

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199508048W

Workshop

Our Ref: 305271976

Date: 25/2/19

Time of Fax: 1130 HRS

Via Fax: 62962706

Your Insured: GBE4314T

Date of Acc: 23/2/19

* 10 pages

Attn: Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHC8202X

Loyang
59 Loyang Drive
Singapore 508969

- 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

for Vice President
Crash Repairs & Claims Recovery

A member of

COMFORTDELGRO



MCD619025420 / ComfortDelGro Engineering Pte Ltd - Loyang
 ENTRY DATE & TIME: 25/02/2019 08:49
 SUBMITTED BY: Huang XiaoYan

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 25/02/2019 08:49
 Date Of Accident 23/02/2019 17:00
 Exact Location Of Accident NEWTON RD(SLIP RD)TWDS THOMSON RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8202X
 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 E220

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 LOW KIAN BENG
 NRIC No S6931435Z
 Date Of Birth 31/08/1969
 Occupation OUTDOOR
 Date Of Driving Pass 26/03/1990
 Driving Experience 28 YEARS AND 10 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-94561738
 Fax Number
 Contact Number
 Email Address LOWKIANBENG3108@YAHOO.COM

Address BLK 275 PASIR RIS STREET 21 #04-532
 Postcode 510275
 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] ORCHARD N.P.C
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20190224/2011

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 GBE4314T
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name LONPAC INSURANCE BHD
 Nature Of Damage FRT
 No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LOW KIAN BENG
Approximate Age	49
Injuries Sustain	LOWER BACK & RIGHT SHOULDER PAIN. ON 4 DAYS MC.
Injured person in which vehicle?	SHC8202X
Were seat belts worn?	YES
Was this Injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

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. The 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 lodgment 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.
8. 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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199203921R

24/2/19
Jackson Harn
CSO

Policyholder's Signature
Date & Time:

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

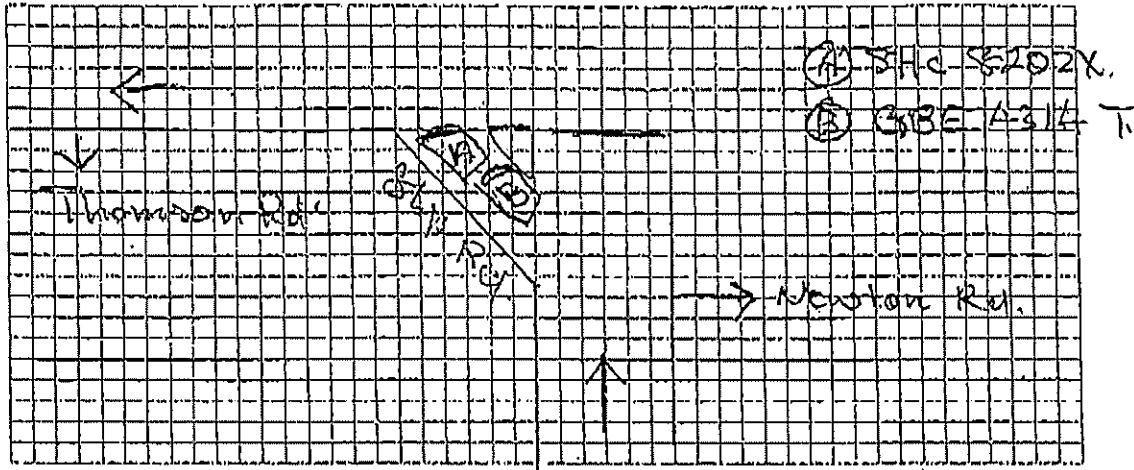
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA RMC Sketch Plan Form_V3

1

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer : Police Report attached-

T/20190224/2011

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:

GLAATC Sketch Plan Form V3

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Jackson 24/2/19
Jackson Heng
CSO

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20190224/2011

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 3

Report No. T/20190224/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/02/2019 05:28		Vide Report No.:		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: LOW KIAN BENG			Address: 70 SENGKANG SQUARE #05-43 SINGAPORE 544705		
ID Type / ID No.: NRIC NO / S6931435Z			Contact No.: Home/Office: Mobile: 94561738		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 31/08/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/02/2019 17:00	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 NEWTON ROAD THOMSON ROAD Along Newton Rd towards Thomson Road.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Vehicle No	Type	Make	Model	Year	Condition	Number of Passengers
GBE4314T	Lorry				Seriously Damaged	4
SHC8202X	Car				Seriously Damaged	0

Sketch Plan Pg. 4

**SINGAPORE
POLICE FORCE**

T/20190224/2011

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359989

2 of 3

Report No. T/20190224/2011

CONTINUATION OF REPORT

Brief Details.

On 23/02/2019 at 1700hrs, I am driving my Comfort Delgro Taxi "SHC8202X" came to a stop at Newton Road at the stop line, wanting to turn left towards Thomson Rd.

Suddenly a lorry "GBE4314T" came from my rear and collided into my car. My car suffered damaged at the rear with bumper and rear light damaged.

No police attended and no government property damaged. We had exchanged particulars. No ambulance came.

Subsequently, I went to visit doctor and acquired 4 days of medical certificate from 23/02/2019 to 26/02/2019.

Sketch Plan Pg. 5

**SINGAPORE
POLICE FORCE**

T/20190224/2011

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

3 of 3

Report No. T/20190224/2011

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: E / Sgt 3 JACKSON KOH TIAN LIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/02/2019 05:28
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt STEPHANIE CHEUNG TSZ YING Contact No.: 90020518	Classification Of Case: SN 172
Authentication Stamp NP168	SIGNATURE