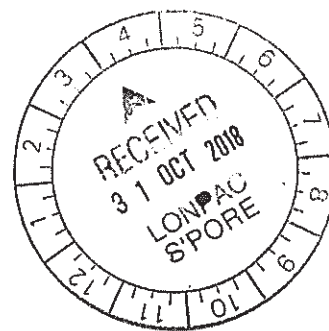


# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969



Our Ref : 305232963

Date : 311018

Time of Fax: 1220

Via Fax : 62962706

Your Insured: SJN 216C

Date of Acc : 301018

Attn: Motor Claims Department

LONPAC

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH B 3474R

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
- Jumani Bin Masudin
- Lim Tien Siong
- Chlang Liat Choon
- Larry Ng Nyuk Phin
- Fauzy Bin Mokhtar

Tel: 6214 8316 or HP: 9824 0811  
Tel: 6214 8315 or HP: 9635 5305  
Tel: 6214 8398 or HP: 9635 8546  
Tel: 6214 8314 or HP: 9296 6006  
Tel: 6214 8315 or HP: 9230 2824  
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

Lim Tien Siong

for Vice President  
Crash Repairs & Claims Recovery



MCD618141183 / ComfortDelGro Engineering Pte Ltd - Layan  
 ENTRY DATE & TIME: 31/10/2018 10:52  
 SUBMITTED BY: Catherine Per May Juan

## 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 willful 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	31/10/2018 10:52
Date Of Accident	30/10/2018 14:20
Exact Location Of Accident	MOULMEIN RD TWDS THOMSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3474R
<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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	THUNG TOH HIN
NRIC No	S1489424A
Date Of Birth	26/03/1961
Occupation	OUTDOOR
Date Of Driving Pass	10/04/1981
Driving Experience	37 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97893268
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 757 03-162 PASIR RIS STREET 71  
Postcode 510757  
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 RAINING  
Road Surface WET

**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) 2  
Passenger 1  
NAME: : -  
GENDER: : FEMALE

**Details of Police Action**

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
POLICE STATION NAME [OTHER] TAMPINES N NPP  
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? YES  
Remarks/ Reasons: -  
Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJN216C  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver KER KIEN PING  
NRIC/Passport Number  
Contact Number 90933904  
Address  
Postcode  
Insurance Company Name

Nature Of Damage FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	THUNG TOH HIN
Approximate Age	57
Injuries Sustain	NECK,SHOULDER
Injured person in which vehicle?	SHB3474R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan Pg. 1

## SKETCH PLAN

As per attached

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.  
T/20181030/2156

## DECLARATION

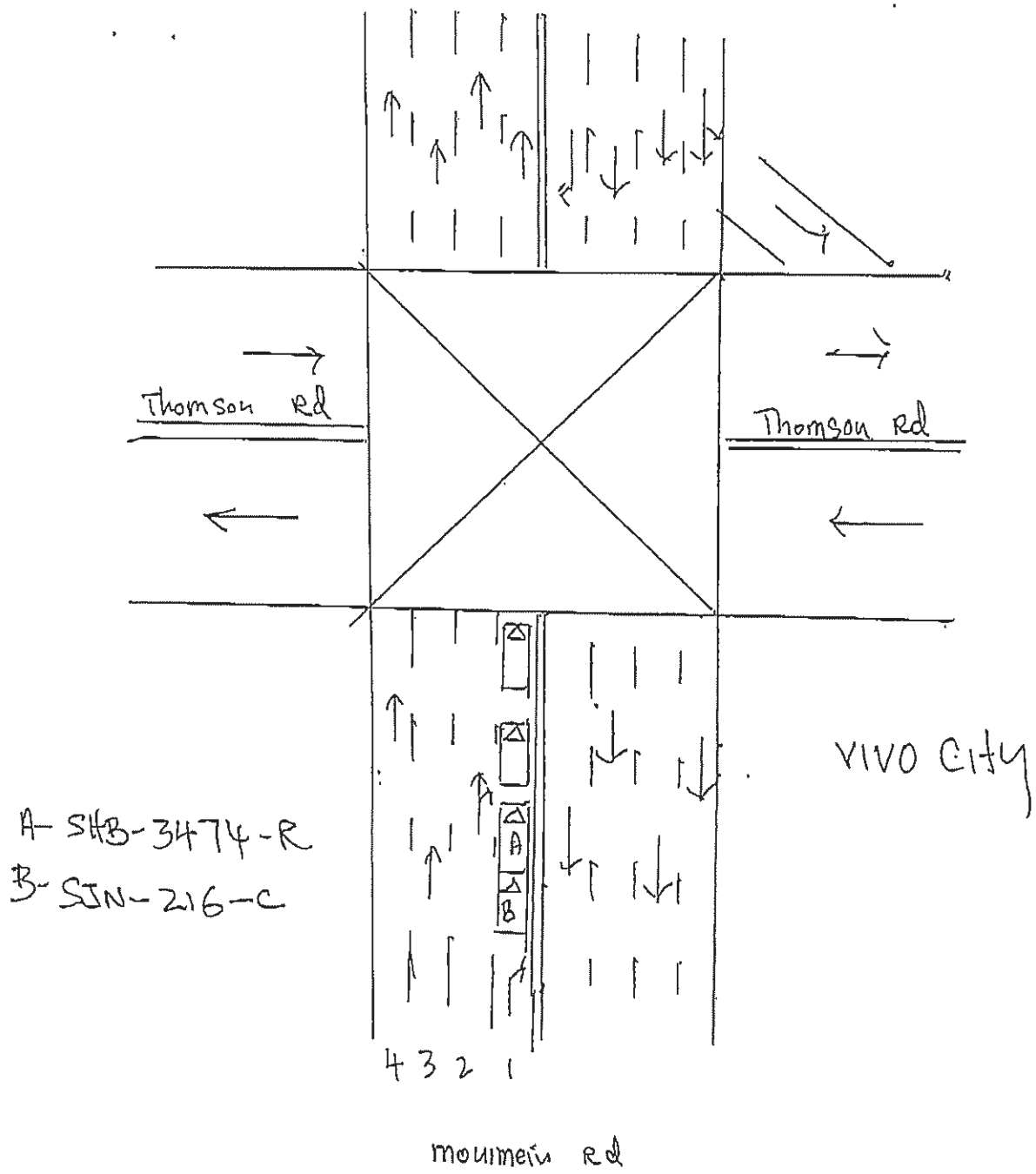
I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD  
CO. REG. NO. 190502Policyholder's Signature  
Date & Time:

GIASTAC SketchPlanForm\_V3

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan Pg. 2



## Sketch Plan Pg. 3



SINGAPORE  
POLICE FORCE



T/20181030/2156

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

1 of 3

Report No. T/20181030/2156

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2018 20:25		Vide Report No.:		Station Diary No.: 29
<b>Informant's Particulars</b>				
Name of Informant: THUNG TOH HIN		Address: APT BLK 757 PASIR RIS STREET 71 #03-162 SINGAPORE 510757		
ID Type / ID No.: NRIC NO / S1489424A		Contact No.: Home/Office: Mobile: 97893268		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 57	Date of Birth: 26/03/1961	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3,4 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/10/2018 14:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 MOULMEIN ROAD THOMSON ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHB3474R	M/Taxi				Slightly Damaged	1 #
SJN216C	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. 4



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999



T/20181030/2156

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Report No. T/20181030/2156

## CONTINUATION OF REPORT

Driver			
Name	THUNG TOH HIN		ID No. S1489424A
Related Vehicle	SHB3474R (M/Taxi)		Contact No. 97893268
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	KER KIEN PING		ID No. 0
Related Vehicle	SJN216C (Car)		Contact No. 90933904
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 30/10/2018 @ 1420hrs, I was travelling along Moulmein Road on the turning right lane towards Thomson Road. As the traffic light was red in my favour, all the cars in front of me slowed down and subsequently stopped. I followed suit. Suddenly, a car (SJN216C) hit me from the rear.

I felt giddy after the impact. I was given 3 days MC. My passenger was not injured at that point of time.

My Taxi sustained dents and scratches on my rear bumper and boot.

## Sketch Plan Pg. 5

**SINGAPORE  
POLICE FORCE**

T/20181030/2156

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

3 of 3  
Report No. T/20181030/2156

## 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/

Sr Staff Sgt MOHAMMAD ABDULGHANI BIN  
MOHD ADNAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/10/2018 20:25

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:



SIGNATURE

Authentication Stamp

NP168