

Our Ref : 305309095

Date : 05.07.2019

Time of Fax : 1750h

ALG

Via Fax : email

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Your Insured : SMA 4227X

Date of Acc : 04.07.2019

www.cdge.com.sg

Company Registration No: 199506048W

Workshop

Attn : Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHA 7681M

→ **Loyang**
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

Lim Kwok Eng Tel no. 62148355 or Hp no. 98240811
Jumani Bin Masudin Tel no. 62148315 or Hp no. 96355305
Lim Tien Siong Tel no. 62148398 or Hp no. 96358546
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

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA7681M

DATE: 5. Jul. 2019

MAKE : MERCEDES

MODEL : E220 (E6)

DOA: 4. Jul. 2019

AIG

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
1	Rear Bumper			\$1,510.00	
1	Rear Bumper Reinforcement			\$1,150.00	
2	Rear Bumper Bracket Lower – RH/LH		\$135.00	\$270.00	
2	Rear Bumper Bracket Top – RH/LH		\$125.00	\$250.00	
2	Rear Bumper Retainer Mounting – RH/LH		\$115.00	\$230.00	
1	Rear Bumper Centre Frame			\$177.55	
1	Rear Bumper Towing Cover			\$175.00	
1	Rear Bumper Lower Cover			\$325.00	
1	Boot Lid			\$2,470.00	
1	Boot Lid Lock			\$275.00	
1	Boot Lid E220 Emblem			\$54.30	
1	Boot Lid Star Logo			\$45.00	
1	Boot Lid Bluetec emblem			\$90.00	
1	Rear Panel End			\$1,380.00	
1	Rear Panel Inner Garnish			\$240.00	
1	A/C Compressor			\$2,950.80	
1	A/c Condenser			\$1,235.80	
1	A/C Receiver			\$160.00	
1	A/C Temperature Sensor			\$141.62	
	SUB TOTAL			\$13,130.07	
	LESS 20%			\$2,626.01	
	DISCOUNTED TOTAL			\$10,504.06	
1	Reverse Sensor			\$388.00	Nett
1	Rear Bumper Rubber Mat			\$50.00	Nett
				\$438.00	
	Labour Charge				
1	Panel Beating			\$300.00	
1	Spray Painting Charge			\$300.00	
1	Remove/ refix reverse sensor			\$150.00	
1	Wiring Charge			\$100.00	
1	Tuff Kote			\$100.00	
1	Remove/refix A/C, top up gas			\$150.00	
1	Online Programming			\$900.00	
	TOTAL LABOUR			\$2,000.00	
	ESTIMATE TOTAL			\$12,942.06	
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	05/07/2019 14:54
Date Of Accident	04/07/2019 17:40
Exact Location Of Accident	PIE TWDS CHANGI ON JALAN ANAK BUKIT FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7681M
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	MERCEDES-BENZ
Model	E220
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	NGIAM CHONG TECK (YAN CHONGDE)
NRIC No	S7406904E
Date Of Birth	02/03/1974
Occupation	OUTDOOR
Date Of Driving Pass	24/11/2003
Driving Experience	15 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93271020
Fax Number	
Contact Number	
EEmail Address	BRYAN.YSB@GMAIL.COM

Address	BLK 210 CHOA CHU KANG CENTRAL #11-172
Postcode	680210
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]	BUKIT MERAH EAST N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20190704/2182

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	SMG4227X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEOW KIAN SENG
NRIC/Passport Number	S1195174J
Contact Number	86184940

Address

Postcode

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NGIAM CHONG TECK (YAN CHONGDE)

Approximate Age

45

Injuries Sustain

PAIN ON BACK, NECK AND LEFT LEG HURT. ON 4 DAYS MC.

Injured person in which vehicle?

SHA7681M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

IMPORTANT NOTICE

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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. 199303321R

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

SKETCH PLAN

PIE
twds
Changi

A: SMA 7681M
B: SMG 4227X

3 | 2 | 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached police report

T/20190704 / 2182.

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: Loke Wei Yieng
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190704/2182

1 of 4

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20190704/2182

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2019 23:42	Vide Report No.:	Station Diary No.: 189
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Informant's Particulars			
Name of Informant: NGIAM CHONG TECK		Address: APT BLK 210 CHOA CHU KANG CENTRAL #11-172 SINGAPORE 680210	
ID Type / ID No.: NRIC NO / S7406904E		Contact No.: Home/Office: Mobile: 94393588	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 02/03/1974	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/07/2019 17:40	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE towards Changi, on top of Jalan Anak Bukit Flyover				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SHA7681M	Car	MERCEDES BENZ	BLUETEC E220	White	Slightly Damaged	2
SMG4227X	Car	KIA	CRDI	Red	Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20190704/2182

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Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20190704/2182

CONTINUATION OF REPORT

Driver			
Name	NGIAM CHONG TECK	ID No.	S7406904E
Related Vehicle	SHA7681M (Car)	Contact No.	94393588
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	04/07/2019	Date Discharge	04/07/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	SEOW KIAN SENG	ID No.	S1195174J
Related Vehicle	SMG4227X (Car)	Contact No.	86184940
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/07/2019 at around 1740hrs, I was driving along PIE towards Changi (the position of the car is above Jalan Anak Bukit Flyover) when the car in front of me stopped abruptly. I then braked to stop my vehicle however the car (SMG 4227X) behind me banged onto my vehicle (SHA 7681M) very hardy. I then got down of the vehicle and spoke to the driver of SMG 4227X and we exchanged particulars with each other.

I have 2 passengers with me at that time however I am unsure if they visited the hospital. I am unsure how many passengers were in the vehicle of SMG 4227X but I am sure there are at least 1 passenger in the vehicle. No police or ambulance attended to the scene and no one was conveyed to the hospital.

Damages to my car (SHA 7681M) as follow:

1. Bottom of rear bumper dropped
2. Car boot out of shape and unable to close properly
3. Head-rest of driver seat came off
4. Air-conditioning system damaged

Damages to the other vehicle (SMG 4227X):

1. Front bumper badly damaged (car plate bent inwards)
2. Front bonnet bent in

I then visited the hospital as the back of my neck, my back and left leg hurts.

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SINGAPORE
POLICE FORCE



T/20190704/2182

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
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Tel No: 1800-2369999

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Report No. T/20190704/2182

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190704/2182

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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Report No. T/20190704/2182

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: A / Sgt 2 FION ONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/07/2019 23:42
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt STEPHANIE, CHEUNG TSZ YING Contact No.: 90020518	Classification Of Case:
Authentication Stamp NP168	