

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref : 305435234  
Date : 23-11-2020  
Time of Fax: \_\_\_\_\_

Via Fax : EMAIL  
Your Insured: SML 2832K  
Date of Acc : 21-11-2020

Attn: Motor Claims Department

AIG

Dear Sirs

**SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH** A 1251K

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

member of COMFORTDELGRO

Date/Time: 25.11.2020 15:34

Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO.:305435234

FORMER

AS COMFORT TRANSPORTATION PTE LTD

FORMER NO. 7010045

RESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

OUNT CARD NO.

REGN NO.

SHA1251K

MILEAGE

MAKE :

TOYOTA

FUEL

E.....1/2.....F

MODEL

PRIUS HYBRID(G4)23.11.2020 11:20

DATE/TIME IN

YR OF MANU.

05.07.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU803561141

COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 21.11.2020

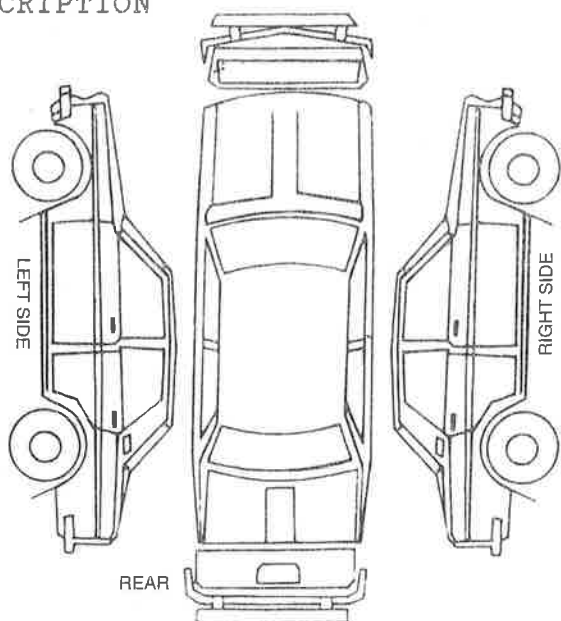
NATURE: 3P 21.11.2020

3/NO

LABOR CODE

DESCRIPTION

FRONT



REAR

WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHA1251K

JU AIG

Vehicle No.:

SHA1251K

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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 : 305435234  
 REGN NO : SHA1251K  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 05.07.2017  
 DATE/TIME IN : 23.11.2020 11:20  
 ACCIDENT DATE : 21.11.2020

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0302-2282-G	PRIG4 COVER REAR BUMPER%	1	458.60	25.00	343.95
0002 04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0003 04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A	1	318.80	25.00	239.10
0004 04-01-0302-2286-G	PRIG4 COVER REAR BUMPER-T	1	82.70	25.00	62.02
0005 09-01-0302-2005-A	PRIG4 REVERSE SENSOR ASSY	1 N	135.70	2.50-	135.70
0006 04-01-0302-1150-A	PRIG4 BUMPER PROTECTOR MA	1 N	50.00	0.25	50.00
0007 04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50
0008 04-01-0302-2965-G	PRIG4 FILLER-REAR BUMPER	1	148.40	25.00	111.30

SUB-TOTAL : 1,373.02

## JOB NATURE

0000 PB	PANEL BEATING	400.00
0001 SP	SPRAYPAINT CHARGE	300.00
0002 L	REMOVE/REFIX REVERSE SENSOR	80.00

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

JOB NO : 305435234  
REGN NO : SHA1251K  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID  
DATE OF REGN : 05.07.2017  
DATE/TIME IN : 23.11.2020 11:2  
ACCIDENT DATE : 21.11.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 780.00

TOTAL : 2,153.02

\_\_\_\_\_  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE :

AUTHORISED : 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	23/11/2020 15:13
Date Of Accident	21/11/2020 19:30
Exact Location Of Accident	CLEMENTI ROAD AVE 2 SLIP ROAD TO AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1251K
<b>Insured/Policyholder</b>	
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	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	TOH YEW CHOON
NRIC No	SXXXX955B
Date Of Birth	24/04/1953
Occupation	OUTDOOR
Date Of Driving Pass	15/05/1972
Driving Experience	48 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91286088
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 175 BISHAN STREET 13 #07-153
Postcode	570175
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### 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?	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)

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	SML2832K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	93897929
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

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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

A SHA 1251K

B SML 2832K

AYE

Slip Rd  
from  
Clementi Ave 2

Clementi Road Ave 2  
Slip Road to AYE

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/11/2020 @ about 1930 hrs. i was travelling along Clementi Ave 2 turn to Slip Road towards AYE expressway with no passenger. While along the Slip road i stop at the junction. checking my right in coming vehicle before i move out. At that time vehicle B (SML 2832 K) from behind could not stop in time and collided into my rear portion. No one was injured at that time of accident.

## 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.