

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cedge.com.sg

Company Registration No: 199508048W

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Defu
6 Defu Avenue 1
Singapore 539537

Marymount
600 Sin Ming Avenue
Singapore 575733

Our Ref : 305306245

Date : 250619

Time of Fax : _____

AIG

Via Fax : EMAIL

Your Insured : SLP 3712H

Date of Acc : 23 06 19

Attn : Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHA2937J

- 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

Lim Kwok Eng Tel no. 62148316 or Hp no. 98240811

Jumari Masudin Tel no. 62148315 or Hp no. 96355305

Chiang Liat Choon Tel no. 62148314

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

- 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

for Vice President

Crash Repairs & Claims Recovery

6/25/2019

Insurance Particulars Enquiry By Agents Detail

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLP3712H	23 Jun 2019 / 10:40:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous

OK

5NA 2937]

REPAIR ESTIMATE*

DATE 25/6/2019 15:01

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid			\$ 2,480.40
	Boot Lid Lock Upper			\$ 224.00
	Boot Lid 'H' Emblem			\$ 28.00
	Emblem -Hybrid			\$ 24.30
	Emblem -Ioniq			\$ 31.30
	Boot Lid Glass, Lower			\$ 384.90
	Rear Bumper			\$ 459.40
	Rear Bumper Centre Moulding Assy			\$ 451.25
	Rear Bumper Lower Centre Moulding Assy			\$ 47.50
	Rear Bumper Stay			\$ 138.10
	Rear Bumper Side Bracket (LH/RH)		\$ 33.10	\$ 66.20
	Rear Bumper Cover Clips			\$ 22.00
	Rear Windscreen Glass			\$ 607.20
	Rear Windscreen Moulding			\$ 28.20
	SUB TOTAL			\$ 4,992.75
	LESS 20%			\$ 998.55
	DISCOUNTED TOTAL			\$ 3,994.20
	Boot Lid Comfort Logo Sticker			\$ 30.00
	Boot Lid Tel No.Sticker			\$ 30.00
	Rear No.Plake			\$ 25.00
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Windscreen Sealant			\$ 46.00
				\$ 266.70
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass			\$ 120.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 1,490.00
	ESTIMATE TOTAL			\$ 5,750.90
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	25/06/2019 12:15
Date Of Accident	23/06/2019 10:40
Exact Location Of Accident	YIO CHU KANG RD > SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2937J
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	IONIQ HYBRID
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	LIEW PIN SUN
NRIC No	S2566358F
Date Of Birth	16/09/1959
Occupation	OUTDOOR
Date Of Driving Pass	10/09/1980
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91128153
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	408A #13-36 FERNVALE ROAD
Postcode	791408
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?	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: : MALE
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]	PASIR RIS NPC
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	SLP3712H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABITAL ANG MINHUI
NRIC/Passport Number	S9228554E
Contact Number	94790504
Address	

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LIEW PIN SUN

Approximate Age

60

Injuries Sustain

NECK,SHOULDER

Injured person in which vehicle?

SHA2937J

Were seat belts worn?

YES

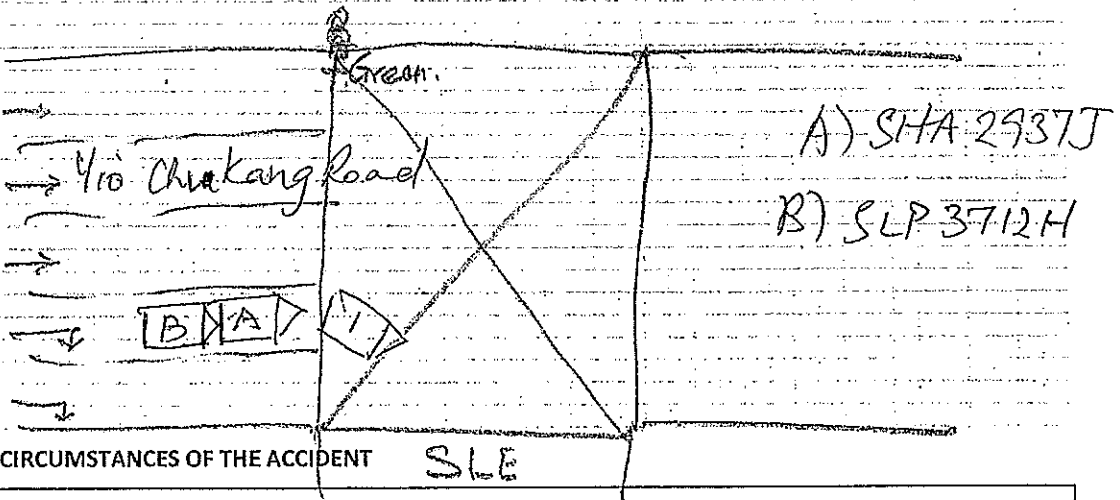
Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - T/20190624/2114.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO 189303821R

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

[Signature]
R Moorthy
CSO
2/6/19



**SINGAPORE
POLICE FORCE**



T/20190624/2114

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190624/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2019 15:06	Vide Report No.:	Station Diary No.: 124
--	------------------	---------------------------

Informant's Particulars			
Name of Informant: LIEW PIN SUN		Address: APT BLK 408A FERNVALE ROAD #13-36 SINGAPORE 791408	
ID Type / ID No.: NRIC NO / S2566358F		Contact No.: Home/Office: Mobile: 91128153	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 16/09/1959	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/06/2019 10:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 YIO CHU KANG ROAD SELETAR EXPRESSWAY Yio Chu Kang Road towards Seletar Expressway				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHA2937J	Car				Slightly Damaged	2
SLP3712H	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190624/2114

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20190624/2114

CONTINUATION OF REPORT

Driver:			
Name	LIEW PIN SUN	ID No.	S2566358F
Related Vehicle	SHA2937J (Car)	Contact No.	91128153
Hospital/Clinic	FAMILY MEDICARE CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	24/06/2019	Date Discharge	24/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver:			
Name	ABITAL ANG MINHUI	ID No.	S9228554E
Related Vehicle	SLP3712H (Car)	Contact No.	94790504
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/06/2019 at around 1040hrs, I was driving my taxi (SHA2937J) along Yio Chu Kang Road towards Seletar Expressway (SLE). While approaching the junction towards SLE, I slowed down and eventually came to a stop at the traffic light. While stationary and waiting at the traffic light, I felt a bump on the rear of my vehicle.

Another vehicle (SLP3712H) did not brake in time and collided onto the rear of my taxi. No traffic police or ambulance attended to the scene. On 24/06/2019, I felt pain on my neck and shoulders. I went to Family Medicare Clinic & Surgery to have my injuries treated. I was given 3 days medical certificate for my injuries.



**SINGAPORE
POLICE FORCE**



T/20190624/2114

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3
Report No. T/20190624/2114

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 MOHAMAD ADHA BIN MOHAMAD ADAM <i>Adha</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 24/06/2019 15:06
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 SINGAPORE POLICE FORCE	Classification Of Case:
Authentication Stamp NP168 <i>[Signature]</i> SIGNATURE	

