

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

AXA INS

Our Ref: 305228717

Date: 22.10.18

Time of Fax: _____

Via Fax

EMAIL

Your Insured:

SHD 957Z (TRANSCAB)

Date of Acc:

20.10.18

Attn: Motor Claims Department
Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SHC 2194 A

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: |
| • 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

Chiang Liat Choon

for Vice President
Crash Repairs & Claims Recovery

REPAIR ESTIMATE

22/10/2018 11:20

VEHICLE NO : SHC 2194A

MAKE :

MODEL : TOYOTA PRIUS

	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	BONNET			\$ 950.50
	INSULATOR, HOOD			\$ 398.10
	INSULATOR CLIPS			\$ 3.60
	BONNET RUBBER			\$ 35.50
	BONNET HINGE (RH)			\$ 57.70
	BONNET HINGE (LH)			\$ 57.70
	BONNET LOCK			\$ 132.60
	CATCH, HOOD AUXILIARY HOOK			\$ 8.60
	RADIATOR GRILLE			\$ 438.00
	RADIATOR GRILLE EMBLEM			\$ 88.00
	LAMP SET, STOP CENTER			\$ 231.30
	LAMP ASSY, FOG, RH			\$ 920.00
	LAMP ASSY, FOG, LH			\$ 920.00
	BULB, FOG LAMP, LH			\$ 34.00
	FRONT BUMPER COVER			\$ 499.90
	FRONT BUMPER REINFORCEMENT			\$ 696.40
	FRONT BUMPER REINFORCEMENT ABSORBER			\$ 115.70
	FRONT BUMPER SPONGE			\$ 78.80
	FRONT BUMPER CENTRE GRILLE			\$ 301.90
	FRONT BUMPER LOWER GRILLE			\$ 166.90
	FRONT BUMPER CLIPS			\$ 22.00
	FRONT BUMPER SIDE RETAINER		\$ 77.00	\$ 154.00
	FRONT LOWER CROSSMEMBER			\$ 357.70
	FRONT UNDER COVER			\$ 180.80
	SUPPORT FR BUMPER, RH			\$ 81.70
	SUPPORT FR BUMPER, LH			\$ 81.70
	FRONT BUMPER CENTRE FRAME			\$ 236.90
	BRACKET, FRONT BUMPER MOUNTING			\$ 29.60
	BRACKET, FRONT BUMPER MOUNTING, NO.2			\$ 97.80
	UNIT ASSY, HEADLAMP, RH (LED)			\$ 3,455.00
	UNIT ASSY, HEADLAMP, LH (LED)			\$ 3,455.00
	HEAD LAMP PANEL (RH)			\$ 240.10
	HEAD LAMP PANEL (LH)			\$ 240.10
	TOP PANEL CENTRE			\$ 364.90
	TOP PANEL SIDE			\$ 69.20
	TOP PANEL SIDE			\$ 69.20
	BRACE PANEL			\$ 75.20
	BRACKET, HEADLAMP MOUNTING, RH			\$ 25.50
	BRACKET, HEADLAMP MOUNTING, LH			\$ 25.50
	RADIATOR ASSY			\$ 1,841.80
	RADIATOR BOTTOM MOUNTING			\$ 27.50
	HORN WIRE			\$ 6,079.70
	HORN (1 PC)			\$ 112.71
	CLEANER ASSY, AIR			\$ 970.30
	AIR DUCT			\$ 129.40
	CONDENSER ASSY, W/RECEIVER			\$ 1,336.60

SHC 2194A

	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	LABOUR CHARGE			
	Panel Beating			\$ 2,000.00
	Spray Painting Charge			\$ 1,500.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Towing Charge			\$ 60.00
	Front Chassis Alignment Charge			\$ 400.00
	Remove/Refix Radiator			\$ 280.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00
	Remove/Refix Engine			\$ 450.00
	Remove/Refix Dashboard			\$ 400.00
	Remove/Refix Fuse Box			\$ 120.00
	Remove/Refix Front Windscreen Glass			\$ 90.00
	Remove/Refix Cushion & Upholstery Front			\$ 150.00
	R/Refix Air Bag/Steering Wheel/Dashboard/Seat			\$ 550.00
	TOTAL LABOUR			\$ 6,250.00
	ESTIMATE TOTAL			\$ 45,032.23

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 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. 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	20/10/2018 11:43
Date Of Accident	20/10/2018 02:15
Exact Location Of Accident	STILL RD TWDS JLN EUNOS X CHANGI RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2194A
Insured/Policyholder	
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
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	CHENG SIM CHUA
NRIC No	S1227013E
Date Of Birth	24/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	18/09/1985
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93388974
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	134 09-105 BEDOK NORTH STREET 2
Postcode	460134
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 - CROSS JUNCTION
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?	YES
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]	BEDOK N 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

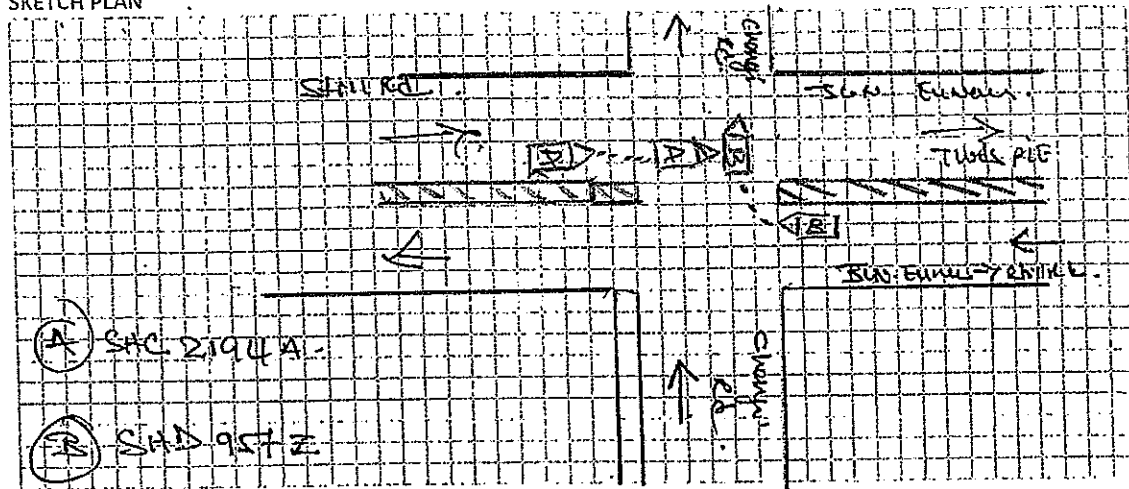
Vehicle Registration Number	SHD957Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT DOOR
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHENG SIM CHUA
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Approximate Age	61
Injuries Sustain	LEFT THUMB
Injured person in which vehicle?	SHC2194A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Patient

Report :- T / 20181020 / 2019.

DECLARATION

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

COMFORT TRANSPORTATION PTY LTD
Policyholder's Signature NO. 199503821R Driver's Signature

Date & Time:

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

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

GLARMC SketchPlanForm_V3

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**SINGAPORE
POLICE FORCE**



T/20181020/2029

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Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20181020/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/10/2018 09:56		Vide Report No.:		Station Diary No.: 34	
Informant's Particulars					
Name of Informant: CHENG SIM CHUA			Address: APT BLK 134 BEDOK NORTH STREET 2 #09-105 SINGAPORE 460134		
ID Type / ID No.: NRIC NO / S1227013E			Contact No.: Home/Office: Mobile: 93388974		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 24/01/1957	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 Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/10/2018 02:15	Type of Location: X-Junction
Location: Along Road 1 STILL ROAD				
At the junction of Still road towards Jalan Eunus and Changi Road towards Geylang near the mosque				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC2194A	Car	TOYOTA	Prius Hybrid	Blue	Seriously Damaged	0
SHD957Z	Car	RENAULT	Latitude	Red	Seriously Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181020/2029

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20181020/2029

CONTINUATION OF REPORT

Driver			
Name	CHENG SIM CHUA	ID No.	S1227013E
Related Vehicle	SHC2194A (Car)	Contact No.	93388974
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/10/2018	Date Discharge	20/10/2018
No. of Days granted Medical Leave	12	Degree of Injury	Serious
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SHD957Z (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	Slight

Brief Details.

On 20/10/2018, at 0215hrs, I was driving my taxi bearing the registration number SHC2194A at the junction of Still Road towards Jalan Eunos and Changi road towards Geylang near the mosque. I was travelling straight where a Taxi bearing the registration number SHD957Z who was turning right from Jalan Eunos towards Geylang suddenly knock in to my front of the vehicle without stopping to check for the incoming vehicle. The taxi who knock on to me then skid and knock on to the traffic light. I then smell smoke on my vehicle, I then came out of my vehicle. Subsequently two traffic police then came to our scene. I then sitted down at the side of the road, while waiting for them to do their investigation. Suddenly I feel that I was going to faint, the police then activated ambulance and I was conveyed to Changi General Hospital. I was then discharge on the same day and was given 12 days of MC. I suffered Fracture on my left thumb.

I wish to state that my vehicle suffered damage on the front of the taxi and the other taxi suffered damage on the side and the front of the vehicle. I also like to state that I have in-car camera in my vehicle and the sd car had already handover to traffic police. I also like to state that this is the first time such an incident happen to me.



**SINGAPORE
POLICE FORCE**



T/20181020/2029

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20181020/2029

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: G / Sgt 2 CHUA CHANG YU <i>U</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 20/10/2018 09:56
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390	Classification Of Case:
Authentication Stamp NP168	<div style="border: 1px solid black; padding: 5px; text-align: center;">  <i>U</i> SIGNATURE </div>

