

Our Ref : 305426445

Date : 05/10/20

Time of Fax : _____

Via Fax : Email

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

Workshop

Attn : Motor Claims Dept.

Dear Sirs

Your Insured : SJM1907R

Date of Acc : 05/10/20



11 pages

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHD7295D

Loyang
59 Loyang Drive
Singapore 508969

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

for Vice President

Crash Repairs & Claims Recovery

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 05.10.2020

Time: 17:08:50

Page: 1

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

JOB NO : 305426445
REGN NO : SHD7295D
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 06.12.2018
DATE/TIME IN : 05.10.2020 13:10
ACCIDENT DATE : 05.10.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2292-A	PRIG4 COVER FRONT BUMPER	1 L	499.90	25.00	374.92
0002	04-01-0302-2267-G	PRIVC BUMPER PIECE	10 L	22.00	25.00	16.50
0003	04-01-0302-2871-G	PRIG4 SUPPORT FRONT BUMPE	1 L	82.30	25.00	61.72
0004	04-01-0302-2834-G	PRIG4 LINER FRONT FENDER	1 L	198.50	25.00	148.87
0005	04-01-0302-2354-G	PRIG4 RETAINER FRONT FEND	2 L	33.60	25.00	25.20
0006	04-01-0302-2355-G	PRIG4 CLIP PIN HOLD	2 L	3.00	25.00	2.25
0007	04-01-0302-2062-G	PRIG4 GRILLE RADIATOR LOW	1 L	166.90	25.00	125.17
0008	04-01-0302-2815-A	PRIG4 UNIT ASSY HEADLAMP	1 L	3,455.00	25.00	2,591.25
0009	04-01-0302-4891-A	PRIG4 LAMP ASSY FOG LH	1 L	920.00	25.00	690.00

SUB-TOTAL : 4,035.88

JOB NATURE

0000 L	PANEL BEATING (repair frt fender Lh)	650.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	450.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 05.10.2020

REPAIR ESTIMATE

Time: 17:08:50

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)
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JOB NO : 305426445
REGN NO : SHD7295D
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID
DATE OF REGN : 06.12.2018
DATE/TIME IN : 05.10.2020 13:1
ACCIDENT DATE : 05.10.2020

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0002	17-01	CHECK ALL LIGHTING		50.00		
0003	20-00	TUFF COAT ON AFFECTED PARTS.		50.00		
SUB-TOTAL						: 1,200.00
TOTAL						: 5,235.88

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

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	05/10/2020 14:19
Date Of Accident	05/10/2020 07:50
Exact Location Of Accident	NORTH BUONA VISTA RD X DOVER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7295D
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
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	PE WEE KHENG
NRIC No	SXXXX684I
Date Of Birth	27/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	28/04/1981
Driving Experience	39 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97717847
Fax Number	
Contact Number	
EMail Address	PEWEEKHENG2727@YAHOO.COM

Address	BLK 428 ANG MO KIO AVENUE 3 #03-2632
Postcode	560428
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?	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	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20201005/2026

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	SJM1907R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN WEE KOK
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

RH FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	PE WEE KHENG
Approximate Age	
Injuries Sustain	BACK AND NECK
Injured person in which vehicle?	SHD7295D
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 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.
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)
 - (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, 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 court orders.

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:
NRIC/Fin No.:

Sketch Plan Pg. 2

SKETCH PLAN

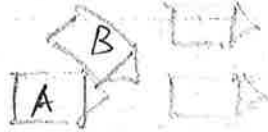
North Buona Vista Road

Dover Road

Green

A) XHD7295D

B) STM1907R



Ayer Raj's Crescent

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/10/20 at about 0750h when I Veh A moved forward when the traffic light turned green, Veh B from the left lane suddenly filtered right onto my lane and collided onto the front right portion of my vehicle.

Refer Police Report - T/2020/005/2026

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:
NRIC/Fin No.:



**SINGAPORE
POLICE FORCE**



T/20201005/2026

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20201005/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/10/2020 12:04		Vide Report No.:		Station Diary No.: 20	
Informant's Particulars					
Name of Informant: PE WEE KHENG			Address: APT BLK 428 ANG MO KIO AVENUE 3 #03-2632 SINGAPORE 560428		
ID Type / ID No.: NRIC NO / S1572684I			Contact No.: Home/Office: Mobile: 97717847		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 57	Date of Birth: 27/09/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/10/2020 07:50	Type of Location: Straight Road
Location: NORTH BUONA VISTA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SHD7295D	Car				Slightly Damaged	0
SJM1907R	Car				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/20201005/2026

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20201005/2026

CONTINUATION OF REPORT

Driver			
Name	PE WEE KHENG	ID No.	S1572684I
Related Vehicle	SHD7295D (Car)	Contact No.	97717847
Hospital/Clinic	CHERN MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/10/2020	Date Discharge	05/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 07/10/2020 at about 0753hrs, I was driving along North Buona Vista Road heading towards the MRT in my taxi bearing the plate number SHD7295D. There was no passenger on board. I was driving on the middle lane of a 5 laned road. Traffic was very heavy and thus moving very slowly. Occasionally, the traffic will come to a stop. Subsequently, the vehicle in front of me move off slowly and before I was able to accelerate, the vehicle bearing the plate SJM1907R who was initially on the 4th lane, swerved right and collided with the front left side of my taxi.

Nobody was injured at that point of time. We both exchanged particulars with each other before resuming our respective journeys. There are some scratches and my bumper was dislodged from the frame due to the collision. About a while later, I felt some pain on my back and neck thus I seek medical attention and were given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20201005/2026

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

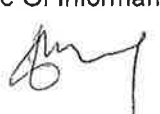
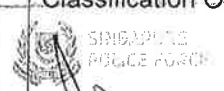
Report No. T/20201005/2026

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 MOHAMAD IZWAN BIN MOHAMAD ISHAK	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/10/2020 12:04
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: 
Authentication Stamp NP168	