

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref : 305351980  
Date : 28-11-19  
Time of Fax: \_\_\_\_\_

Via Fax : email  
Your Insured: SBA 8860 T  
Date of Acc : 25-11-19

Attn: Motor Claims Department

Dear Sirs

**SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH**

B4724M

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
♦ Jumanibm Masudin	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

Team: ARC Repair TP(CFSO)1

## JOB CARD

Sales Order: 3972778

JC NO.: 305351980

OWNER

IS CITYCAB PTE LTD  
OWNER NO. 7010070  
RESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65551188 (O)  
(P)

COUNT CARD NO.

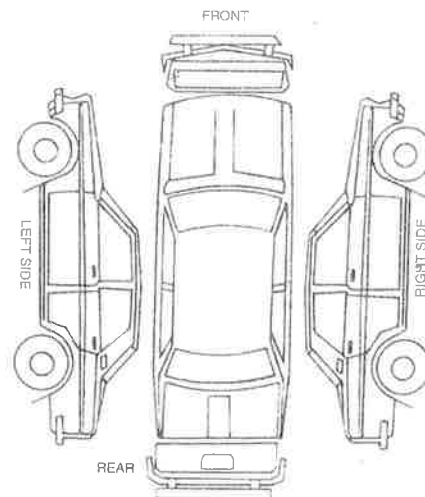
REGN NO.: SHB4724M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 25.11.2019 14:20
YR OF MANU. 11.01.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU098323	COMPLETION DATE/TIME:

## JOB DESCRIPTION

Accident Date: 25.11.2019  
NATURE: 3P 25.11.19

S/NO LABOR CODE  
000010 23-01

DESCRIPTION  
TOWING FEE



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: SHB4724M

JU AIG

Vehicle No.:

SHB4724M

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

## CITY CAB PTE LTD

**REPAIR ESTIMATE\***

VEHICLE NO : SHB 4724M

DATE 26/11/2019 14:43

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Door (RH)			\$ 2,201.10
	Front Door (RH)			\$ 2,256.40
	Rocker Panel Outer Garnish (RH)			\$ 341.40
	Rear Wheel Hup-Cap (RH)			\$ 107.10
	<b>SUB TOTAL</b>			<b>\$ 4,906.00</b>
	<b>LESS 20%</b>			<b>\$ 981.20</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 3,924.80</b>
	Rear Door Advertisement Logo (RH)			\$ 100.00 <b>Nett</b>
	Rear Door Comfortdelgro & Apps Sticker (RH)			\$ 80.00 <b>Nett</b>
	Front Door Coloured Comfort Logo (RH)			\$ 75.00 <b>Nett</b>
	Front Door Advertisement Logo (RH)			\$ 100.00 <b>Nett</b>
				<b>\$ 355.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ 560.00
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Transfer Of Door		\$ 120.00	\$ 240.00
	Rear Wheel Alignment			\$ 80.00
	<i>TOWING - 150.00</i>			<del>\$</del> 150.00
	<b>TOTAL LABOUR</b>			<b>\$ 1,580.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 5,859.80</b>
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.				

## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

### Job Requisition

Date: <u>25/11/2019</u> Time Received: <u>1610</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <u>NO KEY, HANDS ON</u> <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input checked="" type="checkbox"/> Crane-up <u>WINDCH OUT. NEXT TO CURB KEEP VEHICLE CLOSE</u>
Name of Customer: <u>MR TAN</u> Contact No.: <u>9651 6920</u> Vehicle No.: <u>SHB 4724M</u> Make/Model/Colour: <u>HYUNDAI I40</u> Email: _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: <u>OWNER CONVEYED BY AMBULANCE</u>
7. Location: <u>SUNTEC CITY TOWER 3</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Overheating <input type="checkbox"/> Brake Faulty <input checked="" type="checkbox"/> Starting Problem <input type="checkbox"/> Accident <input type="checkbox"/> Return Taxi <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Loss Power <input type="checkbox"/> Engine Stalled	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input type="checkbox"/> Sin Ming <input type="checkbox"/> Senoko <input type="checkbox"/> Others: _____ <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Pandan <input type="checkbox"/> Ubi <input type="checkbox"/> Cycle & Carriage (PD)			

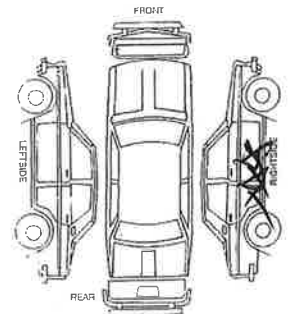
10. Odometer Reading: \_\_\_\_\_

Fuel Level: \_\_\_\_\_

F 1/4 1/2 3/4 E

11. Radio / CD Player

☐ OK  
☐ Faulty  
☒ Not tested



# : Cracked X : Dented  
/ : Scratched O : Missing

Signature of Customer

### Job Attended

12. Tow Truck / Recovery Van:	<input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS
Name of Driver:	<u>THOMAS</u>
Vehicle No.:	<u>GZB45BR</u>
Time Dispatch:	<u>1610</u>
Time of Arrival:	<u>1655</u>
Time Completed:	<u>1800</u>

### Cash Invoice Details (if applicable)

13. Cash Invoice No. \_\_\_\_\_

### Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

25/11/2019  
Date

1800  
Time

N.A.  
Signature of Customer

### 14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY

## 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	26/11/2019 13:25
Date Of Accident	25/11/2019 14:20
Exact Location Of Accident	TEMASEK BOULEVARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4724M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD (COMPANY)
Co Reg No	199502839G
Email Address	FLEETSAFTY@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-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	TAN BENG HONG
NRIC No	S1448943F
Date Of Birth	20/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	13/12/1982
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96516920
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	330 08-1442 YISHUN RING ROAD
Postcode	760330
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : FEMALE
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]	YISHUN N 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?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBQ8860T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEUNG TAK MEI HELEN
NRIC/Passport Number	S2591950E
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage LEFT FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name TAN BENG HONG

Approximate Age 59

Injuries Sustain HEAD,CHEST

Injured person in which vehicle? SHB4724M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name BABY

Approximate Age

Injuries Sustain NOT SURE

Injured person in which vehicle? SHB4724M

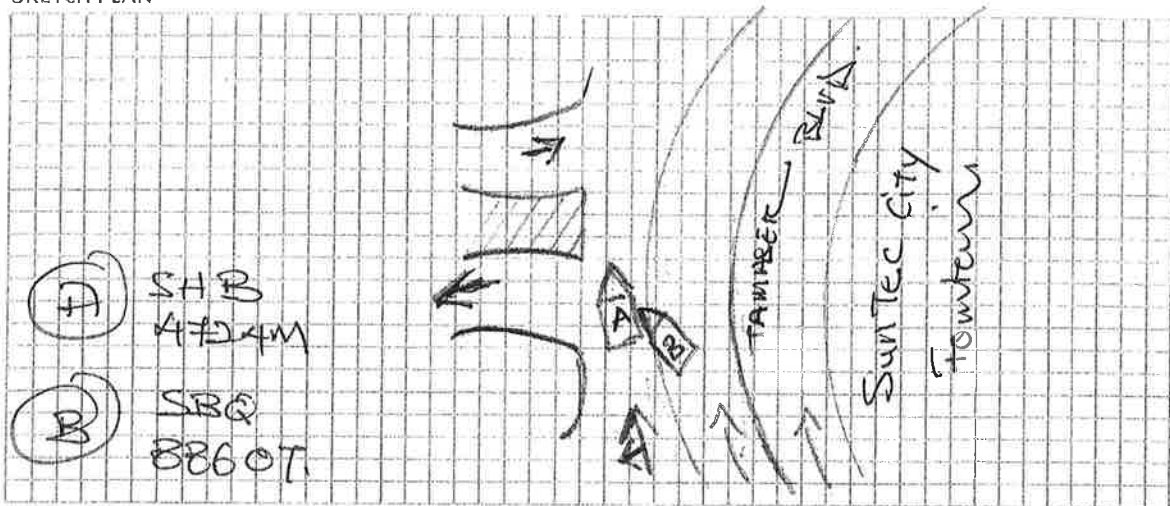
Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to PIR.

T/20191125/2245

DECLARATION

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

CITYCAB PTE LTD  
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.:





**SINGAPORE  
POLICE FORCE**

*Sumi*



T/20191125/2245

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3

Report No. T/20191125/2245

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/11/2019 23:46		Vide Report No.: A/20191125/0074		Station Diary No.: 323	
<b>Informant's Particulars</b>					
Name of Informant: TAN BENG HONG			Address: APT BLK 330 YISHUN RING ROAD #08-1442 SINGAPORE 760330		
ID Type / ID No.: NRIC NO / S1448943F			Contact No.: Home/Office: Mobile: 96516920		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 20/09/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4		Date of Expiry:

#### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/11/2019 14:20	Type of Location: Roundabout
Location: Along Road 1 TEMASEK BOULEVARD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: Yes

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBQ8860T	Car					0
SHB4724M	TAXI				Slightly Damaged	2

#### Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20191125/2245

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

2 of 3

Report No. T/20191125/2245

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHEUNG TAK MEI HELEN	ID No.	S2591950E
Related Vehicle	SBQ8860T (Car)	Contact No.	NIL
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
<b>Driver</b>			
Name	TAN BENG HONG	ID No.	S1448943F
Related Vehicle	SHB4724M (TAXI)	Contact No.	96516920
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	25/11/2019	Date Discharge	25/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On 25/11/2019 at about 1420hrs, I was driving my taxi bearing the registration number SHB4724M along Temasek Blvd as I was sending my female passenger and one-year old baby to Suntec City Tower 3. I was then negotiating the bend on the most left lane of the roundabout. As I was negotiating the bend, suddenly I felt an impact from the right side. I then realized that another vehicle bearing the registration number SBQ8860T had hit onto the right side of my vehicle. I then alighted and contacted the driver of the said vehicle. We then exchanged details and took photos of the scene. I then realized that she was travelling on the center lane and wanted to turn left into Rochor Road but she did not see my vehicle which is on the left lane. As such, the collision occurred. Due to the impact, I felt pain on my chest and also head. My passenger baby, who was seated with her mother at the rear was flung towards the front dashboard of my vehicle. Both the baby and myself was conveyed to the hospital by ambulances. I was conveyed to Raffles Hospital and the baby to KKH. I have an in car camera installed in my vehicle and the traffic police had taken it.



**SINGAPORE  
POLICE FORCE**



T/20191125/2245

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

3 of 3

Report No. T/20191125/2245

**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:

L /

Staff Sgt MOHAMMED ZUFARHAN BIN  
BOHARI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/11/2019 23:46

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NORAMEERA BINTE MOHAMED  
HUSSEIN

Contact No.: 65476236

Classification Of Case:

RM 085

Authentication Stamp

NP168

Singapore

**IMPORTANT NOTICE**

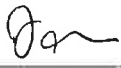
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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)**

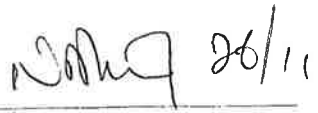
I understand, acknowledge, agree and consent that:

- (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.

CITYCAB PTE LTD  
CO. REG. NO. 1995028397

\_\_\_\_\_  
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.: