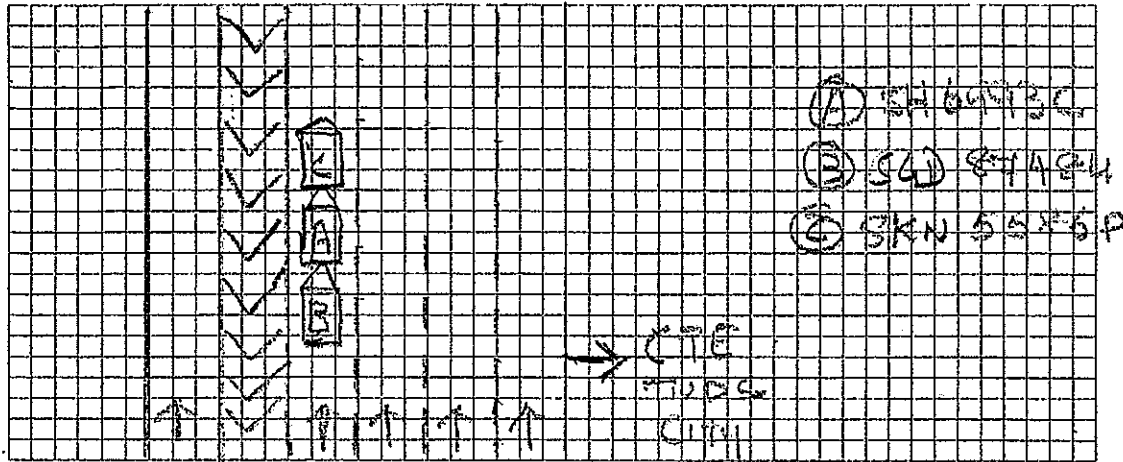
Vehicle Registration Number	SGD8748U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHOO KIAM HWEE RAYMOND
NRIC/Passport Number	S6929878H
Contact Number	96156887
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKN5586P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YVONNE DEBORAH TALON
NR IC/Passport Number	G6237043U
Contact Number	91502523
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/7/2018 at about 1810 hrs, I Vehicle A was travelling along CTE toward City. (Near Braddell Road). On the extreme left lane. As a vehicle 'C' applied brake and stop, I also applied my brake and stop completely. A few seconds later Vehicle B came behind and hit onto Vehicle A rear, I was forced to push to the front and hit against Vehicle C near position.

DECLARATION

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)

Reporting Centre Personnel's Signature  
Name:

22/7/18  
Jackson Hong  
CSO Jackson

**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.:

22/7/15  
Jackson Hong  
COO