

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref : 305214452  
Date : 18-09-18  
Time of Fax: \_\_\_\_\_

Via Fax : EWmail  
Your Insured: 8BU 6226S  
Date of Acc : 15-09-18

Attn: Motor Claims Department

Dear Sirs

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

C 340RS

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	} jumanibm@cdge.com.sg Fax no. 6546 8156
♦ <u>Jumani Bin Masudin</u>	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	

\* 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

ber of COMFORTDELGRO

Date/Time: 18.09.2018 10:37

Page : 1

ARC Repair TP(CLS0)1

**JOB CARD**

Sales Order:

JC NO.: 305214452

COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO.: SHC3498S	MILEAGE
	MAKE : HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 18.09.2018 10:00
	YR OF MANU 09.04.2014	TARGET DATE
	CHASSIS CODE RMHLB41UMEU052512	COMPLETION DATE/TIME:

ARD NO.

JOB DESCRIPTION

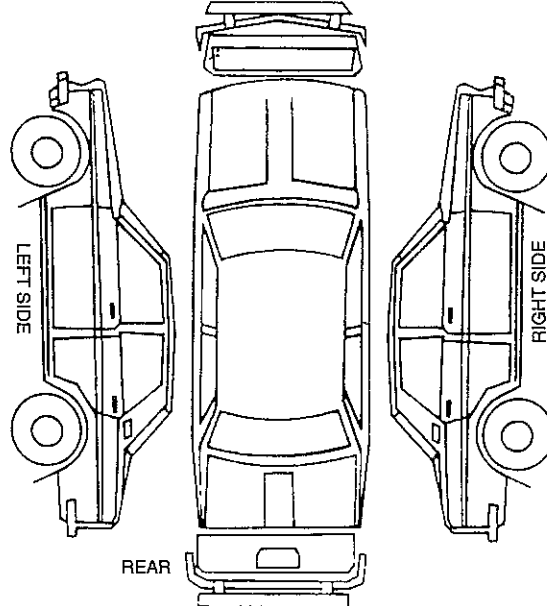
ident Date: 15.09.2018

URE: 3P 15.09.18

O LABOR CODE

DESCRIPTION

FRONT



PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ent Slip

Exit, Pass

SHC3498S

JU FWD

Vehicle No.:

SHC3498S

e Advisor

Signature/Date

Name of Service Advisor

Date

to Service Reception upon collection

To be kept by Security Guard

## REPAIR ESTIMATE\*

DATE 18/9/2018 10:56

**MODEL : HYUNDAI i40**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 544.50
	Front Bumper Sponge			\$ 99.20
	Front Bumper Reinforcement			\$ 402.10
	Front Bumper Centre Grille			\$ 178.60
	Front Bumper Bracket Top (LH/RH)		\$ 22.40	\$ 44.80
	Front Bumper Bracket (LH/RH)		\$ 24.60	\$ 49.20
	<b>SUB TOTAL</b>			<b>\$ 1,318.40</b>
	<b>LESS 20%</b>			<b>\$ 263.68</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,054.72</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>\$ 1,654.72</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	15/09/2018 13:17
Date Of Accident	15/09/2018 05:30
Exact Location Of Accident	RAFFLES BLVD T-JUNCTION > MELLINAS WALK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3498S
<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	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	TANG LI LING
NRIC No	S7619732F
Date Of Birth	06/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	22/06/1999
Driving Experience	19 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98226535
Fax Number	
Contact Number	
E-Mail Address	CATANG76@GMAIL.COM

Address	297A COMPASSVALE STREET
Postcode	S541297
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 - MAJOR/MINOR RD
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?	
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: : MALE

#### 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

PLS SEE ATTACHED

#### 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	SBU6226S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANWAR BIN JOHARI
NRIC/Passport Number	S8738330Z
Contact Number	96704116
Address	
Postcode	

Insurance Company Name

FWD SINGAPORE PTE. LTD.

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

### SKETCH PLAN

A = SHC 3498 S  
B = EBU 626 S  
Mangroves

RAFFLES BLVD

A hand-drawn map on grid paper showing flight paths and connections. At the top, a horizontal line is labeled "CLOSED FOR F1" with an arrow pointing left. Below this, a vertical line represents a flight path. On the left side of this vertical line, the text "MELLIENNA" and "NAAR" is written. On the right side, "PAN PACIFIC" and "SINGAPORE" is written. A small airplane icon is drawn on the vertical line. A curved line connects the top of the vertical line to the right side of the map. Another curved line connects the bottom of the vertical line to the right side of the map. A small airplane icon is also drawn on the right side of the map.

**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. 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.:

[illegible]

## 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) / Date  
& Time

Witnessed by Reporting  
Centre Personnel