

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305287291

Date : 07-01-19

Time of Fax: _____

Via Fax : Email

Your Insured: SLL 4480C

Date of Acc : 05-01-19

Attn: Motor Claims Department

PWD

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

C1921A

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	} jumanibm@cdge.com.sg Fax no. 6546 8156
♦ <u>Jumani Bin Masudin</u>	<u>Tel: 6214 8315 or HP: 9635 5305</u>	
♦ 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

for Vice President
Crash Repairs & Claims Recovery

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3887837

JC NO.: 305257291

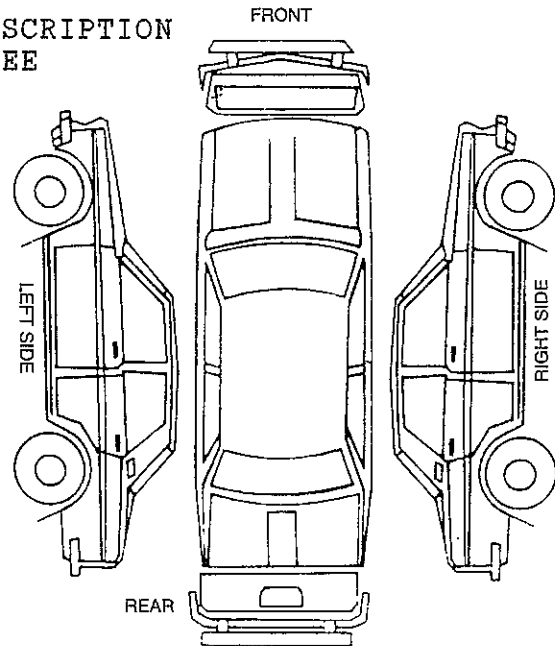
OMER	REGN NO.: SHC1921A	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
OMER NO. 7010045	MODEL IONIQ(G2)	E.....1/2.....F
IESS 383 SIN MING DRIVE	YR OF MANU. 13.09.2018	DATE/TIME IN 05.01.2019 12:15
Singapore SINGAPORE 575717	CHASSIS CODE KMHC851CVKU107541	TARGET DATE
65508755 (R) (P)		COMPLETION DATE/TIME:
DUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 05.01.2019
NATURE: 3P 05.01.19

S/NO 00010 LABOR CODE 23-01

DESCRIPTION TOWING FEE



MARKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

pledgement Slip

Exit Pass

No.: SHC1921A JU FWD

Vehicle No.: SHC1921A

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

DATE 7/1/2019 11:20

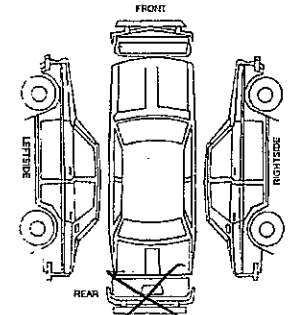
MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 459.40
	Rear Bumper Reinforcement			\$ 294.80
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 138.10	\$ 276.20
	Rear Bumper Centre Moulding Assy			\$ 451.25
	Rear Bumper Lower Centre Moulding Assy			\$ 47.50
	Rear Bumper Stay			\$ 138.10
	Rear Bumper Side Bracket (LH/RH)		\$ 33.10	\$ 66.20
	Rear Bumper Cover Clips			\$ 22.00
	Rear Bumper Reflector Lamp (LH/RH)		\$ 31.90	\$ 63.80
	Rear Bumper Towing Cover			\$ 98.80
	SUB TOTAL			\$ 1,918.05
	LESS 20%			\$ 383.61
	DISCOUNTED TOTAL			\$ 1,534.44
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Reserve Light			\$ 257.10
	Rear Bumper Rubber Mat			\$ 50.00
				\$ 442.80
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 30.00
	Towing Charge-King Dolly			\$ 160.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 1,010.00
	ESTIMATE TOTAL			\$ 2,987.24
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.				



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: <u>05/01/19</u> Time Received: <u>1325</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>Li</u> Contact No. : <u>93805943</u> Vehicle No. : <u>SHC 19210</u> Make / Model / Colour : <u>COMFORT 10M10</u> Email : _____		4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
7. Location: <u>2 Whitley Rd</u>		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____		6. Parts Replaced/Remarks: _____ _____ _____	
10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		 #: Cracked / X: Dented /: Scratched / O: Missing Signature of Customer: _____	
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> STD <input type="checkbox"/> TZ <input type="checkbox"/> IRS <input type="checkbox"/> OTHERS Name of Driver : <u>THAN</u> Vehicle No. : <u>YP4655D</u> Time Dispatch : <u>1355</u> Time of Arrival : <u>1340</u> Time Completed : _____			
Cash Invoice Details (if applicable)			
13. Cash Invoice No. : _____			
Customer Acknowledgement			
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.			
<u>05/01/19</u> Date		<u>1340</u> Time	
		Signature of Customer: _____	
14. WORKSHOP			
Name of Attending Staff/Guard		Date & Time of Arrival	
		Signature of Attending Staff/Guard	

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	07/01/2019 08:57
Date Of Accident	05/01/2019 12:15
Exact Location Of Accident	PIE TOWARDS TUAS AFTER TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1921A
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	IONIQ HYBRID

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	LI ZENGWEI
NRIC No	S8405833E
Date Of Birth	25/02/1984
Occupation	OUTDOOR
Date Of Driving Pass	18/01/2005
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93800593
Fax Number	
Contact Number	
Email Address	RAPHSODYLEE@HOTMAIL.COM

Address	807A 07-18 CHAI CHEE ROAD
Postcode	461807
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?	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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHAI CHEE 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

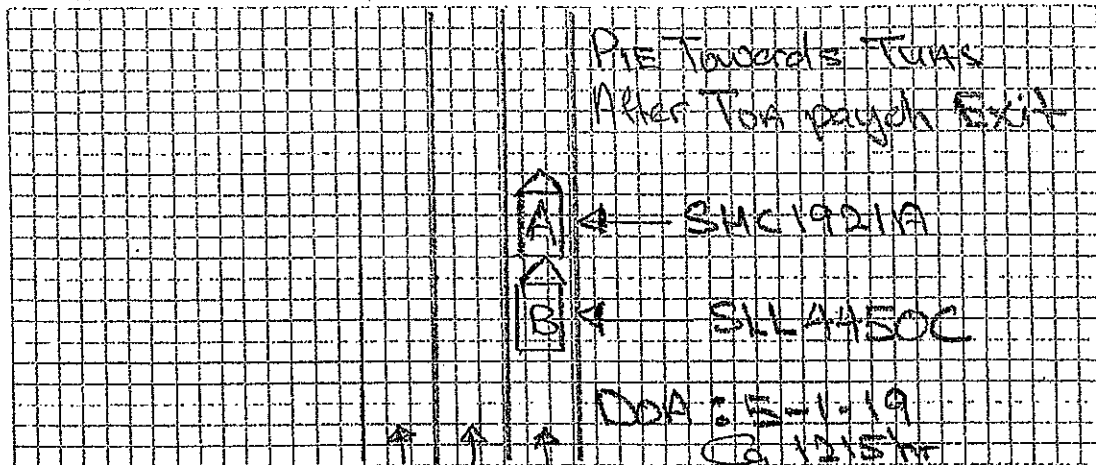
Vehicle Registration Number	SLL4450C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DARYL LEE TSEN-TIENG
NRIC/Passport Number	S7124111D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LI ZENGWEI
Approximate Age	35
Injuries Sustain	NECK,BACK
Injured person in which vehicle?	SHC1921A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Attached Police report No. 1
T/20190105/2091.

There is (1) Male Passenger On board ed my taxi and
No injury.

Video Camera SD Card Taken by (Traffic police)

Vehicle (A) SHC1921A, was driver after the incident
my neck and back feel pain MC 6 day.

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)

Reporting Centre Personnel's Signature
Name: FAIRV



**SINGAPORE
POLICE FORCE**



T/20190105/2091

Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

1 of 4

Report No. T/20190105/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/01/2019 15:29		Vide Report No.: E/20190105/0103		Station Diary No.: 9
Informant's Particulars				
Name of Informant: LI ZENGWEI		Address: APT BLK 807A CHAI CHEE ROAD #07-18 SINGAPORE 461807		
ID Type / ID No.: NRIC NO / S8405833E		Contact No.: Home/Office: Mobile: 9380 0593		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 34	Date of Birth: 25/02/1984	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/01/2019 12:15	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS TUAS, AFTER TOA PAYOH EXIT BEFORE THOMSON EXIT.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		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
SHC1921A	Car	HYUNDAI	Ioniq	Blue	Seriously Damaged	1
SLL4450C	Car	VOLKSWAGO N	Touran	Grey	Totally Damaged	3

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

Sketch Plan Pg. 3



POLICE FORCE

T/20190105/2091

Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

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Report No. T/20190105/2091

CONTINUATION OF REPORT

Driver			
Name	LI ZENGWEI	ID No.	S8405833E
Related Vehicle	SHC1921A (Car)	Contact No.	9380 0593
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/01/2019	Date Discharge	NIL
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Driver			
Name	DARYL LEE TSEN-TIENG	ID No.	S7124111D
Related Vehicle	SLL4450C (Car)	Contact No.	NIL
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 05/01/2019 at 12.15 pm, I was driving my vehicle, SHC 1921 A (Blue Comfort cab) along PIE towards Tuas direction. I was travelling on the first lane with 01 passenger seated at the front left passenger seat area.

Suddenly, after the Toa Payoh exit before Thomson exit, the vehicle in front of me performed a hard brake and came to a stop. I braked as well and managed to stop on time.

Almost immediately, I felt a hard impact from the rear of my vehicle. I alighted from my vehicle and confronted the rear vehicle, SLL 4450 C (Volkswagen Touran, dark grey). We exchanged particulars and took some of the photos of the accident.

I also came to realise that there was another accident in front which involves two motorcyclists. This resulted in the hard braking earlier. My vehicle was not involved in the front accident and the rear impact did not cause my vehicle to inch forward and collide with the front vehicle.

There is an in-camera in my vehicle and I have already given it to the Traffic Police who is at scene. I was then instructed to lodge a traffic accident report using police report reference number, E/20190105/0103 under IO Yosmastari, Tel: 6547 6214.

Traffic Police and Ambulance were also at scene. I am only aware that one of the motorist was conveyed by ambulance. I am not sure of anyone else being conveyed,

My vehicle sustained damages at the rear bumper area. The other party had an inward dent at the front



SINGAPORE
POLICE FORCE



T/20190105/2091

Police Station Of Origin:

Chai Chee NPP

35 Chai Chee Avenue #01-256 SINGAPORE

461035

Tel No: 1800-4459999

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Report No. T/20190105/2091

CONTINUATION OF REPORT

engine area. My vehicle is still able to move whereas the other party's vehicle is immovable.

I also went to doctor at Horizon Medical Pte Ltd as I felt pain at the neck and back area. I was then given a 6 days Medical Certificate from 05/01/2019 - 10/01/2019 (6 days).



**SINGAPORE
POLICE FORCE**



T/20190105/2091

Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

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Report No. T/20190105/2091

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 CHONG WENG KIAT, TERENCE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/04/2019 15:29
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt YUS MASTAFA Contact No.: 65476214	Classification Of Case:
Authentication Stamp NP16R	