

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Axa

Our Ref : 305288239

Via Fax : Email

Date : 18-4-19

Your Insured: SHC5376Y

Time of Fax: 1100 hrs

Date of Acc : 17-4-19

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:

- 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 8355 or HP: 9824 0811 | } Fax no. 6546 8156 |
| ◆ Larry Ng Nyuk Phin | Tel: 6214 8316 or HP: 9230 2824 |                     |
| ◆ Lim Tien Siong     | Tel: 6214 8398 or HP: 9635 8546 |                     |
| ◆ Chiang Liat Choon  | Tel: 6214 8314 or HP: 9296 6006 |                     |
| ◆ Juman Bin Masudin  | Tel: 6214 8315 or HP: 9635 5305 |                     |
| ◆ 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

FAUZY

for Vice President  
Crash Repairs & Claims Recovery

Team: ARC Repair TP(CLS0)1

### JOB CARD

Sales Order: 3915578

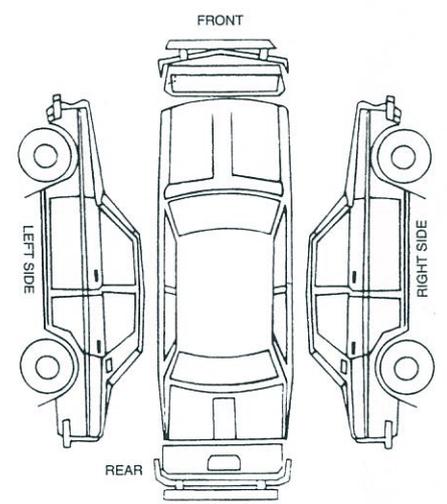
JC NO.: 305288239

CUSTOMER  MS CUSTOMER NO. ADDRESS  (R) (P)  COUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	
	REGN NO.:	SH 9850L
	MILEAGE	
	MAKE :	TOYOTA
	FUEL	E.....1/2.....F
	MODEL	PRIUS HYBRID(G4)
DATE/TIME IN	18.04.2019 07:30	
YR OF MANU.	07.09.2017	
TARGET DATE		
CHASSIS CODE	JTDKB3FU203563855	
COMPLETION DATE/TIME:		

#### JOB DESCRIPTION

Accident Date: 17.04.2019  
NATURE: 3P 17.04.19/B-

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
SERVICE ADVISOR

\_\_\_\_\_  
CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SH 9850L      FZ AXA

Name of Service Advisor: \_\_\_\_\_  
Signature/Date: \_\_\_\_\_

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 9850L

Name of Service Advisor: \_\_\_\_\_  
Date: \_\_\_\_\_

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

4/18/2019 9:30

VEHICLE NO : SH 9850L

*AXA*  
*FRONT RIGHT*

*(FL)*

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
FRONT BUMPER COVER			\$ 499.90
FRONT BUMPER SIDE RETAINER		\$ 77.00	\$ 154.00
<b>SUB TOTAL</b>			<b>\$ 653.90</b>
<b>LESS 25%</b>			<b>\$ 163.48</b>
<b>Total</b>			<b>\$ 490.43</b>
<b>FRONT BUMPER LOGO</b>			\$ 87.10
<b>LABOUR CHARGE</b>			
Panel Beating			\$ 400.00
Spray Painting Charge			\$ 600.00
Tuff Kote			\$ 50.00
<b>TOTAL LABOUR</b>			<b>\$ 1,050.00</b>
<b>ESTIMATE TOTAL</b>			<b>\$ 1,627.53</b>

NETT

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.

## 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	18/04/2019 08:48
Date Of Accident	17/04/2019 23:40
Exact Location Of Accident	NORTH BRIDGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9850L
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#### 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	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	TONY FOO LEONG JUN
NRIC No	S8435632H
Date Of Birth	04/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	10/09/2003
Driving Experience	15 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91370416
Fax Number	
Contact Number	
EMail Address	XIAO_SKY@HOTMAIL.COM

Address	BLK 929 JURONG WEST STREET 91 #06-175
Postcode	640929
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 2 JURONG WEST AVENUE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7929999 - <b>FAX NO:</b> 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20190418/2012 \* TYPE OF ACCIDENT :- HIT & RUN

#### 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	SHC5376Y
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

UNSURE

No. Of Passenger (Including Driver)

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:

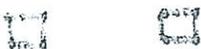
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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. 199303821R

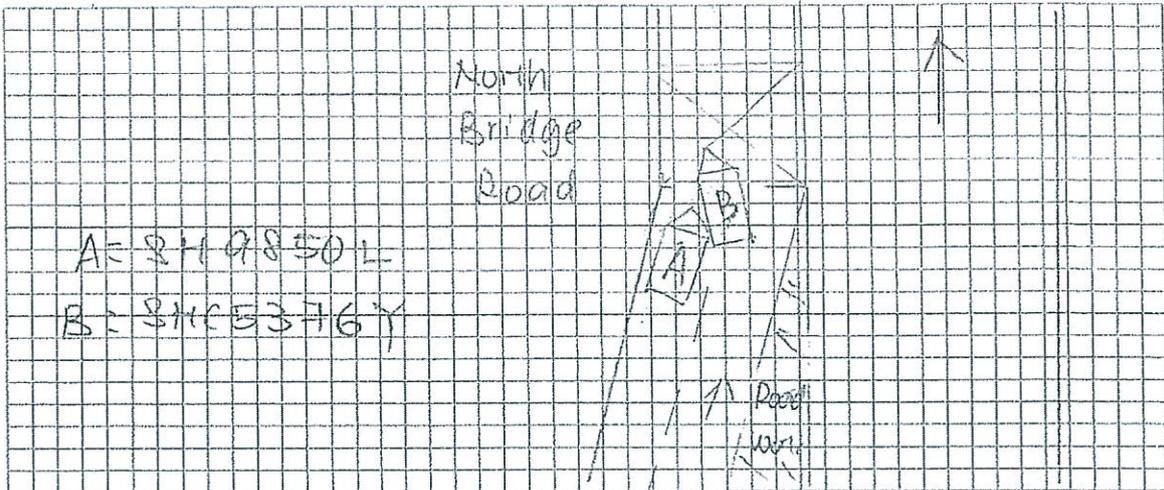
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: 18/4/19  
NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report  
 7/20190418/2012

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:  
NRIC/FIN No.:

Loke Wei Yieng

18/4/15





**SINGAPORE  
POLICE FORCE**



T/20190418/2012

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

2 of 3

Report No. T/20190418/2012

## CONTINUATION OF REPORT

Driver			
Name	TONY FOO LEONG JUN		ID No. S8435632H
Related Vehicle	SH9850L (Car)		Contact No. 91370416
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 17/04/19 at 2339hrs, I was driving my taxi V1)SH9850L (Blue Comfort) along North Bridge Rd on a 4 lane road. I was on the extreme left lane at that time. At that point in time, there was a red taxi V2)SHC5376Y (Red Transcab) in front of me. When we were approaching an S bend, the road merged into a 2 lane road due to construction works. I was on the left side while the red taxi was on my right. I then realized that the car was inching to the left thus I applied my brakes however the car grazed against the right side of my vehicle and thus continued to drive on. I then followed the car from behind till I lost sight of him. There is an in vehicle camera inside my taxi which captured the whole incident. No injuries were reported. No government property damaged. No traffic police were at the scene. I then informed my company on the matter who told me to lodge a report. As a result of the accident, my taxi incurred scratches to my front right side.



SINGAPORE  
POLICE FORCE



T/20190418/2012

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

3 of 3

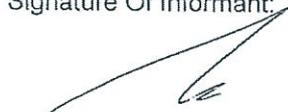
Report No. T/20190418/2012

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: J/ Sgt 2 JOHN ERIC YEO JINWEI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/04/2019 03:16
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No: 65476145 SN 127	Classification Of Case:
Authentication Stamp  Signature:  <b>Singapore Police Force</b>	

