

# COMFORTDELGRO ENGINEERING

**ComfortDelGro Engineering Pte Ltd**  
59 Loyang Drive Singapore 508969

Our Ref : 305467304 Via Fax : Email  
Date : 05 05 21 Your Insured : EH 1118L  
Time of Fax : \_\_\_\_\_ Date of Acc : 04 05 21

Attn: Motor Claims Department

Atg Asia

Dear Sirs

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

7012C

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
♦ <b>Lim Tien Siong</b>	<b>Tel: 6214 8398 or HP: 9635 8546</b>
♦ Chiang Liat Choon	Tel: 6214 8314 or HP: 9296 6006

} **limts@cde.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

Lim Tien Siong

For Vice President  
Taxi Accident Repair

## Effective Date: 1 Nov 2020

DATE: **5-May-21**

INSURANCE: **AIG ASIA**

MODEL: **Toyota Prius**

MVA: **LIM T S**

VEHICLE NO.: **SH 7012C**

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## 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	05/05/2021 11:31 (SGT)
Date of Accident	04/05/2021 17:37 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7012C
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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) +65-87745949
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
Transmission	Auto
CC	1798

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver	KELVIN LIONG KIN CHUNG
NRIC No	SXXXX417C



Date Of Birth	09/12/1973
Occupation	Outdoor
Date Of Driving Pass	01/05/2002
Driving experience	19 YEARS
Gender	Male
Mobile Number	(Phone) +65-87745949
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 329 CLEMENTI AVENUE 2 #10-242
Address complement	-
Postcode	120329
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 - Change/cross lane
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?	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	UNKNOWN
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

ON 04/05/2021 AT ABOUT 1737 HRS, I WAS DRIVING MY VEHICLE A SH7012C ALONG UPPER SERANGOON ROAD WITH ONE MALE PASSENGER. I WAS AT MIDDLE LANE, SUDDENLY VEHICLE B EH1118L FROM LEFT LANE SQUEEZED INTO MY LANE AND HIT ONTO MY VEHICLE FRONT LEFT. UNABLE TO EXCHANGE PARTICULARS. NO INJURY.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EH1118L
Vehicle Manufacturer	Kia
Vehicle Model	-



Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 be 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' law firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:  
(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 making 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/postal 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' law firms/law firms, may be 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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

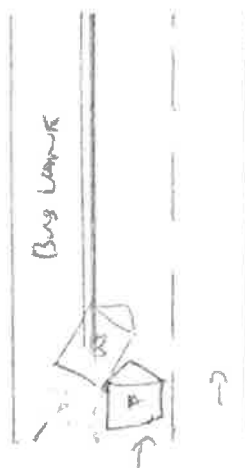
Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time

04/05/21 / 1840 Hrs

Witnessed by Reporting Centre Personnel

Booneng



A SIF 7012 C  
B EH 1118 L

Describe Circumstances of the Accident

ON 04/05/2014 AT APPROX 1737 HRS, I WAS DRIVING VEHICLE  
 SH7012C ALONG UPPER SANDHURST ROAD WITH ONE PASSENGER. I  
 WAS IN MIDDLE LANE, Suddenly VEHICLE B RAN INTO FROM  
 LEFT LANE SQUEEZE INTO MY LANE AND HIT INTO MY VEHICLE  
 FRONT LEFT. UNABLE TO EXCHANGE PARTICULARS. NO INJ.

Declaration

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

Policyholder's Signature + Date & Time

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

04/05/2014 / 18:40 HRS

Witnessed by Reporting Centre Personnel

Parsons