

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 805452235

Date : 05.02.21

Time of Fax : _____

Via Fax : EMAIL

Your Insured : SMC 2036P

Date of Acc : 03.02.21

Attn: Motor Claims Department

AIG

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH A 2399L

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
♦ <u>Chiang Liat Choon</u>	<u>Tel: 6214 8314 or HP: 9296 6006</u>

} **chianglc@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

REPAIR ESTIMATE*

VEHICLE NO SHA2399L

DATE 05/02/21 12:00 AM

MAKE :

MODEL PRIUS G4

CHIANG/AIG

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRT BUMPER SIDE BRACKET /LH		\$82.30	\$82.30
1	FRT BUMPER COVER			\$499.90
1	FRT BUMPER REINFORCEMENT			\$696.40
1	FRTBUMPER CENTRE GRILLE			\$301.90
1	FRT BUMPER LOWER GRILLE			\$166.90
1	FRT BUMPER TOW COVER			\$28.38
1	FRT GRILLE EMBLEM			\$88.00
1	FRT FENDER LH			\$945.30
1	FRT BUMPER EMBLEM			\$86.50
1	FRT FENDER SHIELD LH			\$198.50
1	FRT RUNNING DAYLIGHT LH			\$920.00
1	HEADLAMP SUPPORT PANEL LH			\$240.10
1	HEAD LAMP LH			\$3,455.00
1	FRT BUMPER SIDE RETAINER /LH		\$77.00	\$77.00
	SUB TOTAL			\$7,786.18
	LESS 25%			\$1,946.54
	DISCOUNTED TOTAL			\$5,839.63
	Labour Charge			
	Panel Beating			\$700.00
	Spray Painting Charge			\$600.00
	Check Wiring			\$60.00
	Towing fee			\$60.00
	tuff coat			\$60.00
	TOTAL LABOUR			\$1,480.00
	ESTIMATE TOTAL			\$7,319.63
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.				



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	04/02/2021 17:37 (SGT)
Date of Accident	03/02/2021 21:40 (SGT)
Exact Location of Accident	Marine Parade Rd, Singapore
Additional Location Information	MARINE PARADE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2399L
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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	CHAN CHOON CHUAN
NRIC No	SXXXX159A
Date Of Birth	11/08/1966
Occupation	Outdoor



Date Of Driving Pass	21/08/1987
Driving experience	33 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97353735
Alt. Phone Number	
Email Address	fleetsafety@cdgtaxi.com.sg
Address	413 #06-911
Address complement	
Postcode	560413
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Cross Junction
Weather Conditions	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007818999
Alt. Police Station Phone No	(Fax) +65-67838603
Police Station Address	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given?	No
If yes, against whom?	

CIRCUMSTANCES OF ACCIDENT

see attach

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	SMC2036P
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	WANG KIM LIAN
Contact Number	(Phone) +65-93863379

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHAN CHOON CHUAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

As per attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report (2)

T1 2021 02 04 1205

DECLARATION

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

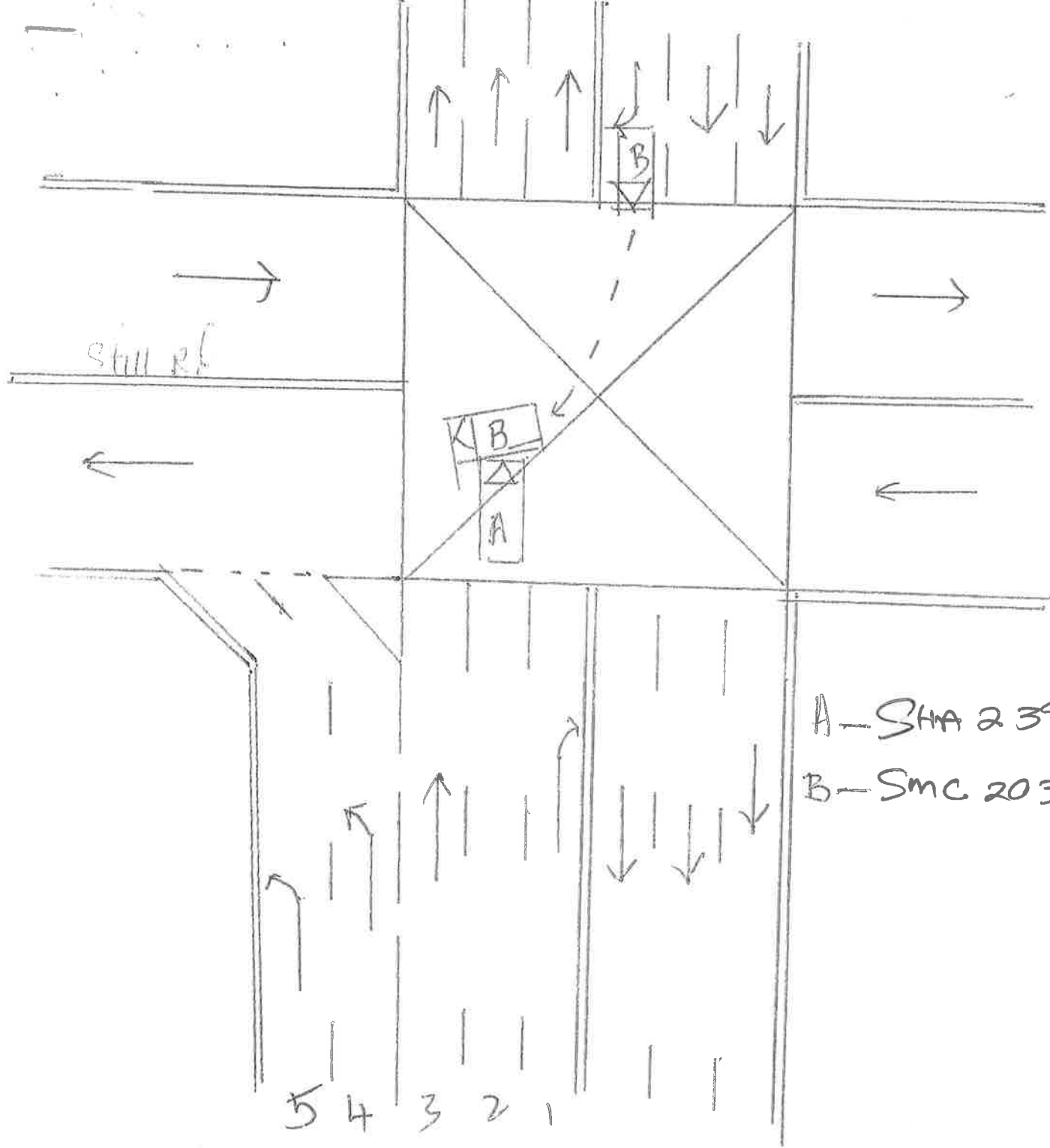
OMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Olivia Wendy
NRIC/Fin No.:

04 FEB 2021



Machine particle Rd

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. 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. 199301821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Olivia Wendy
NRIC/Fin No. 64 FEB 2021



SINGAPORE POLICE FORCE



T/20210204/2065

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

1 of 3

Report No. T/20210204/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2021 15:37		Vide Report No.:		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: CHAN CHOON CHUAN			Address: APT BLK 413 ANG MO KIO AVENUE 10 #06-911 SINGAPORE 560413		
ID Type / ID No.: NRIC NO / S1735159A			Contact No.: Home/Office: Mobile: 97353735		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 11/08/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/02/2021 21:40	Type of Location: X-Junction
Location: MARINE PARADE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2399L	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	Slightly Damaged	0
SMC2036P	Car	MAZDA	MAZDA3 HATCHBAC K 1.5 AT DELUXE EU6	Silver	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210204/2065

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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Report No. T/20210204/2065

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN CHOON CHUAN	ID No.	S1735159A
Related Vehicle	SHA2399L (Car)	Contact No.	97353735
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/02/2021	Date Discharge	04/02/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	WANG KIM LIAN	ID No.	S8686268I
Related Vehicle	SMC2036P (Car)	Contact No.	93863379
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVEMENTIONED DATE TIME AND LOCATION, I WAS DRIVING MY TAXI SHA2399L, ALONG MARINE PARADE ROAD GOING TOWARDS PARKWAY PARADE. AS I WAS APPROACHING THE CROSS JUNCTION OF STILL ROAD, THE TRAFFIC LIGHT WAS GREEN AND I DROVE CONSISTENTLY. SUDDENLY A SILVER IN COLOUR CAR, FROM THE OPPOSITE DIRECTION TURN RIGHT AND DROVE INTO MY WAY AND HAD CAUSED ME TO HIT ON HER LEFT SIDE OF THE VEHICLE. I COULD NOT BRAKE IN TIME. WE BOTH GOT OUT OF OUR VEHICLE AND ENSURE NOONE WAS SERIOUSLY INJURED. WE EXCHANGED PARTICULARS AND LEFT THE ACCIDENT SCENE. NOONE WAS CONVEYED BY AMBULANCE AND NO GOVERNMENT PROPERTY WAS DAMAGED.



**SINGAPORE
POLICE FORCE**



T/20210204/2065

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20210204/2065

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 MUHAMMAD FARHAN BIN MAZLAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

04/02/2021 15:37

Classification Of Case:

