

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305274443
Date : 040319
Time of Fax: _____
Via Fax : Email
Your Insured: SMC2118L
Date of Acc : 030319

Attn: Motor Claims Department

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

D 48605

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	} Fax no. 6546 8156
• Jumani Bin Masudin	Tel: 6214 8315 or HP: 9635 5305	
→ • 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

Lim Tien Siong

for Vice President
Crash Repairs & Claims Recovery

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

AXA

Date: 04.03.2019

Time: 17:13:07

Page: 1

P TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305274443
REGN NO : SHD4860S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 06.03.2014
DATE/TIME IN : 04.03.2019 14:10
ACCIDENT DATE : 03.03.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	REAR BUMPER	1	553.00	20.00	442.40
0002 04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00	20.00	182.40
0003 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60
0004 09-01-9999-0068-A	REVERSE SENSOR	1	135.70	2.00	135.70
0005 04-01-0103-1150-A	REAR BUMPER MAT	1	50.00	0.20	50.00

SUB-TOTAL : 828.10

JOB NATURE

0000 PB	PANEL BEATING	250.00
0001 SP	SPRAYPAINT CHARGE	250.00
0002 L	R/I REVERSE SENSOR	120.00

SUB-TOTAL : 620.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 04.03.2019

REPAIR ESTIMATE

AXA

Time: 17:13:07

Page: 2

TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305274443
REGN NO : SHD4860S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 06.03.2014
DATE/TIME IN : 04.03.2019 14:10
ACCIDENT DATE : 03.03.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,448.10

LMF

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE
DATE :

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 04/03/2019 16:20
 Date Of Accident 03/03/2019 00:10
 Exact Location Of Accident BKE TWDS SLE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD4860S
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 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? NO
 If No, Please state action to be taken THIRD PARTY
 Vehicle Category TAXI

Insurance Company

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

Driver

Name of Driver LEE ENG KUAN
 NRIC No S1718620E
 Date Of Birth 09/02/1965
 Occupation OUTDOOR
 Date Of Driving Pass 19/08/2005
 Driving Experience 13 YEARS AND 6 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-92432697
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address	872B #15-71 TAMPINES STREET 86
Postcode	522872
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES N 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?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC2118L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH TIAN FENG
NRIC/Passport Number	S9115322Z
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 SHA320B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver CHAN TIAN JIAN TONY
NRIC/Passport Number S8014480F
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage FRT
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEE ENG KUAN
Approximate Age 54
Injuries Sustain NECK,BACK,RHT HAND
Injured person in which vehicle? SHD4860S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name PAX
Approximate Age
Injuries Sustain GIDDY
Injured person in which vehicle? SHD4860S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

As per attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

7/20190304/2069

DECLARATION

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

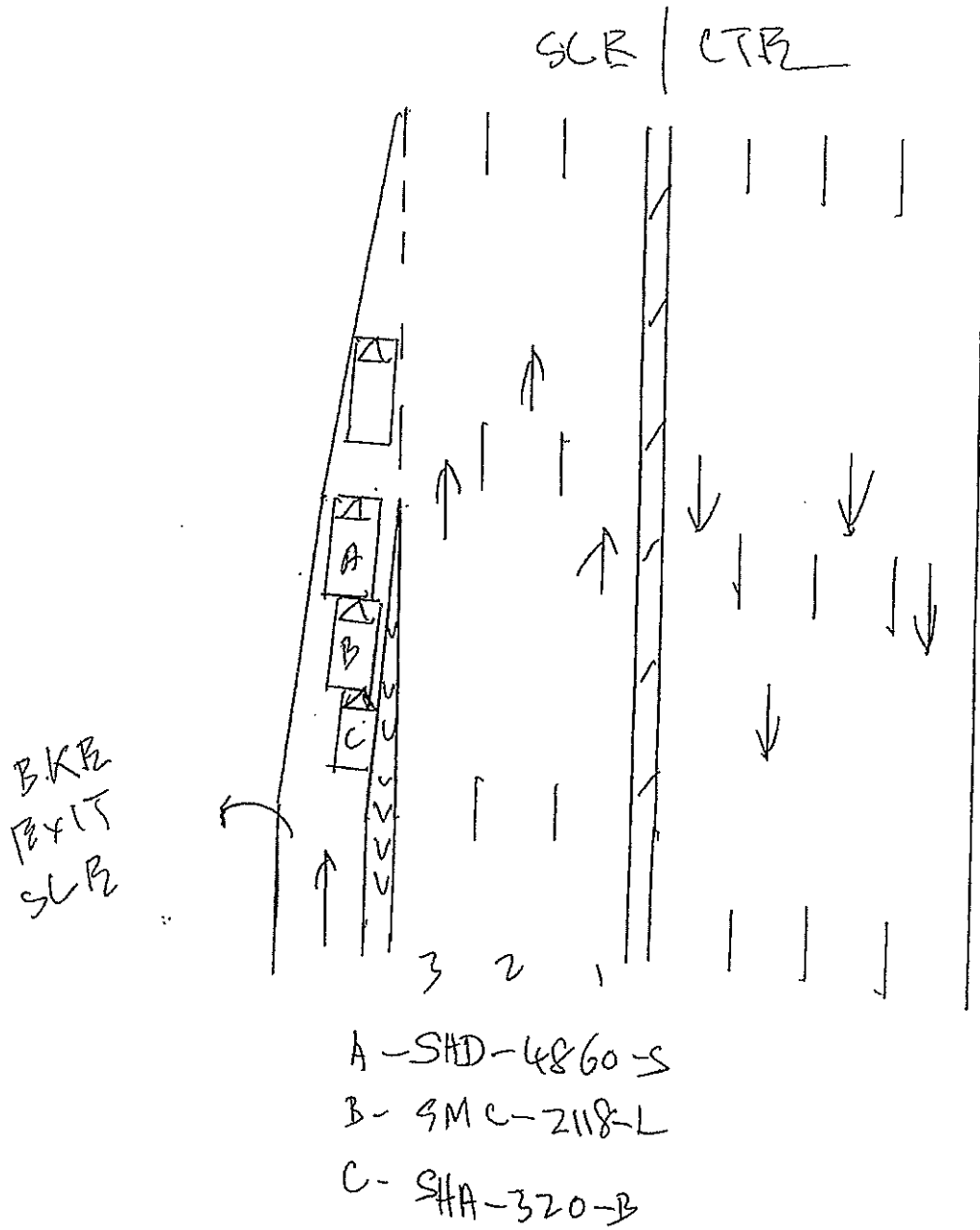
COMFORT TRANSPORTATION PT. C. L. T.
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

4/3/19
Loke Wei Yeng





**SINGAPORE
POLICE FORCE**



T/20190304/2069

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

1 of 3

Report No. T/20190304/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2019 13:09		Vide Report No.:		Station Diary No.: 16
Informants Particulars				
Name of Informant: LEE ENG KUAN		Address: APT BLK 872B TAMPINES STREET 86 #15-71 SINGAPORE 522872		
ID Type / ID No.: NRIC NO / S1718620E		Contact No.: Home/Office: Mobile: 92432697		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 54	Date of Birth: 09/02/1965	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: TAXI DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/03/2019 00:10	Type of Location: Expressway
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY BKE towards SLE. Expressway.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Chain collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHA320B	TAXI					0
SHD4860S	TAXI	HYUNDAI	i-40	Blue		2
SMC2118L	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20190304/2069

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

2 of 3

Report No. T/20190304/2069

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SHD4860S	FIRST CAPITAL INSURANCE LIMITED	D-18088936MFSH	01/01/2018	31/12/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE ENG KUAN		ID No. S1718620E
Related Vehicle	SHD4860S (TAXI)		Contact No. 92432697
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	04/03/2019		Date Discharge 04/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 03/03/2019 at around 0010hrs, while travelling along BKE entering SLE. There was a 2 car in front stop however I slow down and stop my taxi. Suddenly there is a car hit my taxi rear. At that point of time I have 2 passengers in my taxi. I went down to make a check and discovered that behind my taxi is a car had hit my taxi rear followed by a taxi had his the car.

One of my passenger did complain of giddiness.

On 04/03/2019, I went to clinic as I feel pain on my neck, center of the neck, lower back, and my hand feel numb and difficulties in breathing. As such I was given 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20190304/2069

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20190304/2069

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 / Staff Sgt MUHAMMAD ZAMRIN BIN ABDUL RAHMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/03/2019 13:09
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168	