

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

## 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 : 305418591

Date : 24.08.2020

Time of Fax : \_\_\_\_\_

ALL

Via Fax : EMAIL

Your Insured : SLL9848G

Date of Acc : 21.08.2020

Attn : Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHC1291J

- 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

## COMFORT DELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO SHC1291J

24/08/20

MAKE :

### CHIANG/AIG

MODEL IONIQ G4

Qty	Parts Description/ Labour	Type	Amount
1	REAR BUMPER		\$459.40
1	REAR BUMPER CENTRE MOULDING		\$451.25
1	REAR BUMPER REINFORCEMENT		\$294.80
2	REAR REINFORCEMENT STAY LH/RH		\$138.10
1	REAR BUMPER SIDE BRACKET LH /RH		\$55.80
10	REAR BUMPER COVER CLIPS		\$2.20
1	REAR BUMPER COVER TOWING		\$98.80
1	REAR BUMPER FOG LAMP		\$201.50
1	REAR BUMPER REFLECTOR		\$31.90
	<b>SUB TOTAL</b>		<b>\$1,947.45</b>
	<b>20.00%</b>		<b>\$389.49</b>
	<b>DISCOUNTED TOTAL</b>		<b>\$1,557.96</b>
1	REAR REVERSE SENSOR		\$180.00
1	REAR NUMBER PLATE/WITH HOLDER		\$50.00
1	REAR BUMPER MAT		\$50.00
			<b>\$280.00</b>
	<b>Labour Charge</b>		
	Panel Beating		\$580.00
	Spray Painting Charge		\$420.00
	Tuff Kote		\$60.00
	Remove/refix Reverse sensor		\$60.00
	<i>Towing fee</i>		
	<b>TOTAL LABOUR</b>	<i>\$160. +</i>	<b>\$1,120.00</b>
	<b>ESTIMATE TOTAL</b>		<b>\$2,957.96</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.

## 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	24/08/2020 13:50
Date Of Accident	21/08/2020 16:40
Exact Location Of Accident	CTE TWDS CITY NEAR BRADDELL RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1291J
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#### Insured/Policyholder

Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

#### Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ

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	HOK SWEE KWAN
NRIC No	SXXXX909D
Date Of Birth	28/08/1966
Occupation	OUTDOOR
Date Of Driving Pass	15/08/1994
Driving Experience	26 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82000007
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	254 04-219 SERANGOON CENTRAL DRIVE
Postcode	550254
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	CHAIN COLLISION
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	4
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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	SERANGOON 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	SLL9848G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BAJAJ NAMDEV SINGH
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage FRT & REAR  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBA7103L  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRT & REAR  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

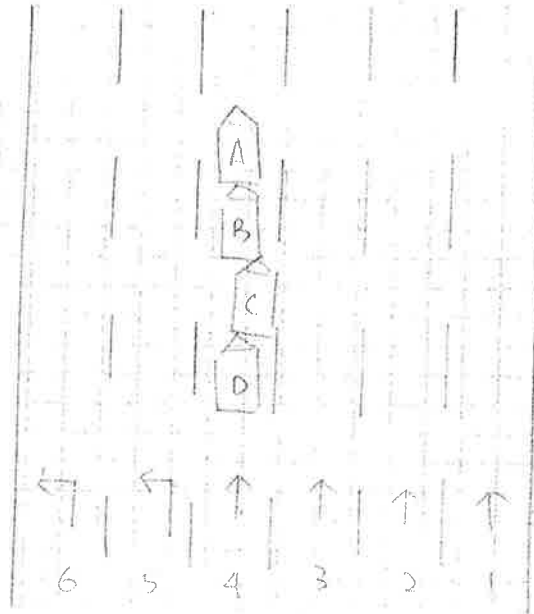
Vehicle Registration Number SJQ3356X  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRT  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name HOK SWEE KWAN  
Approximate Age 54  
Injuries Sustain NECK,BACK,RHT HEAD  
Injured person in which vehicle? SHC1291J  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

SKETCH PLAN

A: SHC 1291J.  
 B: SLL 9848G  
 C: GBA 7103L  
 D: SJQ 3356X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

T/20200822 | 2078.

DECLARATION

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

AFORT 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 Yiang  
 NRIC/Fin No.:



**SINGAPORE  
POLICE FORCE**



T/20200822/2078

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

1 of 3

Report No. T/20200822/2078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/08/2020 17:33	Vide Report No.:	Station Diary No.: 44
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**Informant's Particulars**

Name of Informant: HOK SWEE KWAN			Address: APT BLK 254 SERANGOON CENTRAL DRIVE #04-219 SINGAPORE 550254		
ID Type / ID No.: NRIC NO / S1742909D			Contact No.: Home/Office: Mobile: 82000007		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 28/08/1966	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: 21/08/2020 16:40	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
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
SHC1291J	Taxi				Slightly Damaged	1
SLL9848G	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20200822/2078

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

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Report No. T/20200822/2078

## CONTINUATION OF REPORT

Driver			
Name	HOK SWEE KWAN	ID No.	S1742909D
Related Vehicle	SHC1291J (Taxi)	Contact No.	82000007
Hospital/Clinic	Raffles Medical Clinic at Nex	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	22/08/2020	Date Discharge	22/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

I am a comfort delgro taxi driver and my vehicle registration plate number is SHC1291J.

On 21/08/2020 at around 1640hrs, I was driving my vehicle along extreme left lane of CTE toward City. My vehicle came to a stationary near to the ERP gentry near Braddell exit, as there was heavy jam along the slip road of CTE toward PIE (Changi). Out of sudden, I felt an impacted from the rear of my vehicle. I immediately alighted my vehicle and discovered that a car registration plate number SLL9878G front area collided to my vehicle rear bumper area. I took photos of the damages and exchange particular with car driver. After which, I continued my journey as my passenger still onboard my vehicle.

On 22/08/2020, I felt pain on my neck and back area. I went to Raffles Medical Clinic @ Nex for checks. I was given 3 days (22/08/2020 to 24/08/2020) Outpatient Sick Leave. I felt some numbness on my right head area. As such, the doctor had advise me to go for further check at A&E.

My vehicle has front in-car camera.





**SINGAPORE  
POLICE FORCE**



T/20200822/2078

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

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Report No. T/20200822/2078

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:

F /

Sgt 3 LOH GUO SHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/08/2020 17:33

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

SN 154

Classification Of Case:

Authentication Stamp

NP168



Signature:

Singapore Police Force

