

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305479332 Via Fax : Email
Date : 22 07 21 Your Insured : GBC48734
Time of Fax : _____ Date of Acc : 200721

Attn: Motor Claims Department

Great American

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

D33805

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
◆ 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

} **limts@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

Lim Tien Siong

For Vice President
Taxi Accident Repair

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

DATE: 22.07.2021

3P INSURANCE: Grear American

MODEL: HYUNDAI I40

SURVEYOR: NA

VEH NO.: SHD3380S

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	LIST PRICE	REMARKS
	Bootlid	1		\$2,609.80
	Bootlid Hinge (LH/RH)	2	\$142.30	284.60
	Bootlid Lock Upper	1		\$114.90
	Bootlid Lock Lower	1		\$31.70
	Bootlid Hyundai Plate	1		\$21.10
	Bootlid 'H' Emblem	1		\$28.70
	Bootlid CRDI Plate	1		\$27.90
	Bootlid I40 Emblem	1		\$27.90
	Bootlid Lamp (LH/RH)	2	\$622.20	\$1,244.40
	Bootlid Moulding	1		\$85.00
	Bootlid Lower Outer Garnish	1		\$227.90
	Rear Bumper	1		\$1,106.00
	Rear Bumper Reinforcement	1		\$428.40
	Rear Bumper Clip (10 pcs)	10	\$2.20	\$22.00
	Rear Bumper Side Bracket RH/LH	2	\$35.60	\$71.20
	Rear Bumper Sponge	1		\$119.50
	Rear Bumper Under Cover	1		\$228.00
	Tail Lamp (LH/RH)	2	\$697.80	\$1,395.60
	Exhaust Muffler RH	1		\$967.70
	Exhaust Pipe Centre	1		\$730.10
	SPARE PARTS SUB TOTAL			\$9,772.40
	LESS 20%			\$1,954.48
	DISCOUNTED SPARE PARTS TOTAL			\$7,817.92
	Bootlid ComfortDelGro	1		\$30.00
	Bootlid 65521111	1		\$30.00
	Reverse Sensor	1		\$135.70
	Rear Bumper Mat	1		\$50.00
	NETT TOTAL			\$245.70
	SPARE PARTS TOTAL			\$8,063.62
	Panel Beating			\$900.00
	Spray Painting Charge			\$900.00
	Wiring Charge			\$40.00
	Tuff Kote			\$60.00
	Remove/Refix Reverse Sensor			\$120.00
	Remove/Refix Exhaust Pipe			\$120.00
	LABOUR TOTAL			\$2,140.00
	ESTIMATE TOTAL			\$10,203.62

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	21/07/2021 18:05 (SGT)
Date of Accident	20/07/2021 09:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3380S
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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) +65-98383576
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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	1685

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	ANG LAM PENG
NRIC No	SXXXX774E

Date Of Birth	18/08/1975
Occupation	Outdoor
Date Of Driving Pass	01/07/1996
Driving experience	25 YEARS
Gender	Male
Mobile Number	(Phone) +65-98383576
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 436B FERNVALE ROAD #16-174
Address complement	-
Postcode	792436
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT
T/ 20210720/7006

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	GBC4873G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-91543577
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ANG LAM PENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SHD3380S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	MR HIDAYAT
Phone	(Phone) +65-96588000
Email	-

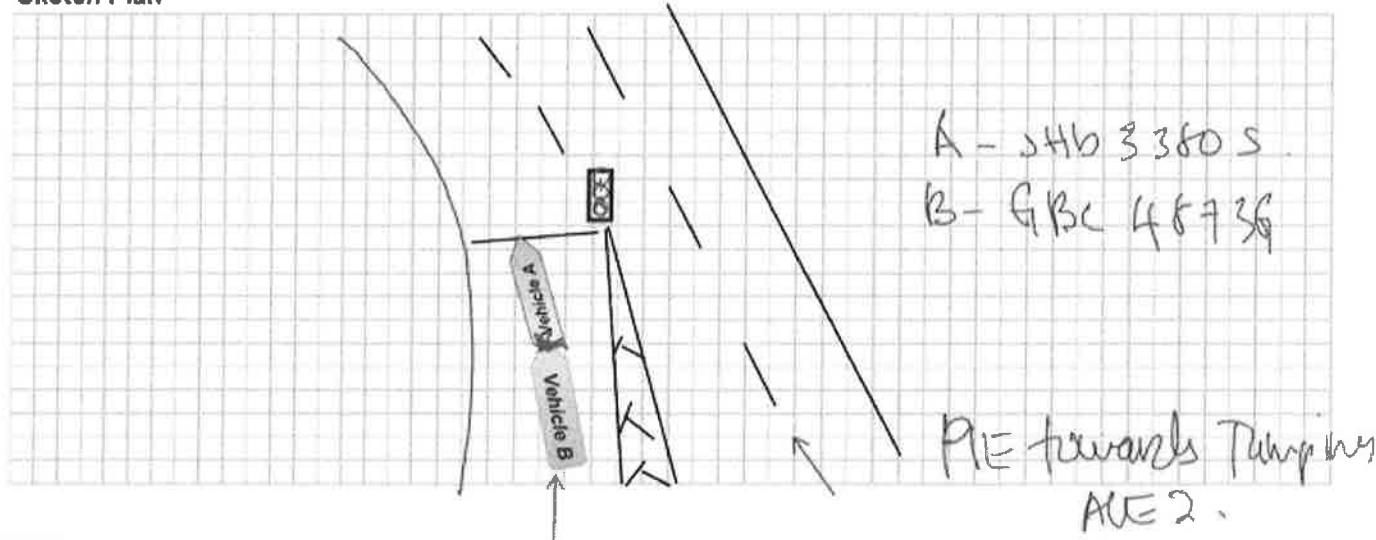
SKETCH PLANIMPORTANT NOTICE

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.

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

**PLEASE REFER TO POLICE REPORT
T/ 20210720/7006**

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

Witnessed by Reporting Centre
Personnel

Anglanyen S

20/7/2021 - 1250H

Khawmanij

Khawmanij



SINGAPORE POLICE FORCE



T/20210720/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210720/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2021 13:12		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ANG LAM PENG			Address: 436B FERNVALE ROAD #16-174 SINGAPORE 792436		
ID Type / ID No.: NRIC NO / S7524774E			Contact No.: Home/Office: Mobile: 98383576		
Nationality: SINGAPORE CITIZEN			Email: fernvalebanana@gmail.com		
Sex: Male	Age: 45	Date of Birth: 18/08/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/07/2021 09:30	Type of Location: Bend
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC4873G	Lorry	NISSAN	Cabstar		Slightly Damaged	0
SHD3380S	Car	HYUNDAI	i40	Blue	Slightly Damaged	3



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAM KOK HUANG	ID No.	G7391521Q
Related Vehicle	GBC4873G (Lorry)	Contact No.	91543577
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	ANG LAM PENG	ID No.	S7524774E
Related Vehicle	SHD3380S (Car)	Contact No.	98383576
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	20/07/2021	Date	20/07/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was travelling on PIE CHANGI and exited into Tampines Ave 2, stationary before the traffic lights when a lorry collided into me from the rear. Traffic police and ambulance attended to the scene and advised us to exchange particulars. I sought medical attention at the nearest clinic and was given three days of medical leave. I was advised to lodge an accident report with the case reference number : G/20210720/0092.

I am making an amendment to my report T/20210720/7006 as I have input the wrong number of passengers, it should be three instead of one, of which two were conveyed to Changi General Hospital for treatment.

I am making an amendment to my report T20210720/7008 as I have incorrectly filled in the number of passengers on the lorry. It should be 0 passengers instead of 3.



**SINGAPORE
POLICE FORCE**



T/20210720/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210720/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
THABAGESH JEYATHESH
Contact No.: 65476178

Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
20/07/2021 13:12

Classification Of Case: