

Our Ref : 305255136

Date : 28.12.2018

Time of Fax : 1745m

AXA

Via Fax : email

Your Insured : SDY9008R

Date of Acc : 27.12.2018

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

www.cdge.com.sg

Company Registration No: 199506048W

Workshop

Attn : Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO

SH 8134C

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

L. N

Larry Ng

for Vice President

Crash Repairs & Claims Recovery

REPAIR ESTIMATE*

DATE: 28. Dec. 2018

DOA: 27. Dec. 2018

AXA

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	28/12/2018 12:06
Date Of Accident	27/12/2018 02:40
Exact Location Of Accident	ALONG TANJONG KATONG RD OPPOSITE PARKSTONE RD JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8134C
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	MERCEDES-BENZ
Model	MERC
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 GEK CHEONG
NRIC No	S0334514I
Date Of Birth	17/09/1949
Occupation	OUTDOOR
Date Of Driving Pass	31/12/1970
Driving Experience	47 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85222773
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	53 #27-112 HAVELOCK ROAD
Postcode	161053
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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)	1

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	SDY9008R
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	NO DAMAGE
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

A = SH8134C

B = SDV9008R
(dexus)

ENG'G
WANT AN
NEEDLE

↓ ↑

↑ ↓

FRONT STONE
ED

↑ ↓

REAR STONE
NAC1
LEMAIC

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

CO REG. NO. 19930382TR
Policyholder's Signature _____ Driver: _____

Date & Time:

3821R
Driver's Signature

(If driver is not the policyholder)

Olivia Wendy

Reporting Centre Personnel's Signature

Name:

REV 3P CARPARK

Describe Circumstances of the Accident.

On 27/12/2018 @ about 02:40hrs, I was driving along Tanjong Katong Rd.

I parked my taxi opposite the Parkstone Rd junction. While I was in my taxi suddenly

vehicle SDY9008R reversing and collided onto the front portion of my taxi.

No passenger on board my taxi. No injury reported at the point of accident.

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

Olivia Wendy\

Witnessed by Reporting
Centre Personnel

28 DEC 2018