

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 30523 6456 Via Fax : Email
Date : 09 11 18 (Fri) Your Insured: SJU 6289R
Time of Fax: _____ Date of Acc : 07 11 18

Attn: Motor Claims Department

AXA

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

D 4386U

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	} Fax no. 6546 8156
◆ Jumani Bin Masudin	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

Lim Tien Siong

for Vice President
Crash Repairs & Claims Recovery

COMFORTDELGRO ENGINEERING PTE LTD

Date: 09.11.2018

REPAIR ESTIMATE

AXA

Time: 08:35:15

Page: 1/4

TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305236456
REGN NO : SHD4386U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : SONATA
DATE OF REGN : 12.07.2012
DATE/TIME IN : 08.11.2018 15:00
ACCIDENT DATE : 07.11.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0101-0001-G	REAR BUMPER	1 L	578.40	20.00	462.72
0002	03-01-0101-0003-G	REAR BUMPER SPONGE	1	137.40	20.00	109.92
0003	04-01-0101-0005-U	REAR BUMPER REINFORCEMENT	1	483.30	20.00	386.64
0004	04-01-0101-0014-G	REAR BUMPER UNDER COVER	1 L	47.00	20.00	37.60
0005	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60
0006	04-01-0101-0033-G	REAR BUMPER MOULDING LH	1	38.00	20.00	30.40
0007	04-01-0101-0034-G	REAR BUMPER MOULDING RH	1	38.00	20.00	30.40
0008	04-01-0101-0020-U	BOOTLID	1 L	1,935.90	20.00	1,548.72
0009	04-01-0101-0031-G	BOOTLID UPR LOCK	1 L	132.10	20.00	105.68
0010	04-01-0101-0079-G	BOOTLID LWR LOCK	1 L	30.30	20.00	24.24
0011	04-01-0101-0008-G	BOOTLID EMBLEM HYUNDAI	1 L	24.20	20.00	19.36
0012	04-01-0101-0570-G	BOOTLID EMBLEM SONATA	1 L	43.60	20.00	34.88
0013	04-01-0101-0002-G	BOOTLID EMBLEM CRDI	1 L	22.70	20.00	18.16

COMFORTDELGRO ENGINEERING PTE LTD

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0014 04-01-0101-0007-G BOOTLID EMBLEM H	1	L	26.10	20.00	20.88
0015 04-01-0101-0158-G BOOTLID KEY LOCK	1	L	78.20	20.00	62.56
0016 04-01-0101-0046-G TRIM-TRANSVERSE	1	L	55.30	20.00	44.24
0017 04-01-0101-0048-U TAIL LAMP RH	1		344.00	20.00	275.20
0018 04-01-0101-0050-U TAIL LAMP LH	1		344.00	20.00	275.20
0019 04-01-0101-0057-G BOOTLID LAMP RH	1	L	230.20	20.00	184.16
0020 04-01-0101-0056-G BOOTLID LAMP LH	1	L	230.20	20.00	184.16
0021 04-01-0101-0136-G REAR TOWING HOOK	1		77.60	20.00	62.08
0022 04-01-0101-0049-G REAR END PANEL	1	L	391.80	20.00	313.44
0023 04-01-0101-0132-G SPARE TYRE PANEL	1		863.00	20.00	690.40
0024 04-01-0101-0076-G TAIL LAMP PANEL RH	1	L	217.40	20.00	173.92
0025 04-01-0101-0083-G TAIL LAMP PANEL LH	1	L	217.40	20.00	173.92

COMFORTDELGRO ENGINEERING PTE LTD

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Page: 3

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 MODEL : SONATA
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JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0026 04-01-0101-0080-G FENDER REAR RH	1	L	1,935.90	20.00	1,548.72
0027 04-01-0101-0052-G REAR WINDSCREEN MOULDING	1	L	60.00	20.00	48.00
0028 05-01-0199-0032-A WINDSCREEN AHESIVE-310MLC	2		92.00	2.00	92.00
0029 28-01-0101-0002-A BOOTLID 'COMFORT'	1		20.00	0.20	20.00
0030 28-01-0199-0012-A BOOTLID '65521111'	1		10.00	0.02	10.00
0031 09-01-9999-0068-A REVERSE SENSOR	1		135.70	0.00	135.70
SUB-TOTAL :					7,140.90

JOB NATURE

0000 L	PANEL BEATING	1100.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	1100.00
0002 17-01	CHECK ALL LIGHTING	80.00

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MAKE : HYUNDAI
MODEL : SONATA
DATE OF REGN : 12.07.2012
DATE/TIME IN : 08.11.2018 15:00
ACCIDENT DATE : 07.11.2018

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0003 20-00 TUFF COAT ON AFFECTED PARTS.			200.00		
0004 L R/I UPHOSTERY ETC			150.00		
0005 L R/I REAR WINDSCREEN			120.00		
0006 L R/I REVERSE SENSOR			120.00		

SUB-TOTAL : 2,870.00

TOTAL : 10,010.90

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

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	08/11/2018 16:30
Date Of Accident	07/11/2018 21:45
Exact Location Of Accident	T JUNCTION OF PASIR RIS CTR NEAR WHITE SAND SHOPP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4386U
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	HYUNDAI
Model	SONATA-2.0 (A)

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	CHUA SIAK LING
NRIC No	S1361712J
Date Of Birth	29/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	13/03/1980
Driving Experience	38 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82430728
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 116B JALAN TENTERAM
#08-545

Postcode 322116

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 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) 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 TAMPINES NORTH NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 ,
COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7818999 - FAX NO: 67838603

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20181108/2098

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 SJU6289R

Vehicle Make/Model/Colour MAZDA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHUA SIAK LING

Approximate Age

Injuries Sustain BACK

Injured person in which vehicle? SHD4386U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

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 reputate 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.

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.:

Sketch Plan Pg. 2

SKETCH PLAN

refer to the attachment

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report.
T/20181108/2098.

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.:



**SINGAPORE
POLICE FORCE**



T/20181108/2098

1 of 3

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

Report No. T/20181108/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2018 14:30	Vide Report No.:	Station Diary No.: 16
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Informant's Particulars			
Name of Informant: CHUA SIAK LING		Address: APT BLK 116B JALAN TENTERAM #08-545 SINGAPORE 322116	
ID Type / ID No.: NRIC NO / S1361712J		Contact No.: Home/Office: Mobile: 82430728	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 29/10/1959	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3,4A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/11/2018 21:45	Type of Location:
Location: Along Road 1 PASIR RIS CENTRAL NEAR TO WHITE SAND SHOPPING CENTRE				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4386U	Car				Slightly Damaged	1
SJU6289R	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20181108/2098

2 of 3

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

Report No. T/20181108/2098

CONTINUATION OF REPORT

Driver			
Name	CHUA SIAK LING	ID No.	S1361712J
Related Vehicle	SHD4386U (Car)	Contact No.	82430728
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	08/11/2018	Date Discharge	08/11/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 07/11/2018 at about 2145hrs, I was driving my Comfortdelgro taxi (SHD 4386U) along a T-junction at Pasir Ris Central near White Sand Shopping Centre on lane 2. At this point of time, I had a female Chinese passenger seating at the rear of my vehicle. I signaled left and when the traffic light turned green, I inch forward into the yellow box as there are pedestrians crossing the traffic light. Suddenly, I heard a loud bang and moved forward. No pedestrian was hurt. I then checked on my passenger who informed me that she hit her head on the front chair, however does not require any ambulance. She then informed she wishes to walk home and I then forfeit her cab fare.

I then exited from my vehicle and noticed that a vehicle (SJU6289R) has collided into the rear part of my vehicle. My rear bonnet was caved in and there are scratches on my rear headlights. I then exchange particulars with the said driver. We then both drove off from the said location.

I wish to state that there is in-vehicle camera that captured the whole incident. No police or ambulance was called in.

On 8/11/2018, I went to Sunshine clinic family practice & surgery as I feel pain on my back due to the accident. I was given an MC for 5 days and some medications.



SINGAPORE
POLICE FORCE



T/20181108/2098

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

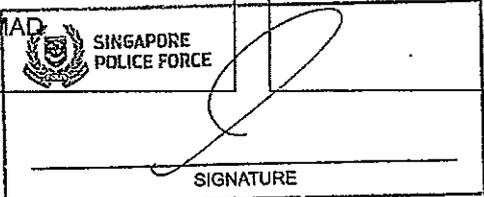
3 of 3
Report No. T/20181108/2098

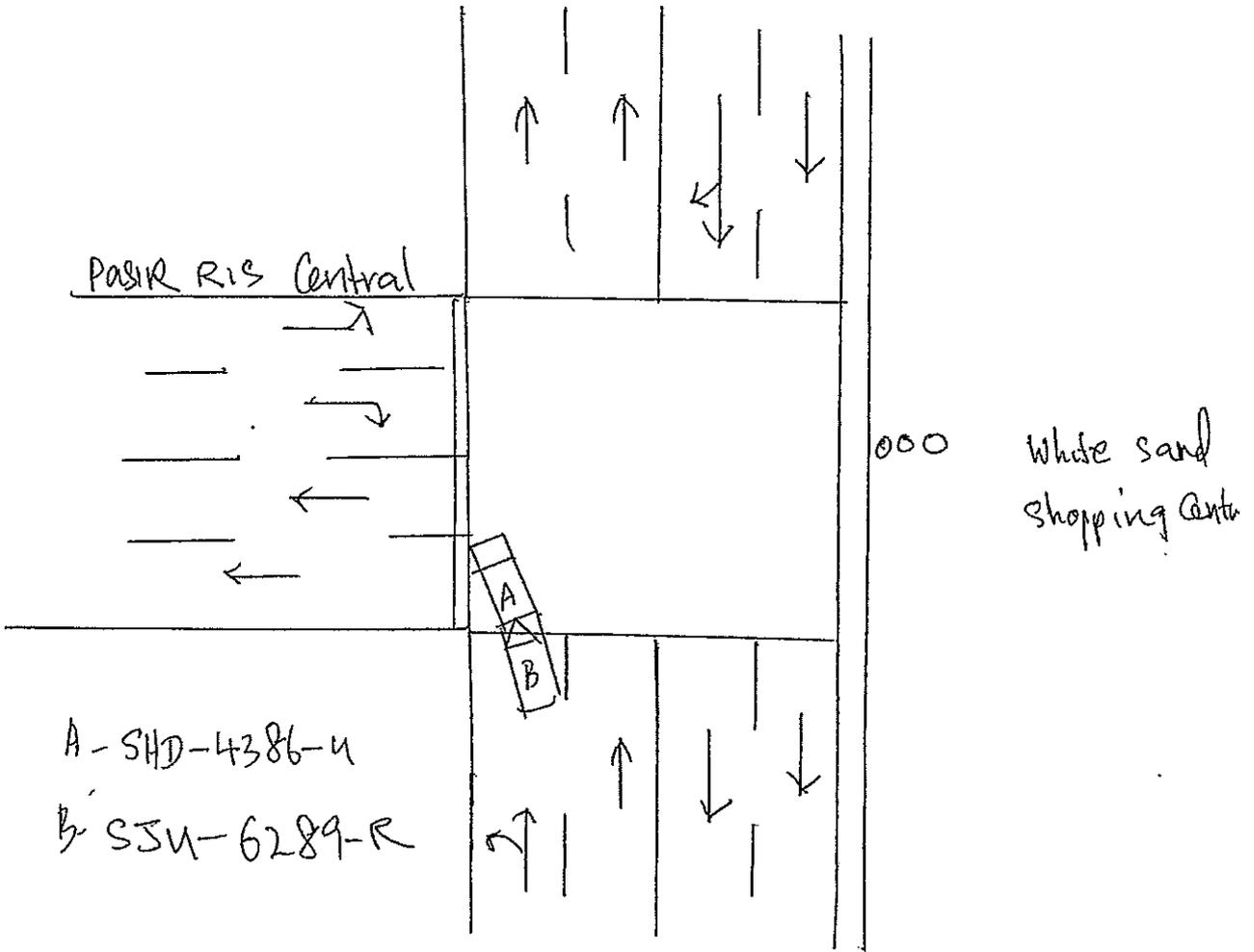
CONTINUATION OF REPORT

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 MUHAMMAD SYARAFUDDIN BIN SHARIFF	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/11/2018 14:30
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:
Authentication Stamp NP168	 <p>SIGNATURE</p>



87571657 -
Chun Scale [1:2]
S1361712]

8/11/2018