COMFORTDELGRO ENGINEERING

Sheet1

Email

ComfortDelGro Engineering Pte Ltd 205 Braddell Road Singapore 579701

> Mainline +65 6383 6280 Facsimilie +65 6280 9755

> > www.cdge.com.sg

Company Registration No: 199506048W

Workshops

Braddell 205 Braddell Road Singapore 579701

Loyang 59 Loyang Drive Singapore 508969

Sin Ming 383 Sin Ming Drive Singapore 575717

Pandan 45 Pandan Road Singapore 609286

Ubi 320 Ubi Road 3 Singapore 408649

Senoko 24 Senoko Loop Singapore 758156

Sungei Kadut 7 Sungei Kadut Way Singapore 728791

Defu 6 Defu Avenue 1 Singapore 539537

Marymount 600 Sin Ming Avenue Singapore 575733

= 50526634D

Date: 08.00.10

Time of Fax : ____

AXA INS

Attn: Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SUC 8828 (

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. 62148316 or Hp no. 98240811 Tel no. 62148315 or Hp no. 96355305

Jumari Masudin Ćhiang Liat Choon

Tel no. 62148314

المراد والمعالمين المراجعة

Lim Tien Siong

Tel no. 62148398 or Hp no. 96358546

- 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.

/ /У_____

Yours faithfully

for/Vice President

Crash Repairs & Claims Recovery







Enquire Vehicle Insurer Vehicle No. Incident Date/T

Incident Date/Time Search Status

Insurance Company Code

Insurance Company Name

SMD3960J

07 Feb 2019 / 08:40:00

Successful

A12

AXA INSURANCE PTE LTD

Previous

ОК

SH C 8 PZ F R

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SHC 8828R

DATE 8/2/2019 10:24

MAKE

:

MODEL : HYUNDAI i40

MODEL Qty	: HYUNDAI i40 Parts Description/ Labour	Туре		Unit Price	A	Amount
	Radiator Grille				\$	1,110.10
	Front Bumper Cover				\$	1,052.20
	Front Bumper Sponge				\$	99.20
	Front Bumper Reinforcement				\$	402.10
	Front Bumper Bracket Top (LH/RH)	!	\$	22.40	\$	44.80
	Front Bumper Bracket (LH/RH)		\$	24.60	\$	49.20
	, ,		Ì			
	SUB TOTAL				\$	2,757.60
	LESS 20%				\$	551.52
	DISCOUNTED TOTAL				\$	2,206.08
					"	2,200.00
			İ			
	Labour Charge				ļ	
	Panel Beating				\$	400.00
1	Spray Painting Charge				\$	300.00
	Spray Fainting Charge				Φ	300.00
	TOTAL LABOUR				\$	700.00
	TOTAL LABOUR				3	700.00
	ESTIMATE TOTAL				\$	2,906.08
	ESTIMATE TOTAL				3	2,900.00
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	This is an initial estimate based on a visual inspection of the	ie above ve	hicle	e. The final repair o	uant	um will
	be prepared after the vehicle is surveyed by a motor Surve			-	_	

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 witholding 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.

Date Of Accident 07/02/2019 08:40 Exact Location Of Accident SPC PETROL STATION SENGKANG EAST WAY SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SHC8828R Insured/Policyholder Vehicle Registration Number COMFORT TRANSPORTATION PTE LTD Co Reg No 199303821R Email Address FLEETSAFETY@CDGTAXI.COM.SG Mobile Phone No Alternative Phone No OFFICE-65503768 Vehicle Particulars Wanufacturer 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? If No, Please state action to be taken THIRD PARTY Vehicle Category TAXI Insurance Company Name of Insurance Company Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Prope Of Coverage THIRD PARTY FIRE AND/OR THEFT Prope Of Coverage TANG HUAT CHYE Name of Driver TANG HUAT CHYE Name of Driv		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Wehicle Registration Number SHC8828R Shc8	Date Of Report	07/02/2019 12:11
DETAILS OF OWN VEHICLE Vehicle Registration Number SHC8828R 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 Vehicle Particulars Manufacturer HYUNDAI Model Id0 Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category TAXI Insurance Company Name of Insurance Company Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy YES Policy Number D-18088936MFSH Cover Note Number Driver Name of Driver TANG HUAT CHYE NRIC No S6829490H Date Of Birth 03/09/1968 Occupation OUTDOOR Date Of Driving Pass 03/07/2003 Driving Experience 15 YEARS AND 7 MONTHS Gender MALE (LOCAL) H65-87779400 Fax Number Contact Number	Date Of Accident	07/02/2019 08:40
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Vehicle Registration Number InsurediPolicyholder Name Of Registered Owner Company Company Name Of Registered Owner Cover Note Number Driver Name Of	Country/State of Loss	SINGAPORE
Insured/Policyholder Name Of Registered Owner COREQ NO 199303821R Email Address FLEETSAFETY@CDGTAXI.COM.SG Mobile Phone No Alternative Phone No OFFICE-65508768 Vehicle Particulars Manufacturer HYUNDAI Id0 Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category TAXI Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company Type Of Coverage ThiRD PARTY FIRE AND/OR THEFT Fleet Policy Policy Number Cover Note Number Driver Name of Driver TANG HUAT CHYE Name of Driver Name of Driver TANG HUAT CHYE Name of Driver TANG HUAT CHYE Name of Driving Pass O3/09/1968 Occupation OUTDOOR Date Of Driving Pass O3/07/2003 Driving Experience 15 YEARS AND 7 MONTHS MALE (LOCAL) +65-87779400 Fax Number Contact Number		DETAILS OF OWN VEHICLE
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Mobile Number (LOCAL) +65-87779400 Fax Number Contact Number	Driving Experience	15 YEARS AND 7 MONTHS
Fax Number Contact Number	Gender	MALE
Contact Number	Mobile Number	(LOCAL) +65-87779400
	Fax Number	•
EMail Address SIMONTANGHC@GMAIL.COM	Contact Number	
	EMail Address	SIMONTANGHC@GMAIL.COM

Address 207D #08-60 COMPASSVALE LANE

Rostcode 547207

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 COLLIDED INTO PARKED VEHICLE

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2 involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 0

Number of Passengers (Including Driver)

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)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMD3960J

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

OON YONG YEE Name of Driver NRIC/Passport Number S8240944J

Contact Number

Address Postcode

Insurance Company Name

REAR Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

ETCH PLAN		
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CRIBE CIRCUMSTANCES	IF THE ACCIDENT	
		
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ECLARATION	auloro oro truo in orone cont	
	culars are true in every respect,	2 12
COMFORT TRANSPO CO REG. NO.		L.K
olicyholder's Signature ate & Time:	Oriver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name: Larry Ng

Sketch Plan Pg. 2

Describe Circumstances of the Accident.	
On 07.02.2019 at about 0840hrs, I parked my Comfort taxi, SHC8828R, at	the SPC petrol
station, Sengkang East Way to go to the toilet.	
There was a private car, B, parked some distance infront of my taxi at the	e air pump.
A man was pumping air into B tyres. I have a video recording showing th	is.
When I came back from the toilet, I noticed the same man standing in fro	ont of my taxi.
He told me that as he was reversing, he accidentally hit my taxi front righ	nt side.
He offered to pay for my taxi damages but I will let our company to do th	ne necessary
repairs and claims.	
No pax in my taxi and no injury. Weather was clear and light traffic.	
	-
Declaration	
I/We declare the foregoing particulars are true in every respect.	
^	
COMFORT TRANSPORTATION PTE CO. REG. NO. 199303821R	Larry No Z
Policyholder's Signature/Date & Driver's Signature[if-driver is not the policyholder]/Date	Witnessed by Reporting
Time & Time 67.02.(9	Centre Personnel
l com	









