ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969

Our Ref

Date

Time of Fax:

Via Fax

Date of Acc

Attn: Motor Claims Department

Dear Sirs

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

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:

- 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 Jumani Bin Masudin

Tel: 6214 8316 or HP: 9824 0811 Tel: 6214 8315 or HP: 9635 5305 Lim Tien Siong Tel: 6214 8398 or HP: 9635 8546

 Chiang Liat Choon Larry Ng Nyuk Phin Tel: 6214 8314 or HP: 9296 6006 Tel: 6214 8315 or HP: 9230 2824 Fax no. 6546 8156

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

# **Lim Tien Siong**

for Vice President Crash Repairs & Claims Recovery

# COMFORTDELGRO ENGINEERING PTE LTD

**REPAIR ESTIMATE** 

Date: 21.12.2020 Time: 14:44:45

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 **REGN NO** MILEAGE : 305440215 SH 8407R 000000000

MAKE

**TOYOTA** 

MODEL

PRIUS HYBRID(G4)

DATE OF REGN

20.09.2017

DATE/TIME IN

21.12.2020 10:35

ACCIDENT DATE : 18.12.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL:

0.00

JOB NATURE

0000 PB

PANEL BEATING-Rear Fender RH.

700.00

0001 SP

SPRAYPAINT-Rear Bumper etc

500.00

SUB-TOTAL : 1,200.00

AUTHORISED: YES/NO

TOTAL : 1,200.00

MVA NAME & SIGNATURE

DATE:

**SURVEYOR NAME & SIGNATURE** 

DATE:

SC1I20CL000K / COMFORTDELGRO ENGINEERING PTE LTD [508969] ENTRY DATE & TIME: 21/12/2020 13:51 (SGT) SUBMITTED BY: Huang Xiao Yan VERSION: 1 (21/12/2020 13:51 (SGT))

# **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
- 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.

Vehicle Registration Number

- 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 Submission 21/12/2020 13:51 (SGT) Date of Accident 18/12/2020 11:00 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE (CHANGI) AFTER TAMPINES AVE 2 Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

SH8407R

INSURED/POLICYHOLDER Is company? Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 1XXXXX821R

Email Address fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-65508768 Alternative Phone No (Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Prius Variant

Exact purpose for which vehicle was being used at time of accident Private hire

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party

Vehicle Category

#### INSURANCE COMPANY

Name of Insurance Company First Capital Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number D-18088936MFSH Cover Note Number

#### DRIVER

Name of Driver SOH CHENG HAI ANDREW NRIC No SXXXX368F

Date Of Driving Pass	17/11/1987
Driving experience	33 YEARS AND 1 MONTH
Gender	Male
Mobile Numbér	(Phone) +65-81001038
Alt. Phone Number	·
Email Address	CHSOH_ANDREW@YAHOO.COM.SG
Address	BLK 57 CHOA CHU KANG LOOP
Address complement	#10-47
Postcode	689685
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	
Vehicle Registration Number of Other Vehicle Owned by Driver	No
vehicle Registration Number of Other Vehicle Owned by Driver	2
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Cida Curina
• • • • • • • • • • • • • • • • • • • •	Side Swipe
	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	110
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s)	4
soliciting/offering accident claims assistance?	No
	NO
PASSENGER 1	
Name	
Gender	Male
	<u></u> -
PASSENGER 2	
Name	2
Gender	- Male
defider	Wale
PASSENGER 3	
Nama	
Name	#5
Gender	Female
DETAILS OF BOLIOF ACTION	
DETAILS OF POLICE ACTION	
Was the assidant reported to the police?	N
Was the accident reported to the police?	No
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
Was there any audio recorded?	No

Vehicle Registration Number	SLB7132D
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	1.e.
Vehiclě Colour	. <del></del>
Vehicle Category	Private car
Name of Driver	3 <b>.</b>
Contact Number	
Address	? <b>=</b> ?
Address complement	: <b>-</b>
Postcode	
Insurance Company Name	AIG
Nature Of Damage	NOT SURE
Details of property damaged in accident	LEFT FRT
No. Of Passenger (Including Driver)	·

# **IMPORTANT NOTICE**

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- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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 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 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 my be sited outisde 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:
  - 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

Policyholder's Signature Date & Time: Driver's Signature

(if driver is not the policyholder)

Date & Time:

21.12.2020

Reporting Centre Personnel's Signature

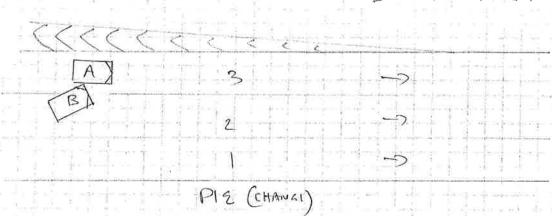
Name:

NRIC/Fin No.:

Larry Ng

1

**SKETCH PLAN** 



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

<u>)</u> n	n 18.12.2020, at abomford taxi, 5H8407 R	sat 11	00 hr, 7	· WI	dring my
0	omfort taxi, SH84076	<u>,</u> m	Come 3	along	PIZ tavirts
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# **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:

21.12.2020

Reporting Centre Personnel's Signature Name:

NRIC/Fin No.:

Larry Ng

1125