# COMFORTDELGRO

## Sheet1

ComfortDelGro Engineering Pte Ltd 205 Braddell Road Singapore 579701

> Mainline +65 6383 6280 Facsimilie +65 6280 9755

> > www.cdge.com.sa

Company Registration No: 199506048W

Workshops

Braddell 205 Braddell Road Singapore 579701

Loyang 59 Loyang Drive Singapore 508969

Sin Mina 383 Sin Ming Drive Singapore 575717

Pandan 45 Pandan Road Singapore 609286

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: 305413774

21-09.2020 Date :

416

Via Fax:

Emai

Time of Fax :

Your Insured: SKQ 1317K

Date of Acc: 30.09. 2020

year year and

Attn: Motor Claims Dept.

**Dear Sirs** 

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO \_ SHD 3072 G

- 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 Tel no. 62148315 or Hp no. 96355305

Jumari Masudin 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







# **COMFORTDEL ENGINEERING PTE LTD**

**REPAIR ESTIMATE\*** 

**VEHICLE NO** 

SHD3072G

DATE 01/09/20 12:00 AM

MAKE MODEL :

**HYU-140** 

CHIANG /N-ATG

Qty	Parts Description/ Labour	Туре	Unit Price	Amount	
1	HEADLAMP LH			\$1,388.00	
1	FRONT BUMPER SIDE BRACKET LH			\$22.40	
1	FRT FENDER LH			\$663.00	
1	FRONT BUMPER ASSY			\$1,052.20	
1	FRT BUMPER GRILLE LH			\$93.60	
	SUB TOTAL			\$3,219.20	
	20.00%			\$643.84	
	DISCOUNTED TOTAL			\$2,575.36	
				\$-	
	Labour Charge				
	Panel Beating			\$540.00	
	Spray Painting Charge			\$450.00	
1 1	Check wiring			\$60.00	
1 1	Tuff kote			\$60.00	
	TOTAL LABOUR			\$1,110.00	
1 1					
1 1	ESTIMATE TOTAL			\$3,685.36	
1					
1 1					
	This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will				
L L	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 witholding 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.

ACC	IDENT	STAT	ΈM	<b>ENT</b>
$\sim$		וחוט		

 Date Of Report
 21/09/2020 11:34

 Date Of Accident
 20/09/2020 13:30

Exact Location Of Accident BEACH RD >> JAVA RD

Country/State of Loss SINGAPORE

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHD3072G

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 140

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

TAXI

**Insurance Company** 

Vehicle Category

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 POH SHENG JUN SEBASTIAN ZEUS

 NRIC No
 SXXXX240C

 Date Of Birth
 07/01/1980

 Occupation
 OUTDOOR

 Date Of Driving Pass
 10/12/2014

Driving Experience 5 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86888112

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 36 MARSILING DRIVE #20-407 Address

Postcode 730036

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 YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME: : -

GENDER:

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO ATTACHED

Attachment(s)

YES Are accident photos available for attachment? 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

Vehicle Make/Model/Colour

**SKQ1317K** 

**Details Of Properties** 

Vehicle Category

PRIVATE CAR HO KENG HOCK

NRIC/Passport Number

Name of Driver

Contact Number 97553352

Address

Postcode

AIG ASIA PACIFIC INSURANCE PTE. LTD. Insurance Company Name

RIGHT REAR Nature Of Damage

Page 2 of 16

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

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- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance в. Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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.
- Consent under the Personal Data Protection Act (PDPA) 3.

Lunderstand, 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 setout 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)
  - 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 mailting 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 my be sited outlisde 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, investigation, 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 ourt orders.

COMFORT TRANSPORTATION PTE LTD

CO. REG. NO. 199303821R

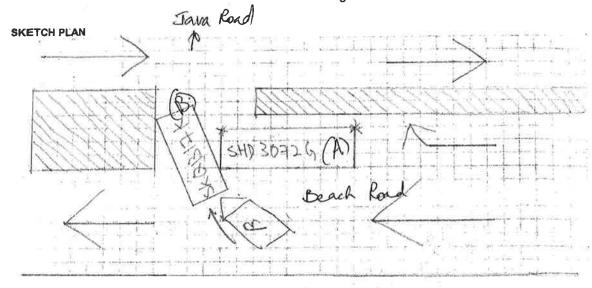
ollcyholder's Signature ate & Time:

Driver's Signature (if driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/Fin No::

Sketch Plan Pg. 2



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20th God 2020 @ about 1827 hrs. Along Reach Rd turning to Tava Rd toward wirdl Highway. SKQ1817K Dash and cut in lane to make a Sudden turn to Nicoll Highway through Sava Rd
PACTER Burger MY taxi front left Bumper, SKRBITK failed to stop on Site and continue to Drive off.  3 Slash my faxi headlight and Hook SKRBITK numberous times to Stop. I any manage to chase and Stop SKRBITK @
(a) the print of Time off accident, I that a rassenger in car
Passager (souther : 86227761

# **DECLARATION**

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

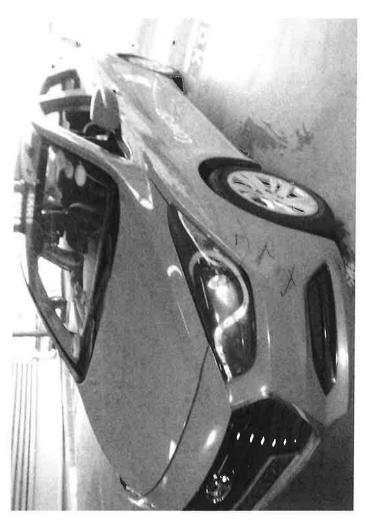
COMFORT TRANSPORTATION PTE LTO CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

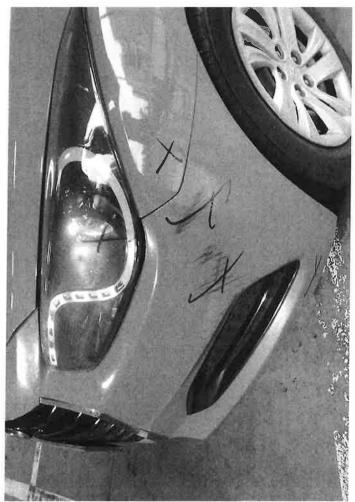
Driver's Signature (if driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/Fin No.:









# DRIVER'S COPY

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ACC	DEN	LOIM	- 17		

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If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

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Policy Number MCOM0015

Cover Note Number

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 NRIC No
 SXXXX240C

 Date Of Birth
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 Occupation
 OUTDOOR

 Date Of Driving Pass
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Driving Experience 5 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86888112

Fax Number

Contact Number

EMail Address NOEMAIL