COMFORTDELGRO

Our Ref: 305290539

Date: 26.04.2019

Time of Fax: 1735kg

Via Fax: _ email

ComfortDelGro Engineering Pte Ltd 205 Braddell Road Singapore 579701

Your Insured : SKS 5999 &

Date of Acc: 25.04.2019

Company Registration No: 199506048W

Workshop

www.cdge.com.sg

Attn: Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHC 85286

Lovang 59 Loyang Drive Singapore 508969 Fax no. 6546 8156

- 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

Tel no. 62148355 or Hp no. 98240811 Lim Kwok Eng.

Jumani Bin Masudin Tel no. 62148315 or Hp no. 96355305

Tel no. 62148398 or Hp no. 96358546 Lim Tien Siong

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

Larry Ng

for Vice President Crash Repairs & Claims Recovery

A member of COMFORTDELGRO











COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC8528G

DATE:

26. Apr. 2019

MAKE

: HYUNDAI

MODEL

: i40

DOA:

25. Apr. 2019

AXA

MODEL	: 140	DOA:	25. Apr. 2019	AAA
Qty	Parts Description/ Labour	Туре	Unit Price	Amount
1	1 Front Fender – LH			\$556.30
	1 Front Door — LH			\$1,403.00
	1 Rear Door – LH			\$1,351.10
7				
	,			
	SUB TOTAL			\$3,310.40
	LESS 20%			\$662.08
	DISCOUNTED TOTAL			\$2,648.32
	1 Front Door Comfort Logo			\$75.00
	1Rear Door APP Sticker			\$80.00
	1Advertisement – LHF Fender			\$100.00
	1Advertisement – LHF Door			\$100.00
	1Advertisement – LHR Door			\$100.00
	1Advertisement – LHR Fender			\$100.00
				,
				\$555.00
				,
	Labour Charge			
	1 Panel Beating			\$800.00
l .	1 Spray Painting Charge			\$800.00
	1 Wiring Charge			\$80.00
ı	1Tuff Kote			\$100.00
	2 Transfer of Door		\$150.00	\$300.00
			Ψ250.00	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	TOTAL LABOUR			\$2,080.00
				+=,555.56
	ESTIMATE TOTAL			\$5,283.32
				73,233.32
389				
21	This is an initial estimate based on a visual inspection of t	ho above :::	hicle The final reneir -	uantum will
	be prepared after the vehicle is surveyed by a motor Surv	eyor appoi	nted by the insurance c	ompany.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

	ACCIDENT STATEMENT
Date Of Report	26/04/2019 15:44
Date Of Accident	25/04/2019 19:55
Exact Location Of Accident	BLK 161 WOODLNDS ST 13 OPEN SPACE CAR PARK
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC8528G
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	140
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	ANG BAH BEE
NRIC No	S0174182I
Date Of Birth	23/06/1949
Occupation	OUTDOOR
Date Of Driving Pass	13/03/1969
Driving Experience	50 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97392971
Fax Number	
Contact Number	

NOEMAIL

Address

440 17-1573 HOUGANG AVENUE 8

Postcode

530440

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 - MAJOR/MINOR RD

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

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

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]

TP HQ

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKS5999E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

SKETCH PLAN	
	FFF BING HELL HELL BEFFELL BOOK OF THE BOO
	Woodlands
	thirt open the the property of the state of
HA13HU-85	19461 T.J. Bace 1 1 T. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BERKERA	
HBF13KB159	
	}}}- - - - - - - - - - - - - - - - - -
DESCRIBE CIRCUMSTANCI	ES OF THE ACCIDENT
	Attached notice renet
	Attached police report. 7/20190426/2043.
	1/30(40436/3043.
	-
10	
DECLARATION	
	articulars are true in every respect.
	Loke Wei Yleng
OMFORT TRANSPO	DRIATION PIEC.
Policyholder's Signature	Oriver's Signature Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Name: 3614[19]





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20190426/2043

REPORT O	FATRAFFI	C ACCIDENT			
Date/Time Report Made: 26/04/2019 13:23			Vide Report No.: L/20190425/0128	Station Diary No.:	
Informar	nt's Partic	ulars			
Name of Informant: ANG BAH BEE			Address: APT BLK 440 HOUGANG AVENUE 8 #17-1573 SINGAPORE 530440		
ID Type / ID No.: NRIC NO / S0174182I			Contact No.: Home/Office:	Mobile: 97392971	
Nationality: SINGAPORE CITIZEN		ΈN	Email:		
Sex: Male	Age: 69	Date of Birth: 23/06/1949	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information:	Data of Evering	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/04/2019 19:55	Type of Location Car Park	
Location:		1110	1 20/04/2019 19:00		
	DDLANDS ST 13				
OPEN SPACE CARPARK Weather: Road Surface: Clear Dry			Road Speed Limit:		
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:	
Type of Collisi Between Movi	on: ng Vehicles - Head To) Side		Anyone conveyed by ambulance:	

Details of V	7	Almietade en hitago sono provinciano.				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8528G	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		0
SKS5999E	Car	ТОУОТА	COROLLA AXIO 1.5X	Blue		0



T/20190426/2043

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 5 Report No. T/20190426/2043

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION, I WAS DRIVING OF (SHC8528G) AT THE SAID LOCATION. WHILE I WAS DRIVING SUDDENLY A VEHICLE OF (SKS5999E) FROM LOT 184 SUDDENLY DRIVE OUT FROM THE PARKING LOT AND COLLIDED ONTO MY LEFT SIDE OF THE CAR. I ALIGHTED AND TALKED WITH THE DRIVER, AND WHEN I ASK FOR THE DRIVER PARTICULARS BUT THE DRIVER REFUSED TO GIVE. SO WHEN THE DRIVER REFUSED AND I SAY I GOT NO TIME TO WAIT SO I DROVE OFF. THAT'S ALL.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20190426/2043

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: TP / MUHAMMAD HAZIQ BIN SAIFUDDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/04/2019 13:23
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079 Authentication Stamp NP168	Classification Of Case: SINGAPORE POLICE FORCE