

# COMFORTDELGRO ENGINEERING

Our Ref : 305202191

Date : 21.08.2018

Time of Fax : 1040h

AXA

Via Fax : encl

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Your Insured : SLC 8183 U

Date of Acc : 18.08.2018

www.cdge.com.sg

Company Registration No: 199506048W

Workshop

Attn : Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHD 3160K

Loyang  
59 Loyang Drive  
Singapore 508969

Fax no. 6546 8156

- 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. 62148355 or Hp no. 98240811  
Jumani Bin Masudin Tel no. 62148315 or Hp no. 96355305  
Lim Tien Siong Tel no. 62148398 or Hp no. 96358546  
Chiang Liat Choon Tel no. 62148314 or Hp no. 92966006  
Fauzy Bin Mokhtar Tel no: 62148319 or Hp no : 81259176  
→ Larry Ng Tel: 6214 8316

- 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

Larry Ng

for Vice President  
Crash Repairs & Claims Recovery

A member of

COMFORTDELGRO



# COM FORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHD 3160K

DATE 21/8/2018 10:21

MODEL : HYUNDAI i40

Q-ty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid			\$ 2,174.90	
	Boot Lid Rubber			\$ 115.80	
	Boot Lid Hinge (LH/RH)		\$ 178.10	\$ 356.20	
	Boot Lid Lock Upper			\$ 137.90	
	Boot Lid Lock Lower			\$ 31.70	
	Boot Lid 'H' Emblem			\$ 27.20	
	Boot Lid CRDI Plate			\$ 41.00	
	Licence Lamp (LH/RH)		\$ 33.95	\$ 67.90	
	Boot Lid Trimboard			\$ 172.70	
	Boot Lid Trimboard Clips (11pcs)			\$ 11.00	
	Bootlid Moulding			\$ 85.00	
	Bootlid i40 Emblem			\$ 41.00	
	Bootlid Lower Garnish			\$ 398.00	
	Licence Lamp Garnish			\$ 380.80	
	Rear Boot Protector			\$ 980.80	
	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	\$ 98.00	
	Rear Bumper Clips			\$ 22.00	
	Rear Bumper Sponge			\$ 143.40	
	Rear Bumper Under Cover			\$ 225.00	
	Rear Panel			\$ 592.30	
	Rear Panel Garnish			\$ 57.70	
	Rear Panel Lower Panel			\$ 495.50	
	<b>SUB TOTAL</b>			<b>\$ 8,123.75</b>	
	<b>LESS 20%</b>			<b>\$ 1,624.75</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 6,499.00</b>	
	Boot Lid Comfort Logo & Tel No. Sticker			\$ 30.00	Nett
	Boot Lid Advertisement Logo			\$ 100.00	Nett
	Rear No. Plate			\$ 25.00	Nett
	Rear Bumper Reverse Sensor			\$ 135.70	Nett
	Rear Bumper Rubber Mat			\$ 50.00	Nett
	Rear Bumper Advertisement Logo			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00	Nett
				<b>\$ 590.70</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ 1,000.00	
	Spray Painting Charge			\$ 1,000.00	
	Wiring Charge			\$ 50.00	
	Tuff Kote			\$ 50.00	
	Remove/Refix Reverse Sensor			\$ 120.00	
	<b>TOTAL LABOUR</b>			<b>\$ 2,220.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 9,309.70</b>	

## 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	20/08/2018 09:25
Date Of Accident	18/08/2018 18:25
Exact Location Of Accident	BEACH RD TWDS BRAS BASAH RD INFRONT OF SHAW TOWER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3160K
<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	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
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### 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	LOH LIAT JONG
NRIC No	S1125877H
Date Of Birth	28/06/1955
Occupation	OUTDOOR
Date Of Driving Pass	12/07/1976
Driving Experience	42 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92966196
Fax Number	
Contact Number	
EMail Address	DESMOND2820@HOTMAIL.COM

Address	BLK 514 WOODLANDS DRIVE 14 #08-109
Postcode	730514
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BISHAN N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180819/2019

#### 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	SLC8183U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED MIZAN BIN JAAFAR
NRIC/Passport Number	S7612805G
Contact Number	
Address	

Postcode

Insurance Company Name

AXA INSURANCE PTE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

COLIN LIEW

Approximate Age

Injuries Sustain

FELT PAIN. ON 5 DAYS MC.

Injured person in which vehicle?

SHD3160K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name

LOH LIAT JONG

Approximate Age

Injuries Sustain

FELT PAIN ON NECK AND LOWER BACK, ON 5 DAYS MC.

Injured person in which vehicle?

SHD3160K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## IMPORTANT NOTICE

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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. 199303321R

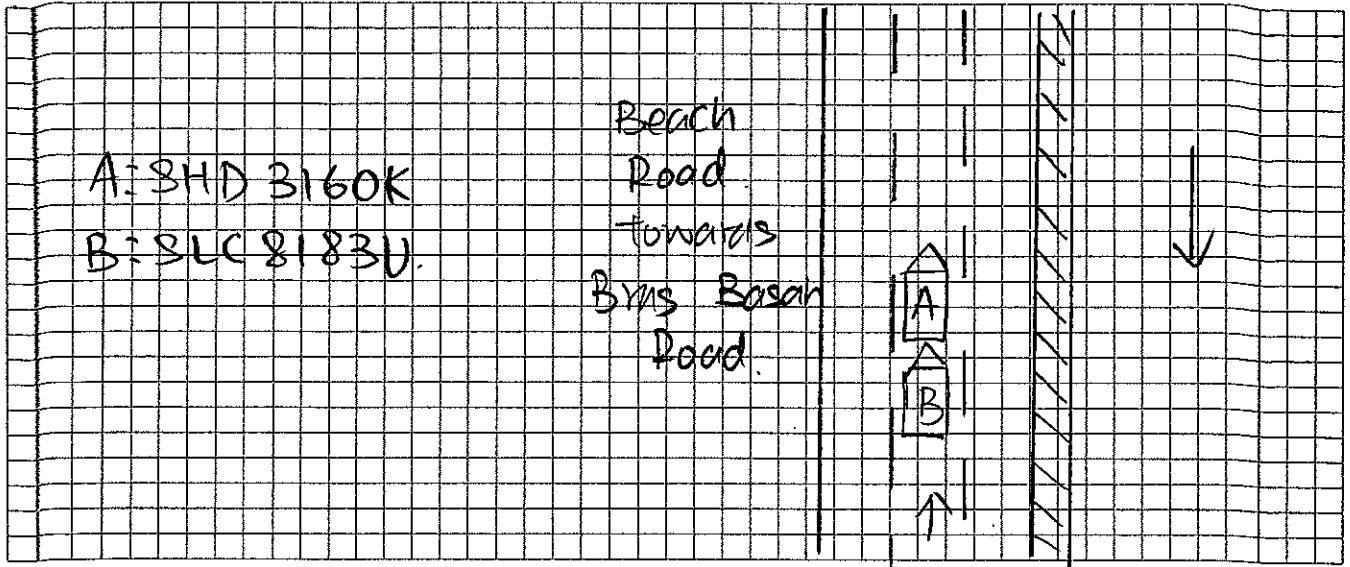
Policyholder's Signature  
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

T/20180819/2019.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303321R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Loke Wei Yieng

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



# SINGAPORE POLICE FORCE



T/20180819/2019

1 of 3

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

Report No. T/20180819/2019

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2018 08:50	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars			
Name of Informant: LOH LIAT JONG		Address: APT BLK 514 WOODLANDS DRIVE 14 #08-109 SINGAPORE 730514	
ID Type / ID No.: NRIC NO / S1125877H		Contact No.: Home/Office: Mobile: 92966196	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 28/06/1955	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:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/08/2018 18:25	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 BEACH ROAD BRAS BASAH ROAD In front of Shaw Tower				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3160K	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	2
SLC8183U	Car	MERCEDES BENZ	E250 CGI A	White	Slightly Damaged	2





# SINGAPORE POLICE FORCE



T/20180819/2019

2 of 3

Report No. T/20180819/2019

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

## CONTINUATION OF REPORT

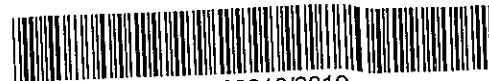
Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOH LIAT JONG	ID No.	S1125877H
Related Vehicle	SHD3160K (Car)	Contact No.	92966196
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/08/2018	Date Discharge	18/08/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Mohamed Mizan Bin Jaafar	ID No.	S7612805G
Related Vehicle	SLC8183U (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 the 18/08/2018 at 1825hrs, I was travelling along Beach road towards Bras Basah road in front of Shaw Tower. The weather was clear and traffic volume moderate. My vehicle (SHD3160K) was travelling on lane 2 of a 3 lane road. My vehicle was stationery at the traffic where the light was red. Suddenly, I felt a hit from the rear and I exited my vehicle to make a check. There was one other vehicle (SLC8183U) which had collided into my vehicle's rear. The damages to my vehicle is the rear portion dented. The other vehicle is the front portion dented. There is a company in-car camera installed. As my vehicle has 2 passengers (Colin Liew, ID: 800308136082 and Gerald Liew, ID: 760228135043) and during the accident and they complainant of pain, I then drove my vehicle with the 2 passenger to Mount Alvernia Hospital to see a doctor. I received 5 days of medical certificate. Colin Liew received 5 days medical certificate. I am lodging this report for insurance claim.



**SINGAPORE  
POLICE FORCE**



T/20180819/2019

3 of 3

Report No. T/20180819/2019

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

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 1 CASSIDY TAN GIA LOK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Authentication Stamp

NP168



**SINGAPORE  
POLICE FORCE**

Signature Of Informant:

Date/Time:

19/08/2018 08:50

Classification Of Case:

SN 061