

# COMFORTDELGRO ENGINEERING

Our Ref : 305210582

Date : 10/9/18

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

Via Fax : Email

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

Workshop

Attn : Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHA7659D

Loyang  
59 Loyang Drive  
Singapore 508969

- 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



for Vice President  
Crash Repairs & Claims Recovery

A member of

COMFORTDELGRO



## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHA 7659D

DATE 10/9/2018 14:42

MAKE :

MODEL : HYUNDAI i40

Lee

AXA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Bumper Cover			\$ 544.50	
	Front Bumper Grille (LH)			\$ 41.60	
	Front Bumper Bracket Top (LH)			\$ 22.40	
	Front Bumper Bracket (LH)			\$ 24.60	
	Headlamp (LH)			\$ 1,388.00	
	Front Fender (LH)			\$ 566.30	
	Front Fender Shield (LH)			\$ 175.90	
	Front Fender Retainer			\$ 24.60	
	Front Wheel Rim (LH)			\$ 325.30	
	Front Wheel Hub Cap (LH)			\$ 107.10	
	Front Wheel Bearing			\$ 150.90	
	Front Shock Absorber (Assy) (LH)			\$ 342.20	
	Front Shock Absorber Mounting (LH)			\$ 108.80	
	Front Drive Shaft (LH)			\$ 1,030.80	
	Stabilizer Bar			\$ 252.30	
	Stabilizer Bar Bush (LH)			\$ 16.40	
	Stabilizer Bar Link			\$ 61.10	
	Stabilizer Bracket			\$ 24.00	
	Front Suspension Lower Arm (H)			\$ 529.30	
	Knuckle Arm (LH)			\$ 552.00	
	<b>SUB TOTAL</b>			<b>\$ 6,288.10</b>	
	<b>LESS 20%</b>			<b>\$ 1,257.62</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 5,030.48</b>	
	Front Fender Advertisement Logo (LH)			\$ 100.00	Nett
	Frt Tyre (LH)			\$ 216.00	Nett
				<b>\$ 316.00</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ 850.00	
	Spray Painting Charge			\$ 750.00	
	Tuff Kote			\$ 50.00	
	Wiring			\$ 50.00	
	Towing Fee			\$ 60.00	
	Remove/Refix Undercarriage (FRT)			\$ 200.00	
	FRT Wheel Alignment			\$ 120.00	
	<b>TOTAL LABOUR</b>			<b>\$ 2,080.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 7,426.48</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 aforesaid.

### ACCIDENT STATEMENT

Date Of Report	10/09/2018 10:41
Date Of Accident	09/09/2018 17:30
Exact Location Of Accident	UPP SERANGOON RD TWDS JLN BESAR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7659D
<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

### 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	OH KENG YONG (HU QINGRONG)
NRIC No	S8023157A
Date Of Birth	06/08/1980
Occupation	OUTDOOR
Date Of Driving Pass	01/12/2015
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81226667
Fax Number	
Contact Number	
EMail Address	QINGRONG1980@HOTMAIL.COM

Address	204 #09-631 PETIR ROAD
Postcode	670204
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	COLLIDED INTO MOTORCYCLIST
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BT PANJANG 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBB4257R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ROSSLY BIN SAMAD
NRIC/Passport Number	S1685213I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	ROSSLY BIN SAMAD
------	------------------

Approximate Age

Injuries Sustain

FINGERS

Injured person in which vehicle?

FBB4257R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name

OH KENG YONG (HU QINGRONG)

Approximate Age

38

Injuries Sustain

CHEST

Injured person in which vehicle?

SHA7659D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

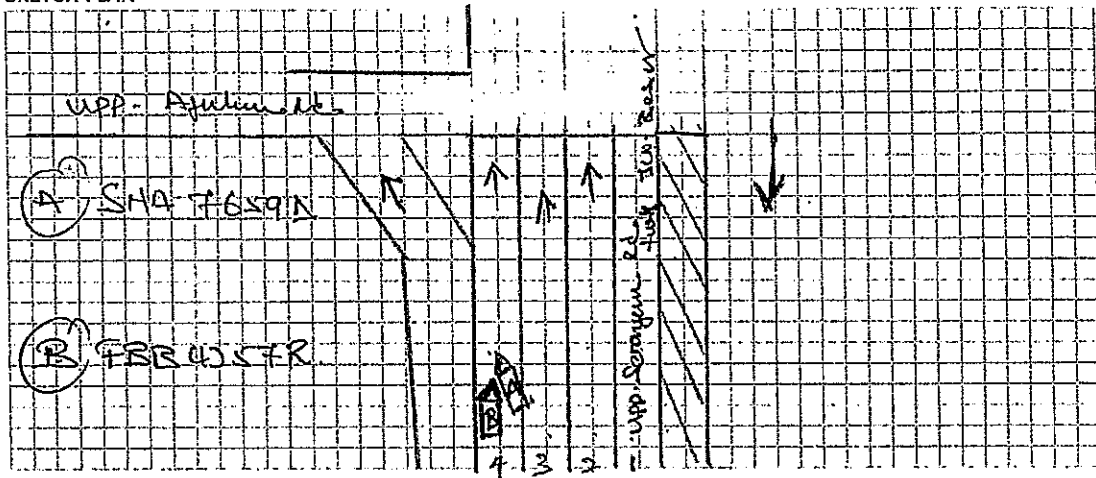
NO

Address

Postcode

### Sketch Plan Pg. 1

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

~~on 92ep~~

Refer. to police.

Report. T/20180909/2075

### DECLARATION

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)

Reporting Centre Personnel's Signature  
Name:

## Sketch Plan Pg. 2



SINGAPORE  
POLICE FORCE



T/20180909/2075

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3

Report No. T/20180909/2075

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/09/2018 20:55		Vide Report No.:		Station Diary No.: 106	
<b>Informant's Particulars</b>					
Name of Informant: OH KENG YONG			Address: APT BLK 204 PETIR ROAD #09-631 SINGAPORE 670204		
ID Type / ID No.: NRIC NO / S8023157A			Contact No.: Home/Office: Mobile: 81226667		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 06/08/1980	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/09/2018 17:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 UPPER SERANGOON ROAD JALAN BESAR Along upp serangoon road towards jalan besar road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBB4257R	Motorcycle					0
SHA7659D	Car				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20180909/2075

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

2 of 3

Report No. T/20180909/2075

## CONTINUATION OF REPORT

<b>Driver:</b>			
Name	OH KENG YONG		ID No. S8023157A
Related Vehicle	SHA7659D (Car)		Contact No. 81226667
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	09/09/2018	Date Discharge	09/09/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Rider:</b>			
Name	Rossly Bin Samad		ID No. S1685213I
Related Vehicle	NIL		Contact No. 98114177
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 09/09/2018 at about 1730hrs I was driving in my cab (SHA7659D) along Upp Serangoon Road towards Jalan Besar Road. The traffic was light and it was clear day. My estimated speed was about 10km/h and there was no passenger in my cab at that time. I was nearing a traffic light and decided to switch lane from the 2nd to the 1st lane. I checked my rear and side mirror and notice a bike which was heading towards me. However the bike was quite far from me and after checking my front view I decided to switch to the 1st lane. Then suddenly the motorbike (FBB4257R) which was seen way further from my rear mirror hit onto my cab. The bike had side swerved into my cab's left side of the front bumper. I immediately stopped my vehicle to check what had happened. The rider, a Malay man, had fallen off from his bike however he was conscious. Ambulance and Police came to the scene shortly and render further assistance. I did not have injuries however I felt some pain in my chest area due to the earlier shock impact. The ambulance subsequently did not convey the rider. I then exchanged particulars with the rider and the police officer advised me to lodge a report. My cab had some slight damage at the front left side bumper and my left front tire got puncture due to the fact that the bike had hit onto that particular side of my cab. My cab was then towed away by a tow truck company and after which I went to see a doctor for my chest pain. The doctor gave me 2 days MC. I will informing my cab company COMFORT soon and my insurance company too. There is a front facing camera installed by my COMFORT but I do not think it may have captured any important incident footage.





SINGAPORE  
POLICE FORCE



T/20180909/2075

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 3

Report No. T/20180909/2075

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: J / Sgt 2 PREM S/O RENGASAMY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/09/2018 20:55
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476365	Classification Of Case:  SN 117
Authentication Stamp NP168 	