

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref : 805280275  
Date : 23-3-19  
Time of Fax: \_\_\_\_\_

Via Fax : EMAIL  
Your Insured: 8010 518513  
Date of Acc : 23-3-19

Attn: Motor Claims Department

Dear Sirs

**SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH**

9850L

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:

- Our initial estimate of repairs of the damaged vehicle;
- 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>	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

for Vice President  
Crash Repairs & Claims Recovery

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305280275

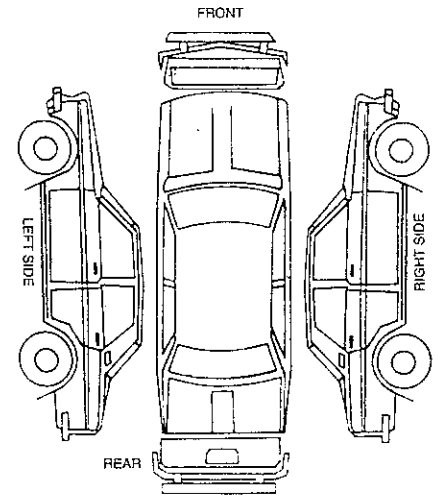
OMER	REGN NO.: SH 9850L	MILEAGE
IS	MAKE : TOYOTA	FUEL
OMER NO. 7010045	MODEL PRIUS HYBRID(G4)	E.....1/2.....F
RESS 383 SIN MING DRIVE	YR OF MANU 07.09.2017	DATE/TIME IN 23.03.2019 09:25
Singapore SINGAPORE 575717	CHASSIS CODE JTDKB3FU203563855	TARGET DATE
65508755		COMPLETION DATE/TIME:
(R) (O)		
(P)		
OUNT CARD NO.		

### JOB DESCRIPTION

Accident Date: 23.03.2019

NATURE: 3P 23.03.2019

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

/edgement Slip

Exit Pass

No.: SH 9850L FZ AXA

Vehicle No.: SH 9850L

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

**REPAIR ESTIMATE**

VEHICLE : SH 9850L

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	AMOUNT	QTY	REMARK
REAR BUMPER	\$ 458.60		
REAR BUMPER RE-INFORCEMENT	\$ 318.80		
REAR BUMPER UNDER COVER	\$ 552.60		
REAR BUMPER SIDE RETAINER	\$ 112.70		
REAR BUMPER UNDER SIDE CENTRE COVER	\$ 552.60		
REAR BUMPER CLIPS	\$ 22.00		
SUB TOTAL	\$ 2,017.30		
LESS 20%	\$ 403.46		
DISCOUNTED TOTAL	\$ 1,613.84		
REAR BUMPER REVERSE SENSOR	\$ 135.70		
REAR BUMPER RUBBER MAT	\$ 50.00		
TOTAL	\$ 185.70		
Labour Charge			
Panel Beating	\$ 400.00		
Spray Painting Charge	\$ 300.00		
Wiring Charge	\$ 30.00		
Remove/Refix Reverse Sensor	\$ 120.00		
TOTAL LABOUR	\$ 850.00		
ESTIMATE TOTAL	\$ 2,649.54		

NETT  
NETT

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## 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	23/03/2019 10:54
Date Of Accident	23/03/2019 06:55
Exact Location Of Accident	CHANGI AIRPORT T3 TAXI QUEUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9850L
<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

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 4G

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	CHIA KOK JWEE
NRIC No	S1755293G
Date Of Birth	17/08/1966
Occupation	OUTDOOR
Date Of Driving Pass	24/04/1984
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91775283
Fax Number	
Contact Number	
Email Address	JACKIECHIA668@GMAIL.COM

Address	BLK 859 JURONG WEST STREET 81 #08-580
Postcode	640859
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED

#### 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	SHD5185B
Vehicle Make/Model/Colour	TRANSCAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

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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.

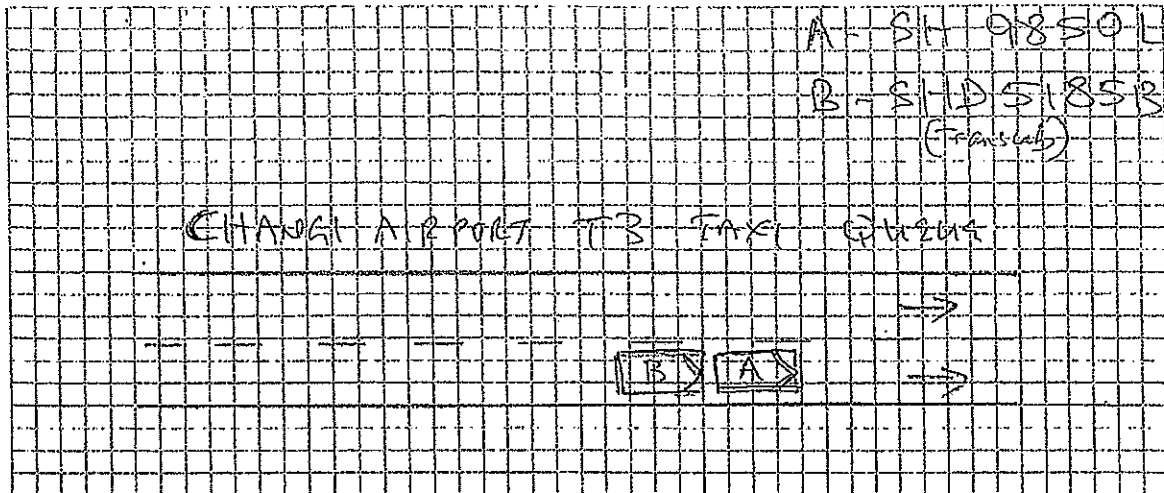
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 23.03.2019  
1042h

Reporting Centre Personnel's Signature  
Name: Loke Wai Yiong  
NRIC/FIN No.: 23/3/19

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23.03.2019 at about 0655h, I  
 was in the taxi queue towards Changi Airport T3.  
 While stationary, a Transub, B, came and hit my  
 taxi rear, causing some damage to my taxi.  
 No pax and no injury.

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)  
 Date & Time:

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

23.03.2019  
 1045h