

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref

305213133

Date

17-09-18

Time of Fax:

Via Fax

Email

Your Insured:

SJT 8765A

Date of Acc:

14/9/18

Attn: Motor Claims Department  
Dear Sirs

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

A4622D

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

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

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3856868

JC NO.: 305213133

OMER  
S  
OMER NO.  
ESS  
(R)  
(P)  
COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755 (O)

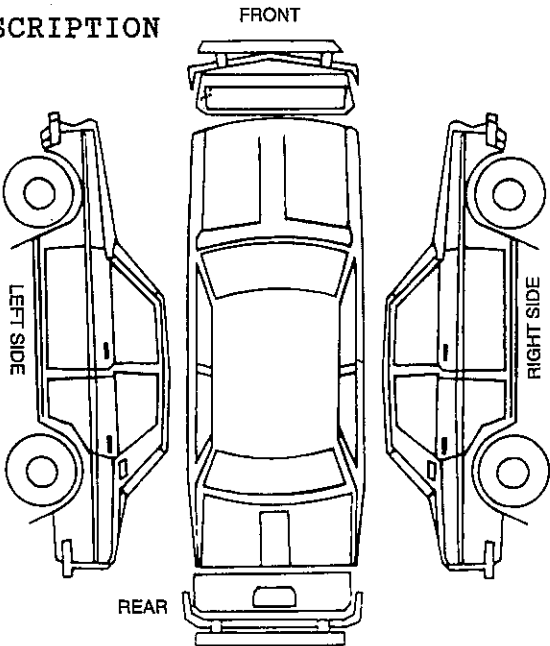
JUNT CARD NO.

REGN NO.: SHA4622D	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 14.09.2018 15:55
YR OF MANU 10.08.2017	TARGET DATE
CHASSIS CODE JTDKB3FU203563211	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 14.09.2018  
NATURE: 3P 14.09.18

S/NO LABOR CODE DESCRIPTION



MAKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

pledgement Slip

Exit Pass

No.: SHA4622D JU AXA

Vehicle No.: SHA4622D

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

VEHICLE NO : SHD 4622D

17/9/2018 8:36

MAKE :

MODEL : TOYOTA PRIUS

	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
	PANEL SUB-ASSY, FRONT DOOR, RH			\$ 1,227.00	
	ROCKER PANEL GARNISH			\$ 576.00	
	REAR WHEEL HUB CAP (RH)			\$ 175.80	
	SUB TOTAL			\$ 1,978.80	
	LESS 25%			\$ 494.70	
	DISCOUNTED TOTAL			\$ 1,484.10	
	FRONT DOOR COMFORT LOGO			\$ 75.00	NETT
	REAR DOOR COMFORT & APPS STICKER			\$ 80.00	NETT
				\$ 155.00	
	LABOUR CHARGE				
	Panel Beating			\$ 600.00	
	Spray Painting Charge			\$ 250.00	
	Transfer of Door			\$ 120.00	
	Rear Wheel Alignment			\$ 120.00	
	TOTAL LABOUR			\$ 1,090.00	
	ESTIMATE TOTAL			\$ 2,729.10	

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	15/09/2018 07:58
Date Of Accident	14/09/2018 15:05
Exact Location Of Accident	BIDEFORD RD > CAIRNHILL RD AFTER MT ELIZABETH LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4622D
<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 HYBRID 4G

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	ESTELA LAW SWEE HEONG
NRIC No	S1764302I
Date Of Birth	19/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	04/09/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97828232
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 301D ANCHORVALE DRIVE #13-27
Postcode	544301
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	2
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED \* TYPE OF ACCIDENT :- HEAD TO SIDE

#### 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	SJT8765A
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MELISE TAN
NRIC/Passport Number	
Contact Number	97811020
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LH
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	ESTELA LAW SWEE HEONG
Approximate Age	
Injuries Sustain	GIDDY
Injured person in which vehicle?	SHA4622D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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.

TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Loks Weng

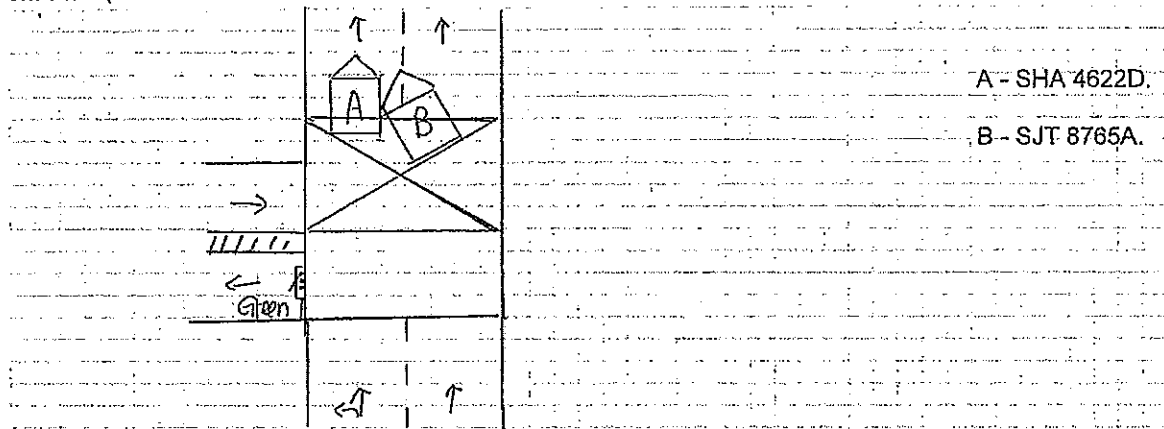
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 14.09.2018 @ 16:20 Hrs

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

# Sketch Plan Pg. 2

## SKETCH PLAN



Along Bideford Rd Twds Cairnhill Rd Aft Mount Elizabeth Link Junction.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14.09.2018 at about 15:05 Hrs, I was travelling along Bideford Rd towards Cairnhill Rd
with no passenger on board.
I was travelling on the extreme left lane. Just after the Mount Elizabeth Link, veh (B)
(SJT 8765A) cut into my lane. This resulted my taxi (A) to sustain damages on right rear portion.
Both of us then alighted and exchanged the particulars. I have company video fixed in my
taxi and photos taken at scene to support my claims.
Veh (B) (SJT 8765A) was driven by Ms. Melise Tan. Hp : 9781 1020.
After the accident, I felt giddy and will consult doctor later on.

## DECLARATION

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

TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 14.09.2018 @ 16:20 Hrs

Reporting Centre Personnel's Signature

Name: Rubbini

NRIC/FIN No.:

Lok Wei Yeng