

COMFORTDELGRO ENGINEERING

Our Ref : 305238588

Date : 14.11.2018

Time of Fax : 0835h

AXA

Via Fax : email

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Your Insured : SHF 6302 (Tmsab)

www.cedge.com.sg

Date of Acc : 12.11.2018

Company Registration No: 199506048W

Workshop.

Attn : Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHB 4322 P

Loyang
59 Loyang Drive
Singapore 508969
Fax no. 6546 8156

- 1 The client has engaged us to repair the vehicle and submit claims against the other party/parties involved in the accident.
- 2 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.
- 3 Enclosed, please find :
 - I) Our initial estimate of repairs of the damaged vehicle.
 - II) Accident report made by our client.
- 4 I would appreciate it if you could call us to arrange for the survey of the vehicle

Lim Kwok Eng Tel no. 62148355 or Hp no. 98240811
Jumani Bin Masudin Tel no. 62148315 or Hp no. 96355305
Lim Tien Siong Tel no. 62148398 or Hp no. 96358546
Chiang Liat Choon Tel no. 62148314 or Hp no. 92966006
Fauzy Bin Mokhtar Tel no: 62148319 or Hp no : 81259176
→ Larry Ng Tel: 6214 8316

- 5 If we do not hear from you within the next 48 hours, we shall deem it 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.
- 6 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.
- 7 Thank you.

Yours faithfully

Larry Ng Larry Ng

for Vice President
Crash Repairs & Claims Recovery

A member of

COMFORTDELGRO



REPAIR ESTIMATE*

DATE 13/11/2018 15:30

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	SUB TOTAL			\$ 575.00
	LESS 20%			\$ 115.00
	DISCOUNTED TOTAL			\$ 460.00
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 810.00
	ESTIMATE TOTAL			\$ 1,270.00
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.				

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 4322P

DATE 13/11/2018 15:32

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Bonnet			\$ 2,265.90	
	Bonnet Lock			\$ 36.90	
	Radiator Grille			\$ 251.00	
	Radiator Grille H Emblem			\$ 27.50	
	Front Bumper Cover			\$ 544.50	
	Front Bumper Sponge			\$ 99.20	
	Front Bumper Reinforcement			\$ 402.10	
	Front Bumper Grille (LH/RH)		\$ 41.60	\$ 83.20	
	Front Bumper Centre Grille			\$ 178.60	
	Front Bumper Centre Grille Top Garnish		\$ 80.00	\$ 160.00	
	Front Bumper Lip			\$ 54.90	
	Front Bumper Bracket Top (LH/RH)		\$ 22.40	\$ 44.80	
	Front Bumper Bracket (LH/RH)		\$ 24.60	\$ 49.20	
	Headlamp Support Top Cover			\$ 222.60	
	Headlamp Support Panel Assy			\$ 907.40	
	Headlamp (LH/RH)		\$ 1,388.00	\$ 2,776.00	
	Radiator			\$ 698.30	
	Radiator Fan Blade,Cowling,Motor Assy			\$ 792.95	
	Radiator Bracket (RH/LH)		\$ 6.50	\$ 13.00	
	Radiator Hose Upper			\$ 36.50	
	Radiator Hose Lower			\$ 36.50	
	Radiator Expansion Tank			\$ 28.30	
	Radiator Guard		\$ 20.00	\$ 40.00	
	Horn Unit (LH/RH)		\$ 73.80	\$ 147.60	
	Horn Wire			\$ 156.50	
	Front Fender (LH/RH)		\$ 566.30	\$ 1,132.60	
	Front Fender Retainer		\$ 24.60	\$ 49.20	
	Aircon Condenser			\$ 927.50	
	Inter Cooler			\$ 1,032.50	
	Inter Cooler Mounting (2 PCS)			\$ 25.90	
	SUB TOTAL			\$ 13,221.15	
	LESS 20%			\$ 2,644.23	
	DISCOUNTED TOTAL			\$ 10,576.92	
	Front Number Plate			\$ 25.00	Nett
	Front No Plate Trim Cover			\$ 30.00	Nett
				\$ 55.00	
	Labour Charge				
	Panel Beating			\$ 1,200.00	
	Spray Painting Charge			\$ 1,200.00	
	Wiring Charge			\$ 30.00	
	Tuff Kote			\$ 50.00	
	Towing Charge			\$ 60.00	
	Remove/Refix Aircon & Refill Gas			\$ 150.00	
	TOTAL LABOUR			\$ 2,690.00	
	ESTIMATE TOTAL			\$ 13,321.92	

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	13/11/2018 14:26
Date Of Accident	12/11/2018 19:35
Exact Location Of Accident	CTE TWDS SLE LAMP POST 332
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4322P
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	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	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	TEO KANG HOE
NRIC No	S1690714F
Date Of Birth	01/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	12/12/1989
Driving Experience	28 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94786228
Fax Number	
Contact Number	
EEmail Address	HOE_TEO@HOTMAIL.COM

Address BLK 465 ANG MO KIO AVENUE 10 #08-1056
Postcode 560465
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident CHAIN COLLISION
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? 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) 3
Passenger 1
NAME: : -
GENDER: : MALE
Passenger 2
NAME: : -
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
POLICE STATION NAME [OTHER] TOA PAYOH N.P.C
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20181113/2042

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 SHF630E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address

Postcode

Insurance Company Name

AXA INSURANCE PTE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJT2650L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR AND FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLT3418L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAXI PASSENGER

Approximate Age

Injuries Sustain

BRUISES ON LEFT KNEE CAP

Injured person in which vehicle?

SHB4322P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

3P DRIVER

Approximate Age

Injuries Sustain

FELT DISCOMFORT

Injured person in which vehicle?

SJT2650L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name	TEO KANG HOE
Approximate Age	53
Injuries Sustain	STIFF NECK AND SORE SHOULDER. ON 3 DAYS MC.
Injured person in which vehicle?	SHB4322P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

IMPORTANT NOTICE

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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.

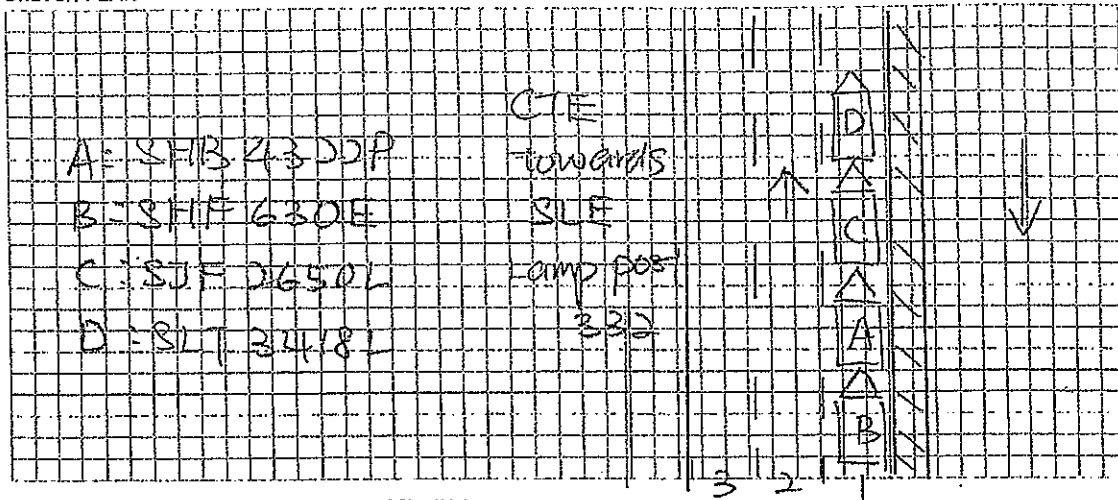
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199203321R

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report

T/ 2018/113/ 2042

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG. NO 189203921R

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.:

B. Olye Wei Yiang



**SINGAPORE
POLICE FORCE**



T/20181113/2042

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20181113/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2018 11:56		Vide Report No.:		Station Diary No.: 44
Informant's Particulars				
Name of Informant: TEO KANG HOE		Address: APT BLK 465 ANG MO KIO AVENUE 10 #08-1056 SINGAPORE 560465		
ID Type / ID No.: NRIC NO / S1690714F		Contact No.: Home/Office: Mobile: 94786228		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 53	Date of Birth: 01/07/1965	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/11/2018 19:35	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Along CTE towards SLE at 10km mark on the first lane Lamp Post Number: 332				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SHB4322P	Car	HYUNDAI	I40	Blue	Slightly Damaged	2
SHF630E	Car	RENAULT	LATITUDE	Red	Slightly Damaged	0
SJT2650L	Car	KIA		Silver	Slightly Damaged	0
SLT3418L	Car	VOLVO	S90	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999



T/20181111

Report No. T/20181111

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	TEO KANG HOE	ID No.	S1690714F
Related Vehicle	SHB4322P (Car)	Contact No.	94786228
Hospital/Clinic	FINEST HEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	13/11/2018	Date Discharge	13/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/11/18 at about 7.40pm, I am working as a Taxi driver under Comfort Delgo, with 2 passengers driving along CTE towards SLE. At the 10km mark at lamp post 332, I am driving at about 85km/h on the first lane, when a car (SLT3418L) suddenly did a hard braking, resulting in a chained collision with 4 vehicles.

I am at the third vehicle when this happened.

I hit onto the car in front of me (SJT2650L), which resulted in scratches and dents at his rear bumper. I only know the driver as Mr Juston with contact no: 90024496.

My car (SHB4322P) front bumper cracked suffered from dents, and my front vehicle registration plate fell out.

The car behind me (SHF630E) hit onto my rear bumper, which resulted in scratches and dents on his car. I only know the driver as Mr Sim with contact no: 97427733.

My car suffered from scratches and slight dents at the rear bumper.

The 2 passengers in my car, who I only known as Mr Seo and Mr Do were Korean middle age men, with contact no: +821068465800. Ambulance was called initially as they requested for one, however when the ambulance arrived, they changed their mind and said they doesn't require the ambulance anymore and left with their friend. I informed them to contact Comfort Delgo if they require any assistance.

As a result, I suffered from stiff neck and sore shoulders. I went to a clinic on the 13/11/18 and the doctor gave me 3 days MC.

Sketch Plan Pg. 5

SINGAPORE
POLICE FORCE



T/20181113/2042

3 of 3

Report No. T/20181113/2042

Location Of Origin:
Toa Payoh N.P.C
Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel: 1800-2519999

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:

E /

Staff Sgt MUHAMMAD FARIS BIN SUPARLI

Sgt (2) TOM LIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414



SINGAPORE
POLICE FORCE

Signature Of Informant:

Date/Time:

13/11/2018 11:56

Classification Of Case:

SN 168

Authentication Stamp

NP168

SIGNATURE