

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305093948 Via Fax : Email
Date : 01/12/17 (Fri) Your Insured: SKT 5548T
Time of Fax: _____ Date of Acc : 01/12/17

Attn: Motor Claims Department

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

C 480L

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 8316 or HP: 9824 0811	} Fax no. 6546 8156
♦ Jumani 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	
♦ Larry Ng Nyuk Phin	Tel: 6214 8315 or HP: 9230 2824	
♦ Fauzy Bin Mokhtar	Tel: 6214 8319 or HP: 8125 9176	

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
Crash Repairs & Claims Recovery

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

FWD-48um

Date: 01.12.2017

Time: 12:26:57

Page: 1

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COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305093948
 REGN NO : SHC 480L
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 31.10.2013
 DATE/TIME IN : 01.12.2017 09:10
 ACCIDENT DATE : 01.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0578-G	BUMPER FRT	1	562.30	20.00	449.84
0002	04-01-0103-0737-G	BUMPER GRILLE FRT LH	1	40.30	20.00	32.24
0003	04-01-0103-0574-G	FENDER FRT LH	1	619.00	20.00	495.20
0004	04-01-0103-0572-G	BONNET	1	1,151.80	20.00	921.44
0005	04-01-0103-0781-A	HEADLAMP LH	1	1,388.00	20.00	1,110.40
0006	04-01-0103-0657-G	FENDER SHIELD FRT LH	1	169.80	20.00	135.84
0007	04-01-0103-0658-G	WHEEL CAP FRT LH	1	150.70	20.00	120.56
0008	04-01-0103-0600-G	WING MIRROR LH	1	980.50	20.00	784.40

SUB-TOTAL : 4,049.92

JOB NATURE

0000	L	PANEL BEATING	860.00
0001	23-502	SPRAYPAINT ON AFFECTED AREA	700.00
0002	17-01	CHECK ALL LIGHTING	40.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 01.12.2017

REPAIR ESTIMATE

FWD - 4SUM

Time: 12:26:57

Page: 2/2

TS


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CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
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JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0003 20-00	TUFF COAT ON AFFECTED PARTS.	60.00				
0004 L	WHEEL ALIGNMENT	120.00				

SUB-TOTAL : 1,780.00

TOTAL : 5,829.92


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

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 ability.
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 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 as said.

ACCIDENT STATEMENT

Date Of Report	01/12/2017 10:21
Date Of Accident	01/12/2017 07:50
Exact Location Of Accident	TPE > ECP/AIRPORT B4 UPP CHANGI RD NORTH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC480L
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-15072702MFSH
Cover Note Number	

Driver

Name of Driver	AMIDAH BTE MOHAMED NOOR
NRIC No	S6828075C
Date Of Birth	03/08/1968
Occupation	OUTDOOR
Date Of Driving Pass	03/11/1987
Driving Experience	30 YEARS AND 0 MONTHS
Gender	♂ MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	MIMISTYLO@GMAIL.COM

Address	357 TAMPINES STREET 33#09-610
Postcode	S520357
Was driver an employee of the Insured's Company	NO
If NO, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS SEE ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT5548T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SAM YUIN LOONG PAUL
NRIC/Passport Number	S1820752D
Contact Number	98317083
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RHT FRT DOOR
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

IMPORTANT NOTICE


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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 lodgment 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:

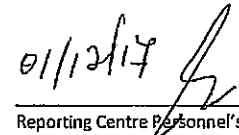
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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, investigating, 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.

CITYCAB PTE LTD
CO. REG. NO. 1995028200

Policyholder's Signature
Date & Time:



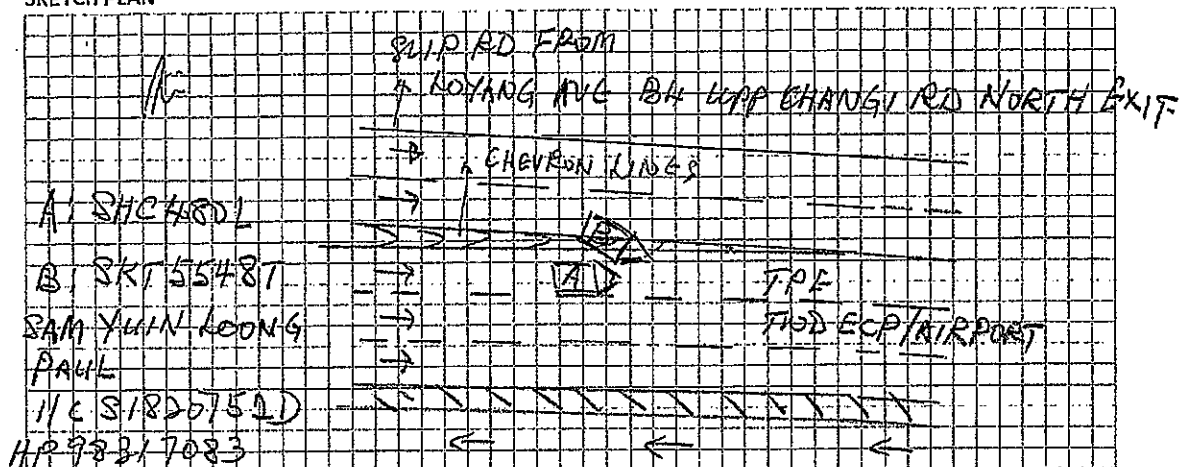
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502P777

Policyholder's Signature
Date & Time:

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

Reporting Centre/Personnel's Signature
Name:
NRIC/FIN No.:

Describe Circumstances of the Accident

On 01 Dec 2017 at about 07:50 hrs I was driving straight on Lane 3 along TPE leading towards the direction of ECP/Airport.

Somewhere near the 1 km mark suddenly a car SKT5548T coming from my left from the slip road from Loyang Ave cut across the Chevron Lines encroached into my lane. As it was too sudden I have not time to react except to hit the brakes.

In the process the left hand side front of my taxi hit the right hand side front of the car. The impact of the collision caused the steering system of my taxi to be affected as well.

No passenger on board my taxi. No injury at the point of the accident.

Enclosed is a video footage and scene photos to support my claims.

Declaration

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

CITYCAB PTE LTD
REG. NO. 199502839G

Policyholder's Signature/Date &
Time

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

01/12/17 

Witnessed by Reporting
Centre Personnel