

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref : 305470113 Via Fax : \_\_\_\_\_  
Date : 24.05.21 Your Insured : SGT 838L  
Time of Fax : Email Date of Acc : 22-05-2021

Attn: Motor Claims Department

AlG

Dear Sirs

**SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH** C 1629U

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:

◆ <b>Ms. Loke Wei Yieng (yy)</b>	<b>Tel: 62148355 or HP: 86285336</b>
◆ Juman 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

**lokewy@sparkcarcare.com**  
**Fax no. 65468156**

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

## COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHC1629U

DOA:22.05.2021

Date: 24.05.2021

Make : Toyota

Insurance: AIG

Model : Prius (G4A)

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	PANEL SUB ASSY FRT DOOR RH			\$1,264.00
1	FRT DOOR OUTER HANDLE RH			\$378.90
1	PANEL SUB ASSY RR DOOR RH			\$1,258.30
1	RR DOOR HINGE UPPER			\$82.30
1	RR DOOR HINGE LOWER			\$82.30
1	RR DOOR CHECK			\$155.70
1	RR DOOR RUBBER SEAL OUTER RH			\$176.60
1	MIRROR ASSY OUTER VIEW MIRROR RH			\$1,728.70
1	ROKER PANEL OUTER RH			\$576.00
1	REAR FENDER RH			\$836.70
	<b>SUB TOTAL</b>			\$6,539.50
	<b>LESS 25%</b>			\$1,634.88
	<b>DISCOUNTED TOTAL</b>			<b>\$4,904.63</b>
1	FRT DOOR COMFORT LOGO			\$75.00
1	RR DOOR COMFORT & APP STICKER			\$80.00
				<b>\$155.00</b>
	<b>Labour Charge</b>			
	PANEL BEATING			\$800.00
	SPRAY PAINTING CHARGE			\$1,000.00
	WIRING CHARGE			\$50.00
	TRANSFER OF FRT & RR DOOR			\$240.00
	TUFF KOTE			\$50.00
	<b>TOTAL LABOUR</b>			<b>\$2,140.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$7,199.63</b>

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	24/05/2021 09:12 (SGT)
Date of Accident	22/05/2021 <del>04:55</del> (SGT) 0955h
Exact Location of Accident	Kallang Rd, Singapore
Additional Location Information	LAVENDER ST
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC1629U

#### 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) +65-96468191
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	SHIOK KIM SENG
NRIC No	SXXXX585Z



Date Of Birth	13/09/1960
Occupation	Outdoor
Date Of Driving Pass	22/11/1990
Driving experience	30 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96468191
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 63 SIMS PLACE #05-215
Address complement	-
Postcode	380063
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	MAGANDRAN
Gender	Male

#### PASSENGER 2

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 22/5/21 @ 0955 HRS. I WAS DRIVING MY VEHICLE A-SHC1629U ALONG KALLANG RD TOWARDS LAVENDER ST STRAIGHT ON MY 3RD LANE. BEFORE JUNCTION ON RIGHT TO PADANG JERINGAU THIS VEHICLE B-SGT838L SUDDENLY SWITCH LANE FROM 2ND TO 3RD AND HIT ON MY DRIVER AND PASSENGER.I DOOR SID. ONLY NECK AND SHOULDER PAIN.

#### 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	SGT838L
Vehicle Manufacturer	Jaguar
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NEO CHEE SENG
NRIC No	SXXXX579E
Contact Number	(Phone) +65-97634179
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	SHIOK KIM SENG
Address	BLK 63 SIMS PLACE#05-215
Address Complement	-
Post Code	380063
Approximate Age Years Old	-
Injuries Sustained	NECK AND SHOULDER PAIN
Injured person in which vehicle?	SHC1629U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



## SKETCH PLAN

### IMPORTANT NOTICE

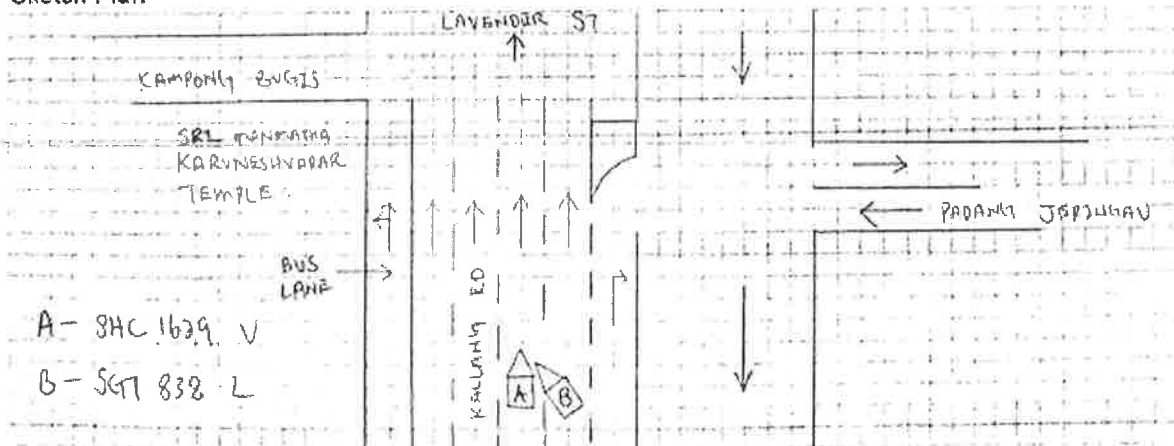
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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) 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 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

ON 22/05/21 @ 0955 HRS I WAS DRIVING MY VEHICLE  
A - SHC 1629 U ALONG KALLANG RD TOWARDS LAVENDER ST STOPPING  
ON MY 3RD LANE. BEFORE JUNCTION ON RIGHT TO PADANG JERINGAU  
THIS VEHICLE B - SGT 838 L SUDDENLY SWITCH LANE FROM 2ND TO  
3RD AND HIT ON MY DRIVER AND PASSENGER SIDE DOOR.  
ONLY NECK AND SHOULDER PAIN.

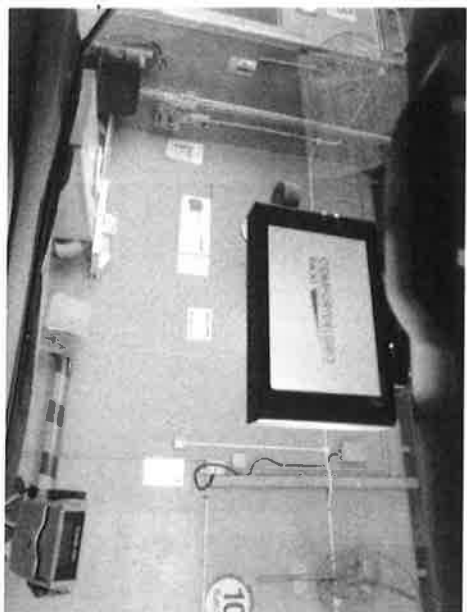
### Declaration

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 22/05/21 123214ES

Witnessed by Reporting Centre  
Personnel SAYKANI.







Date/Time: 24.05.2021 12:33

Page : 1

Team: ARC Repair TP(CLS0)1

**JOB CARD**

Sales Order: 4082669

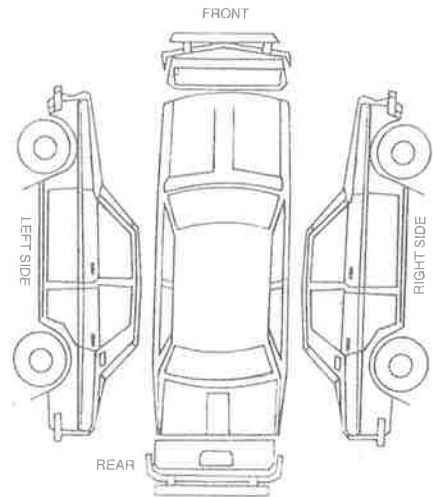
JC NO.:305470113

CUSTOMER  MR/MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL. (R) 65508755 (O) (P)  DISCOUNT CARD NO.	REGN NO.: SHC1629U	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....
	MODEL PRIUS HYBRID(G4)22	DATE/TIME IN 05.2021 11:20
	YR OF MANU. 23.08.2017	TARGET DATE
	CHASSIS CODE JTDKB3FU303563752	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 22.05.2021  
NATURE: 3P 22.05.2021

S/NO                      LABOR CODE                      DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

re:

No.: SHC1629U YY AIG  
cle No.:

Vehicle No.: SHC1629U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard