

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref : 305260705  
Date : 16.01.19  
Time of Fax: \_\_\_\_\_

Lonnac  
Via Fax : 62962706  
Your Insured: SKM 217K  
Date of Acc: 16.01.19

Attn: Motor Claims Department  
Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH B 6389T

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
- Larry Ng Nyuk Phin Tel: 6214 8315 or HP: 9230 2824
- Lim Tien Siong Tel: 6214 8398 or HP: 9635 8546
- Chiang Liat Choon Tel: 6214 8314 or HP: \_\_\_\_\_
- Jumani Bir Masudin Tel: 6214 8315 or HP: 9635 5305
- Fauzy Bin Mokhtar Tel: 6214 8319 or HP: 8125 9176

Fax no. 6546 8156

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

Chiang Liat Choon

for Vice President  
Crash Repairs & Claims Recovery

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

VEHICLE NO : SHB 6389J

DATE 16/1/2019 15:02

MAKE :

MODEL : MERCEDES BENZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 1,510.00
	Rear Bumper Reinforcement			\$ 1,150.00
	Rear Bumper Bracket Lower (LH/RH)		\$ 135.00	\$ 270.00
	Rear Bumper Bracket Top (LH/RH)		\$ 125.00	\$ 250.00
	Rear Bumper Retainer Mounting (LH/RH)		\$ 115.00	\$ 230.00
	<b>SUB TOTAL</b>			<b>\$ 3,410.00</b>
	<b>LESS 20%</b>			<b>\$ 682.00</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,728.00</b>
	Rear Bumper Sensor			\$ 388.00
	<b>Labour Charge</b>			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 120.00
	<b>TOTAL LABOUR</b>			<b>\$ 850.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 3,966.00</b>
<p>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.</p>				

Nett

MCD819007331 / ComfonDeJGro Engineering Pte Ltd - Loyang  
 ENTRY DATE & TIME: 16/01/2019 14:06  
 SUBMITTED BY: Catherine Por Moy Juan

### 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	16/01/2019 14:06
Date Of Accident	16/01/2019 10:10
Exact Location Of Accident	KPE TUNNEL TWDS MCE
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6389J
<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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	DANIEL LIM LAY THIAM
NRIC No	S0027334A
Date Of Birth	19/09/1950
Occupation	OUTDOOR
Date Of Driving Pass	10/11/1975
Driving Experience	43 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96695129
Fax Number	
Contact Number	
EMail Address	DANLTLIM@YAHOO.COM,SG

Address 433 #07-922 HOUGANG AVENUE 8  
 Postcode 530433  
 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 CHAIN COLLISION  
 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 3  
 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? 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 SKM2117K  
 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 FRT & REAR

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

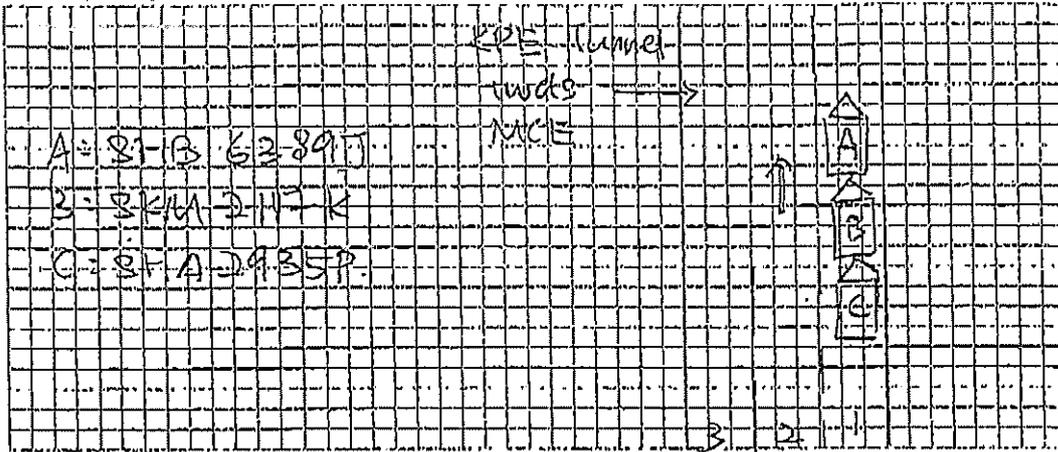
Vehicle Registration Number	SHA2935P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	PASSENGER
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SHB6389J
Were seat belts worn?	
Was this Injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/1/19 at about 10:10 hrs, I was driving at above said location with a female passenger. Shortly veh in front braked to stopped and I follow suit. A few second later, I felt an impact from my taxi behind. Veh B collided onto the rear portion of my taxi. I stepped out and found Veh C also involved in this chain collision. My passenger claim that she suffered back pain after accident.

DECLARATION

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

COMFORT TRANSPORTATION P1

Policyholder's Signature NO. 1993038 Driver's Signature

Date & Time:

(If driver is not the policyholder)

Lokn Nal Yiong  
 Reporting Centre Personnel's Signature  
 Name: 16/1/19

Sketch Plan Pg. 2

**IMPORTANT NOTICE**

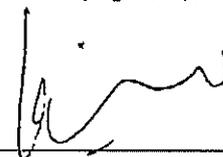
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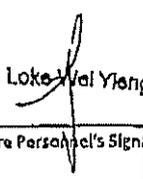
**B. Consent under the Personal Data Protection Act (PDPA)**

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.

COMPACT TRANSPORTATION PTE  
 POLICY NO. 199303821R  
 Date & Time:

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

  
 Reporting Centre Personnel's Signature  
 Name: Loke Wei Yeng  
 NRIC/FIN No.: 671119

