

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 205309808
Date : 09.01.19
Time of Fax: _____

Via Fax : EMAIL
Your Insured: SLS 4840 Z
Date of Acc : 06.07.19

Attn: Motor Claims Department

AG

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

85866

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	} jumanibm@cdge.com.sg Fax no. 6546 8156
♦ <u>Jumani Bin Masudin</u>	Tel: 6214 8315 or HP: 9635 5305	
♦ Lim Tien Siong	Tel: 6214 8398 or HP: 9635 8546	
♦ Chiang Liat Choon	Tel: 6214 8314 or HP: 9296 6006	
♦ Larry Ng Nyuk Phin	Tel: 6214 8315 or HP: 9230 2824	
♦ 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

for Vice President
Crash Repairs & Claims Recovery

COMFORT

Date/Time: 09.07.2019 11:18 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305309808

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

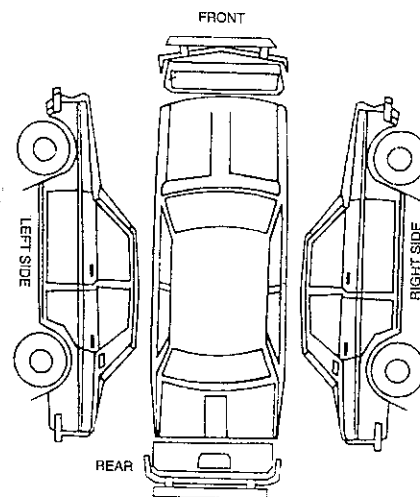
REGN NO.: SH 8586G	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 09.07.2019 09:00
YR OF MANUF 30.04.2014	TARGET DATE
CHASSIS CODE RMHLB41UMEU053707	COMPLETION DATE/TIME:

JNT CARD NO.

Accident Date: 06.07.2019
NATURE: 3P 06.07.19

JOB DESCRIPTION

3/NO LABOR CODE DESCRIPTION



D & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ement Slip

Exit Pass

SH 8586G

JU AIG

Vehicle No.: SH 8586G

vice Advisor

Signature/Date

Name of Service Advisor

Date

ed to Service Reception upon collection

To be kept by Security Guard

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305309808
REGN NO : SH 8586G
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 30.04.2014
DATE/TIME IN : 09.07.2019 09:00
ACCIDENT DATE : 06.07.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G I40VC COVER ASSY-RR BUMPE 1 553.00 20.00 442.40

0002 04-01-0103-0658-G I40VC CAP ASSY-WHEEL HUB 1 107.10 20.00 85.68

0003 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP 10 L 22.00 10.00 19.80

SUB-TOTAL : 547.88

JOB NATURE

0000 PB PANEL BEATING 500.00

0001 SP SPRAYPAINT CHARGE 600.00

0002 L REMOVE/REFIX REVERSE SENSOR 100.00

0003 20-05 RENEW BUMPER ADVERTISMENT STICKER- 50.00

SUB-TOTAL : 1,250.00

TOTAL : 1,797.88

Jumani
MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

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	09/07/2019 10:58
Date Of Accident	06/07/2019 20:30
Exact Location Of Accident	MCE (AYE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8586G
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	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	LIM CHOON QWEE
NRIC No	S1608530H
Date Of Birth	26/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	19/11/1986
Driving Experience	32 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96701349
Fax Number	
Contact Number	
EMail Address	CQ_LIM@YAHOO.COM.SG

Address	BLK 2A UPPER BOON KENG ROAD #18-696
Postcode	381002
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	SIDE SWIPE
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20190707/2032

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	SLS4840Z
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
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.

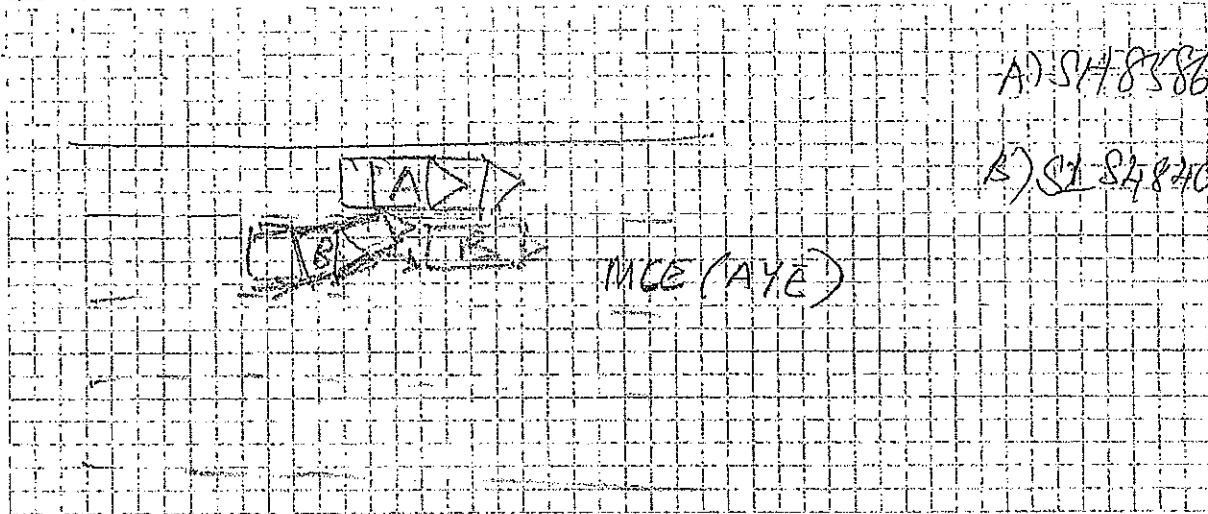
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 193303821R

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - T/20190707/2032

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199302821R

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.:

SR Man
CSC
9/7/19



**SINGAPORE
POLICE FORCE**



T/20190707/2032

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/20190707/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2019 11:14	Vide Report No.:	Station Diary No.: 72
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LIM CHOON QWEE			Address: APT BLK 2A UPPER BOON KENG ROAD #18-696 SINGAPORE 381002		
ID Type / ID No.: NRIC NO / S1608530H			Contact No.: Home/Office:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/07/2019 20:30	Type of Location: EXPRESSWAY
Location: Along Road 1 EAST COAST PARKWAY AT THE ENTRANCE OF MCE TOWARDS AYE, FROM ECP				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SH8586G	Car	HYUNDAI	i40	Blue	Slightly Damaged	0
SLS4840Z	Car	MERCEDES BENZ		Black		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190707/2032

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/20190707/2032

CONTINUATION OF REPORT

Driver			
Name	LIM CHOON QWEE	ID No.	S1608530H
Related Vehicle	SH8586G (Car)	Contact No.	96701349
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 06/07/2019 at about 8.30pm, I was driving my Comfort Delgro taxi, a blue-colored Hyundai i40 (SH8586G) along ECP, entering MCE towards AYE. It was a 3-lane road merging into a 2-lane road, and I was on the left-most lane. As my taxi was entering MCE, a black-colored Mercedes came from the right rear side of my taxi and side swiped the right rear part of my taxi. I slowed down, flashed my headlight and horned at the Mercedes. However, the Mercedes drove off without stopping. I managed to catch up with the Mercedes and overtook him. I switched on my hazard light to signal to him to stop. However, the Mercedes ignored and overtook me before driving off.

Due to the collision, there were some scratches on the right rear bumper and the right side of my taxi. I am not injured.

I have an in-car camera installed in my taxi. Based on the footage captured, the registration plate number of the Mercedes is SLS4840Z.



**SINGAPORE
POLICE FORCE**



T/20190707/2032

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

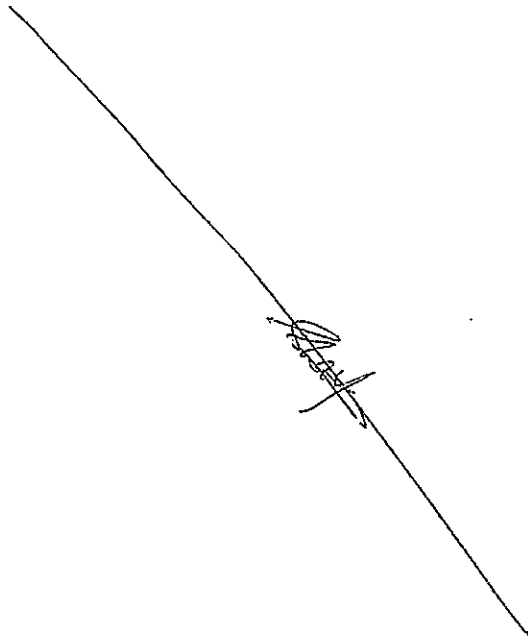
3 of 3

Report No. T/20190707/2032

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 /
Sgt 3 SHARIFAH AMIRA BINTE SYED SHEH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP /HRT /
Sr Staff Sgt TAN JEOK LENG
Contact No.: 65476144

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE

Signature Of Informant:

Date/Time:
07/07/2019 11:14

Classification Of Case: