

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref: 305212439  
Date: 13-9-18  
Time of Fax: 1645hr

Axix  
Email  
Via Fax: \_\_\_\_\_  
Your Insured: SJR 6114C  
Date of Acc: 13-9-18

Attn: Motor Claims Department  
Dear Sirs

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

D6824J

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
♦ Larry Ng Nyuk Phin	Tel: 6214 8315 or HP: 9230 2824
♦ Lim Tien Siong	Tel: 6214 8398 or HP: 9635 8546
♦ Chiang Liat Choon	Tel: 6214 8314 or HP: 9296 6006
♦ Juman Bin Masudin	Tel: 6214 8315 or HP: 9635 5305
♦ Fauzy Bin Mokhtar	Tel: 6214 8319 or HP: 8125 9176

Fax no. 6546 8156

Fauzy

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

for Vice President  
Crash Repairs & Claims Recovery

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHD 6824T

DATE 13/9/2018 16:42

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille			\$ 1,110.10
	Radiator Grille H Emblem			\$ 39.50
	Front Bumper Cover			\$ 1,052.20
	Front Bumper Sponge			\$ 99.20
	Front Bumper Reinforcement			\$ 402.10
	Front Bumper Grille (LH)			\$ 93.60
	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
	<b>SUB TOTAL</b>			<b>\$ 4,998.50</b>
	<b>LESS 20%</b>			<b>\$ 999.70</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 3,998.80</b>
	Front Number Plate			\$ 25.00
	Front No Plate Trim Cover			\$ 30.00
	Frt Fender Advertisement Logo (LH)			\$ 100.00
				<b>\$ 155.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ 560.00
	Spray Painting Charge			\$ 500.00
	Wiring			\$ 50.00
	Tuff Kote			\$ 50.00
	<b>TOTAL LABOUR</b>			<b>\$ 1,160.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 5,313.80</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.				

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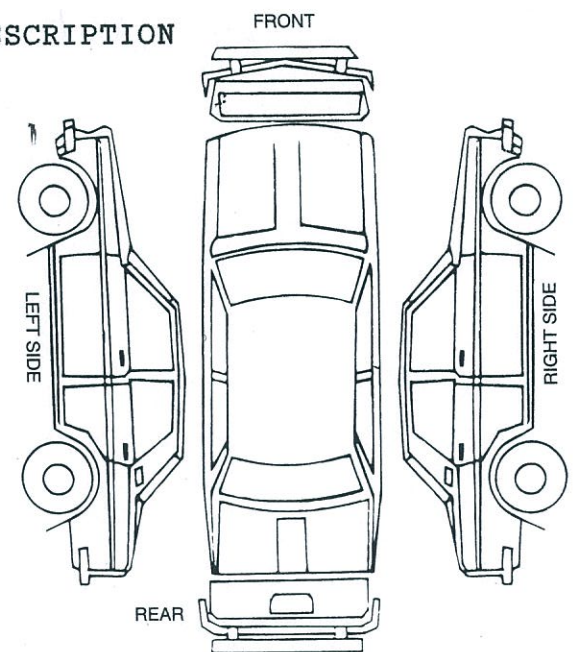


Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: 3856482 JC NO.: 305212439

OMER	REGN NO.: SHD6824J	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....F
OMER NO. 7010045	MODEL I-40	DATE/TIME IN 13.09.2018 11:20
RESS 383 SIN MING DRIVE	YR OF MANU 23.06.2016	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE RMHLB41UMGU091566	COMPLETION DATE/TIME:
65508755 (O)		
(R)		
(P)		
OUNT CARD NO.		

Accident Date: 13.09.2018  
NATURE: 3P 13.09.18/B

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

CKED & PASSED OUT BY: _____		CUSTOMER'S SIGNATURE _____	
SERVICE ADVISOR _____			
wedge ment Slip		Exit Pass	
No.: SHD6824J	FZ AXA	Vehicle No.: SHD6824J	
of Service Advisor _____	Signature/Date _____	Name of Service Advisor _____	Date _____
returned to Service Reception upon collection		To be kept by Security Guard	

## 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	13/09/2018 13:38
Date Of Accident	13/09/2018 10:25
Exact Location Of Accident	OPEN AIR CAR PARK OF BLK 706/705 HDB BEDOK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6824J
<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	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	TAN SENG CHNG EDMUND
NRIC No	S8019643A
Date Of Birth	10/07/1980
Occupation	OUTDOOR
Date Of Driving Pass	19/01/2017
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90600084
Fax Number	
Contact Number	
Email Address	EDMUNDT2001@YAHOO.COM.SG



Address	209A 15-1274 PUNGGOL PLACE
Postcode	821209
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	SIDE SWIPE (TPV or reverse)
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?	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	SJR6114C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY PHUAH HAI
NRIC/Passport Number	S1746715H
Contact Number	96667615
Address	
Postcode	

Insurance Company Name

Nature Of Damage

FRT RHT DOOR

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

TAN SENG CHNG EDMUND

Approximate Age

38

Injuries Sustain

SHOCK,NECK,BACK

Injured person in which vehicle?

SHD6824J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

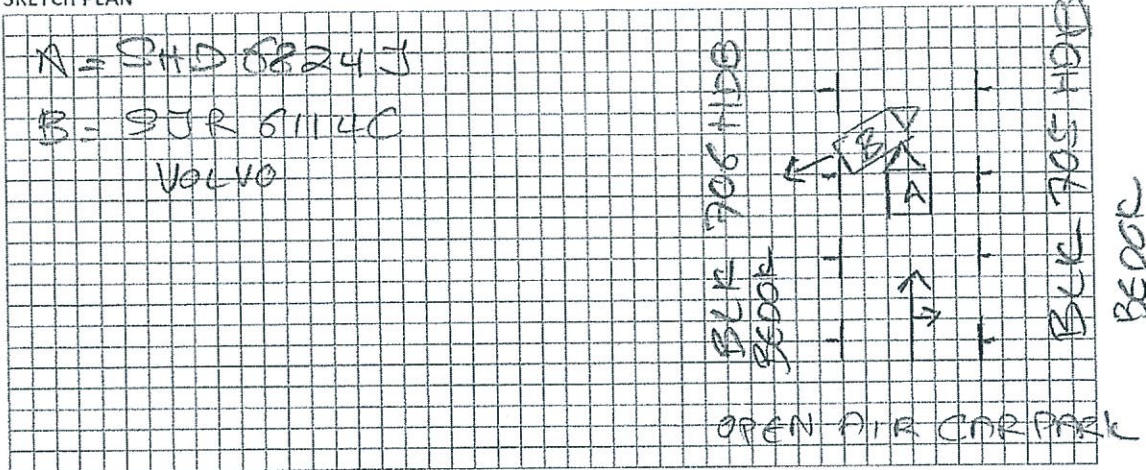
NO

Address

Postcode

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer the statement as per attached.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD.  
CO. REG. NO. 199503821R

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:



REV (B&gt;A) HDB

Describe Circumstances of the Accident.

On 13/09/2018 @ about 1025hrs, I was driving towards the BLK 705 HDB open air car park to drop off my 2 passenger. As I drive forward, then front vehicle SJR6114C suddenly stopped and reversed in speedy manner. I braked but did not managed to reversed and honked as it Happened so fast. As a result the vehicle SJR6114C right front door collided onto my left front of my stationery taxi.

No injury reported at the point of accident but the I feeling unwell after the accident. Will consult doctor after this.

## Declaration

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

COMFORT TRANSPORTATION PTE LTD  
CC REG NO 199303821R

Policyholder's Signature/Date &  
Time

Driver's Signature (If driver is not the policyholder) / Date & Time 13/09/2020

131 aq 12018  
1200 hrs

Witnessed by Reporting

Witnessed by Reporting  
Centre Personnel



