

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref: 305305765
Date: 24/6/19
Time of Fax: 1615hr

Via Fax

Your Insured:

Date of Acc:

AIG

Emeral

SLS 8303GT

23-06-19

Attn: Motor Claims Department
Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

C8981E

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
♦ Larry Ng Nyuk Phin	Tel: 6214 8315 or HP: 9230 2824
♦ Lim Tien Siong	Tel: 6214 8398 or HP: 9635 8546
♦ Chiang Liat Choon	Tel: 6214 8314 or HP: 9296 6006
♦ Jumanir Bin Masudin	Tel: 6214 8315 or HP: 9635 5305
♦ Fauzy Bin Mokhtar	Tel: 6214 8319 or HP: 8125 9176

Fax no. 6546 8156

Fauzy

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

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8981E

All / Rear.

DATE 24/6/2019 15:58

MAKE :

MODEL : HYUNDAI i40

(FZ)

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			\$ 553.00	
	Rear Bumper Clip 10 pcs			\$ 22.00	
	Rear Bumper Under Cover			\$ 228.00	
	SUB TOTAL			\$ 803.00	
	LESS 20%			\$ 160.60	
	DISCOUNTED TOTAL			\$ 642.40	
	Rear Bumper Rubber Mat			\$ 50.00	Nett
	Rear Bumper Advertisement Logo			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00	Nett
				\$ 300.00	
	Labour Charge				
	Panel Beating			\$ 400.00	
	Spray Painting Charge			\$ 300.00	
	Wiring Charge			\$ 30.00	
	Remove/Refix Reverse Sensor			\$ 80.00	
	TOTAL LABOUR			\$ 810.00	
	ESTIMATE TOTAL			\$ 1,752.40	
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	24/06/2019 15:26
Date Of Accident	23/06/2019 21:20
Exact Location Of Accident	ALONG AIRPORT BLVD TOWARDS CITY DIRECTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8981E
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	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 JWEE YONG
NRIC No	S1198967E
Date Of Birth	05/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	16/07/1976
Driving Experience	42 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94525989
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	41A LORONG 101 CHANGI ROAD
Postcode	426649
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE

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

SEE ATTACH.

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	SLS8303G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TIOH SHU YAN CASSANDRA
NRIC/Passport Number	S8733530E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRT

No. Of Passenger (Including Driver)

SKETCH PLAN

A = SHC 89814

B = SAS 8303G
(Suzuki)

↑ ↑ ↑ ↑ ↑ ↓

↑
A
B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AIRPORT BLVD

Statement as per attached

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)


Olivia Wendy

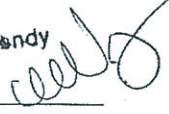
Reporting Centre Personnel's Signature
Name: 24 JUN 2019

Describe Circumstances of the Accident.
On the 23/06/2019 @ about 21:20hrs, I was driving along Airport BLVD towards CITY direction.
As I was driving suddenly the front vehicle jammed brake and I jammed brake as well.
Suddenly there's an impact from behind my taxi and found out a vehicle of SLS8303G front
portion had collided onto my rear portion of my taxi.
03 male passenger on board my taxi.
No injury reported at the point of accident.

Declaration

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


 COMFORT TRANSPORTATION PTE LTD
 CO. REG. NO. 199303321R
 Policyholder's Signature/Date & Time Driver's Signature (If driver is not the policyholder)/Date & Time

Olivia Wendy

 Witnessed by Reporting
 Centre Personnel

24 JUN 2019

