

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

AXA

Our Ref : 305250515  
Date : 13-12-18  
Time of Fax: \_\_\_\_\_

Via Fax : Email.  
Your Insured: SJ8 8988C  
Date of Acc : 11-12-18

Attn: Motor Claims Department

Dear Sirs

**SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH** D 34826

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 8355 or HP: 9824 0811	} Fax no. 6546 8156
◆ Larry Ng Nyuk Phin	Tel: 6214 8316 or HP: 9230 2824	
◆ Lim Tien Siong	Tel: 6214 8398 or HP: 9635 8546	
◆ Chiang Liat Choon	Tel: 6214 8314 or HP: 9296 6006	
◆ Jumani Bin Masudin	Tel: 6214 8315 or HP: 9635 5305	
→ ◆ 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

FAUZY

for Vice President  
Crash Repairs & Claims Recovery

# COMFORTDELGRO ENGINEERING

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701  
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

### Workshops

59 Loyang Drive Singapore 508969  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
220 Ubi Road 3 Singapore 408649

24 Senoko Loop Singapore 758156  
7 Sungei Kadut Way Singapore 728791  
501 Yishun Industrial Park A Singapore 768732

member of COMFORTDELGRO

Date/Time: 13.12.2018 08:52

Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order: 3881728

JC NO.: 305250515

OWNER

AS COMFORT TRANSPORTATION PTE LTD  
7010045

OWNER NO. 383 SIN MING DRIVE  
RESS Singapore SINGAPORE 575717  
65508755 (O)

(R)

(P)

COUNT CARD NO.

REGN NO.:

SHD3482G

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN 12.12.2018 13:45

YR OF MANU

14.08.2014

TARGET DATE

CHASSIS CODE

KMHLB41UMEU057804

COMPLETION DATE/TIME:

## JOB DESCRIPTION

Accident Date: 11.12.2018

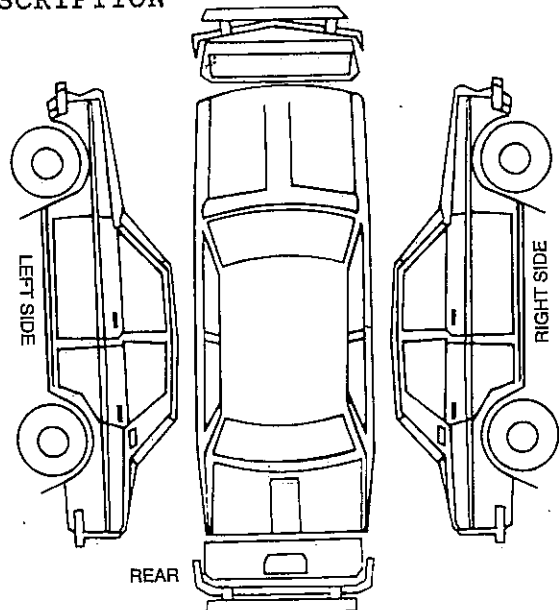
NATURE: 3P 11.12.18/B

S/NO

LABOR CODE

DESCRIPTION

FRONT



REAR

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

e:  
lo.:  
le No.: SHD3482G FZ AXA

Exit Pass

Vehicle No.:

SHD3482G

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

**COMFORTDELGRO ENGINEERING PTE LTD****REPAIR ESTIMATE\***

VEHICLE NO : SHD 3482G

DATE 13/12/2018 10:18

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	<b>SUB TOTAL</b>			<b>\$ 575.00</b>
	<b>LESS 20%</b>			<b>\$ 115.00</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 460.00</b>
	Rear Bumper Rubber Mat			\$ 50.00
				<b>\$ 50.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 80.00
	<b>TOTAL LABOUR</b>			<b>\$ 810.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,320.00</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.				

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## 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	12/12/2018 16:22
Date Of Accident	11/12/2018 19:45
Exact Location Of Accident	JURONG GATEWAY RD TOWARDS JURONG EAST CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3482G
<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	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	SIEW YIN KUM
NRIC No	S1494182G
Date Of Birth	27/08/1961
Occupation	OUTDOOR
Date Of Driving Pass	07/10/2000
Driving Experience	18 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98478828
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	624B 14-316 PUNGGOL CENTRAL
Postcode	822624
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: : 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

see attach.

#### 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	SJS8928C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUI YOKE FUN ( ZHAO YUFEN )
NRIC/Passport Number	S7638663C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	SIEW YIN KUM
Approximate Age	57
Injuries Sustain	NECK,BACK
Injured person in which vehicle?	SHD3482G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

### SKETCH PLAN

SKETCH PLAN

A = SHD 3482G

B = SJS 8928C

MCCOY PARK

CENTRAL

BMC INTERNATIONAL COLLEGE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

DURING  
GATEWAY RD

## DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.  
C.O. REG. NO. 100108419 T.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:

**Sketch Plan Pg. 2**

[illegible]

## Declaration

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

CONFIDENTIAL - INFORMATIONAL PURPOSES ONLY

Policyholder's Signature/Date &  
Time

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

Witnessed by Reporting  
Centre Personnel