

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305478531 Via Fax : _____
Date : 15.07.21 Your Insured : 8LZ 9292K
Time of Fax : Email Date of Acc : 14.07.21

Attn: Motor Claims Department AIG

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH 81020.

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:

◆ **Ms. Loke Wei Yieng (yy)** Tel: 62148355 or HP: 86285336
◆ Juman Bin Masudin Tel: 6214 8315 or HP: 9635 5305
◆ Lim Tien Siang Tel: 6214 8398 or HP: 9635 8546
◆ Chiang Liat Choon Tel: 6214 8314 or HP: 9296 6006

lokewy@sparkcarcare.co

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. : SH 8102U

Date: 15/07/2021

Make : Toyota

Insurance: AIG

Model : Prius (G4A)

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER			\$499.90
10	REAR BUMPER CLIPS			\$22.00
1	REAR BUMPER LOWER COVER			\$552.60
1	REAR BUMPER TOWING COVER			\$82.70
1	REAR BUMPER REINFORCEMENT			\$318.80
	SUB TOTAL			\$1,476.00
	LESS 25%			\$369.00
	DISCOUNTED TOTAL			\$1,107.00
	REAR BUMPER ADVERTISEMENT LOGO			\$50.00
1	REAR BUMPER REVERSE SENSOR			\$135.70
1	REAR BUMPER RUBBER MAT			\$50.00
				\$50.00
	Labour Charge			
	PANEL BEATING			\$400.00
	SPRAY PAINTING CHARGE			\$300.00
	REMOVE/REFIX REVERSE SENSOR			\$60.00
	TOTAL LABOUR			\$760.00
	ESTIMATE TOTAL			\$1,917.00

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	15/07/2021 14:49 (SGT)
Date of Accident	14/07/2021 18:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	EUNOS FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8102U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-96169161
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	GOH BENG TECK
NRIC No	SXXXX457B

Date Of Birth	18/11/1967
Occupation	Outdoor
Date Of Driving Pass	15/04/1988
Driving experience	33 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96169161
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 272 PASIR RIS STREET 21 #01-484
Address complement	-
Postcode	510272
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 - Head to Rear
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 vehicle 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	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changkat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007819999
Alt. Police Station Phone No	(Fax) +65-67832722
Police Station Address	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210714/2133

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	SLZ9292K
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Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	CHARLES
Contact Number	(Phone) +65-96341950
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH BENG TECK
Address	APT BLK 272 PASIR RIS STREET 21 #01-484
Address Complement	-
Post Code	510272
Approximate Age Years Old	53
Injuries Sustained	GIVEN 7 DAYS MC
Injured person in which vehicle?	SH8102U
Were seat belts worn?	Yes
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 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) of :

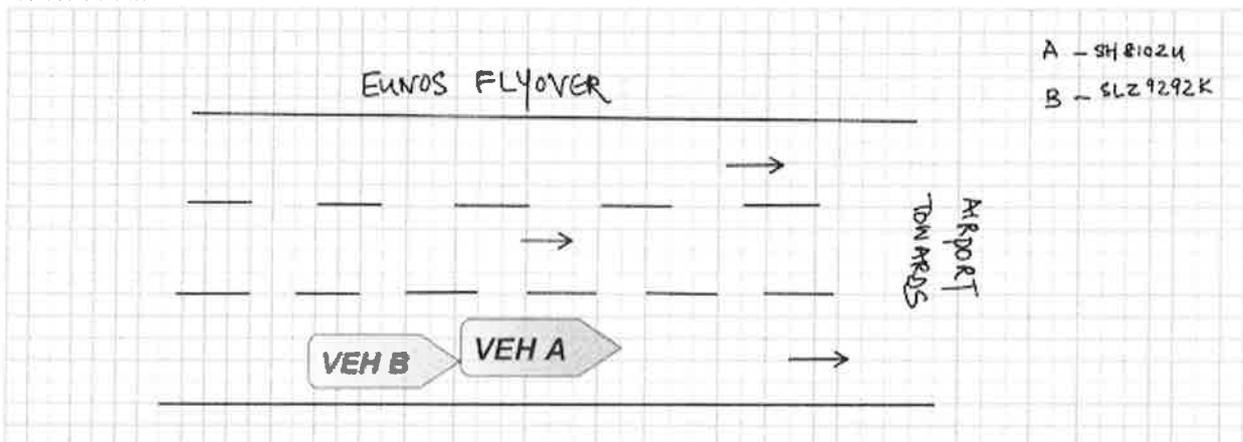
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

<p>Policyholder's Signature / Date & Time</p>	<p style="text-align: center;"></p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time 15.07.2021 1000HRS</p>	<p style="text-align: center;"></p> <p>Witnessed by Reporting Centre Personnel <i>Kyng Young</i></p>
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Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20210714/2133

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 15.07.2021 1005 HRS



Witnessed by Reporting Centre
Personnel Ryan Young



**SINGAPORE
POLICE FORCE**



T/20210714/2133

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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Report No. T/20210714/2133

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2021 20:51	Vide Report No.:	Station Diary No.: 20
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Informant's Particulars			
Name of Informant: GOH BENG TECK		Address: APT BLK 272 PASIR RIS STREET 21 #01-484 SINGAPORE 510272	
ID Type / ID No.: NRIC NO / S1801457B		Contact No.: Home/Office: Mobile: 96169161	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 53	Date of Birth: 18/11/1967	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/07/2021 18:45	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH8102U	Car					1
SLZ9292K	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

CONTINUATION OF REPORT

Driver			
Name	GOH BENG TECK	ID No.	S1801457B
Related Vehicle	SH8102U (Car)	Contact No.	96169161
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/07/2021	Date Discharge	14/07/2021
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

On 14/07/2021 at about 1845hrs, I was driving along PIE (Changi) on Eunos Flyover in my taxi (SH 8102U) with a passenger. As the vehicle in front of mine slowed down and came to a stop, I also came to a stop. In a short while when my vehicle was stationary, I felt an impact coming from the rear of my taxi. I then got out to make a check and discovered that another vehicle (SLZ 9292K) had collided onto my taxi.

The other driver gave me his name as Charles and contact no. as 96341950. After that we left the scene and I continued to send my passenger to the destination although I felt unwell, I proceeded to seek medical treatment at Sunshine Clinic Family Practice & Surgery after dropping the passenger off. I was given 7 days of MC dated from 14/07/2021 to 20/07/2021. No police nor ambulance was contacted or attended to the accident.



**SINGAPORE
POLICE FORCE**



T/20210714/2133

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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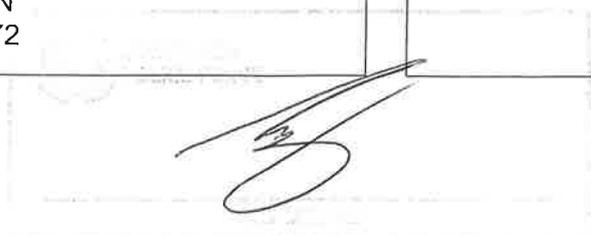
Report No. T/20210714/2133

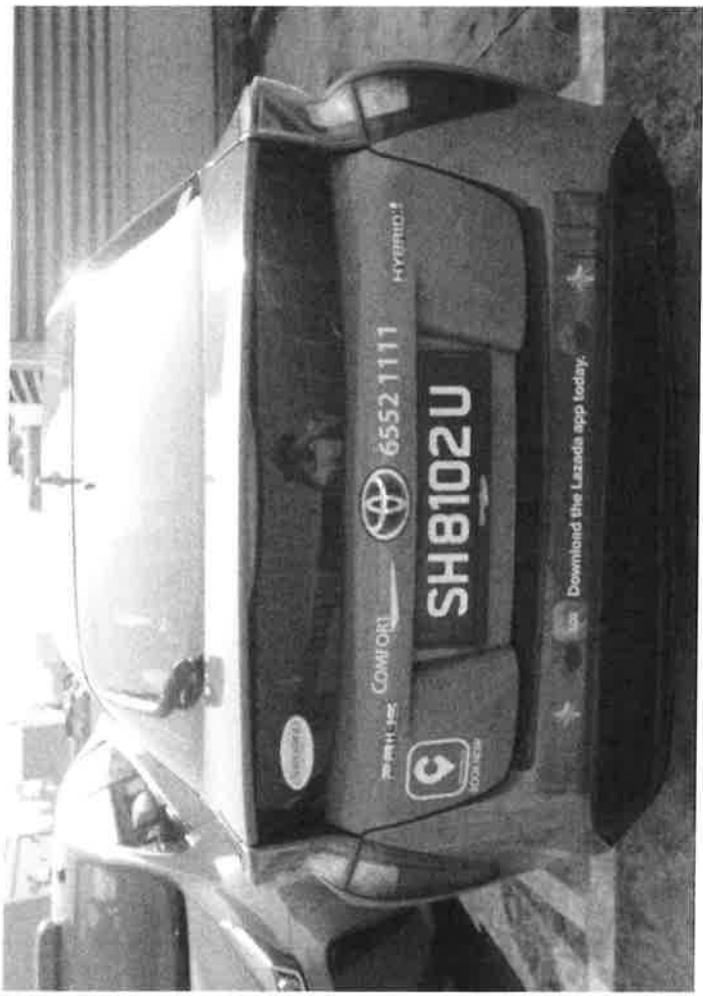
CONTINUATION OF REPORT

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 LIM TING RUI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/07/2021 20:51
Officer In Charge Of Case: TP / AEIT / Insp BOON YEN KIAN Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168 	



SLZ9292K 1417 188



Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 4098908 JC NO.: 305478531

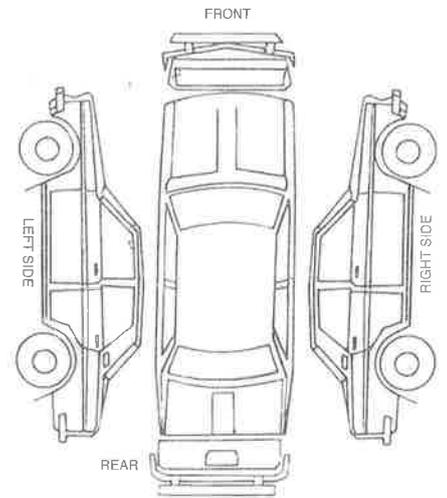
OWNER
AS COMFORT TRANSPORTATION PTE LTD
OWNER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)
IDENTIFICATION CARD NO.

REGN NO.: SH 8102U	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 14.07.2021 21:45
YR OF MANU. 29.06.2017	TARGET DATE
CHASSIS CODE JTDKB3FU903560502	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 14.07.2021
NATURE: 3P 14.07.2021

S/NO LABOR CODE DESCRIPTION



KEYED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

Job No.: SH 8102U YY

Vehicle No.: SH 8102U

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard