

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref : 305449767 Via Fax : EMISIL  
Date : 22-1-21 Your Insured : S&E 9007  
Time of Fax : \_\_\_\_\_ Date of Acc : 21-1-21

Attn: Motor Claims Department ALG

Dear Sirs

**SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH** 03748R

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 8355 or HP: 9824 0811  
◆ Jumani Bin 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

} **jumanibm@cdge.com.sg**  
**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

For Vice President  
Taxi Accident Repair

**Workshops**

Team: ARC Repair TP(CLS0)1

### JOB CARD

Sales Order:

JC NO.: 305449767

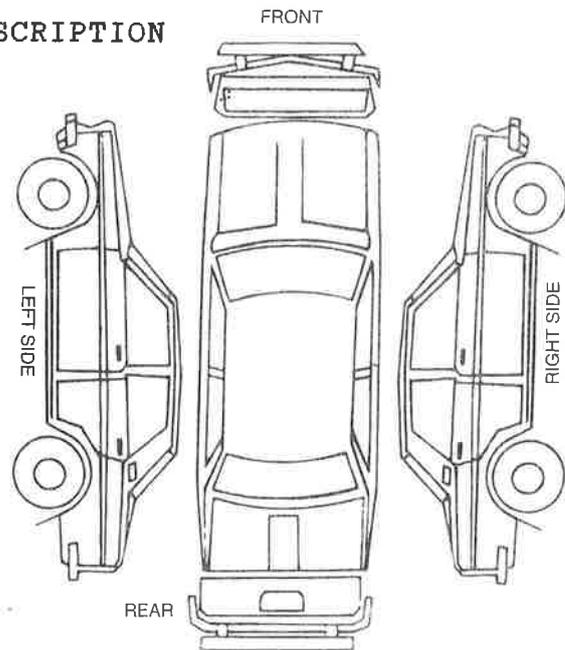
OWNER  COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO:	SHD3748R	MILEAGE
	MAKE:	TOYOTA	FUEL
	MODEL	PRIUS HYBRID(G4)22	DATE/TIME IN
	YR OF MANU.	30.08.2017	TARGET DATE
	CHASSIS CODE	JTDKB3FU403563789	COMPLETION DATE/TIME:
	QUANTITY CARD NO.		

JOB DESCRIPTION

Accident Date: 21.01.2021

NATURE: 3P 21.01.2021

S/NO                      LABOR CODE                      DESCRIPTION



REMOVED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
SERVICE ADVISOR

\_\_\_\_\_  
CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

No.: SHD3748R

JU AIG

Vehicle No.:

SHD3748R

Signature of Service Advisor

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Name of Service Advisor

\_\_\_\_\_  
Date

Returned 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 : 305449767  
 REGN NO : SHD3748R  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 30.08.2017  
 DATE/TIME IN : 22.01.2021 10:40  
 ACCIDENT DATE : 21.01.2021

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0302-2282-G	COVER REAR BUMPER%	1	458.60	25.00	343.95
0002	04-01-0302-2287-G	GUARD-REAR BUMPER CENTER	1	552.60	25.00	414.45
0003	04-01-0302-2288-G	REINFORCEMENT SUB-ASSY RE	1	318.80	25.00	239.10
0004	04-01-0302-2267-G	BUMPER PIECE	10	22.00	25.00	16.50
0005	04-01-0302-2286-G	COVER REAR BUMPER-TOW HOO	1	82.70	25.00	62.02

SUB-TOTAL : 1,076.02

## JOB NATURE

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

SUB-TOTAL : 780.00

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

JOB NO : 305449767  
REGN NO : SHD3748R  
MILEAGE : 000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRII  
DATE OF REGN : 30.08.2017  
DATE/TIME IN : 22.01.2021 10:4  
ACCIDENT DATE : 21.01.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,856.02

\_\_\_\_\_  
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 Submission	22/01/2021 14:12 (SGT)
Date of Accident	21/01/2021 18:25 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TWDS CITY AFTER ANG MO KIO 1 EXIT 11
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD3748R

### INSURED/POLICYHOLDER

Is company?	Yes
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	Taxi

### INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

### DRIVER

Name of Driver	CHIA KWOK CHUEN
NRIC No	SXXXX234E
Date Of Birth	25/02/1950
Occupation	Outdoor

Date Of Driving Pass	27/03/1987
Driving experience	33 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97656863
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 306 SERANGOON AVENUE 2
Address complement	#12-68
Postcode	550306
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### 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 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?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	-
Gender	Male

#### DETAILS OF POLICE ACTION

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGE900T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN HANICK
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG
Nature Of Damage	SLIGHT
Details of property damaged in accident	FRT
No. Of Passenger (Including Driver)	-

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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)**

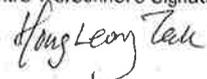
I understand, acknowledge, agree and consent that:

- (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  
 CC. REG. NO. 19C303321R

\_\_\_\_\_  
 Policyholder's Signature  
 Date & Time:

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

 22/01/2024  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/Fin No.: 

SKETCH PLAN

A SHD3748R

B SGE900T



CTE Towards Town  
After Ang Mo Kio Exit 11

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 21/01/2021 @ about 1825 hrs., i was travelling along CTE expressway towards city with passenger onboard. At that time it was raining heavy and heavy traffic all vehicle moving very slow. I was at the extreme left lane as my front vehicle stop, so i followed behind slowly stop. B vehicle SGE900T behind my vehicle at that time could not stop in time and collided onto my rear portion. We got came out exchange particulars and take scene photo. 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:

22/01/2021

Reporting Centre Personnel's Signature  
Name:  
NRIC/Fin No.: *John Leong Teck*

