

# COMFORTDELGRO ENGINEERING

Our Ref: 305174079

Date: 12.06.2018

Time of Fax: 0925h

AXA

Via Fax: email

Your Insured: SK2 5176L

Date of Acc: 11.06.2018

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

Workshop

Attn: Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHB3532G

Loyang  
59 Loyang Drive  
Singapore 508969

- 1 The client has engaged us to repair the vehicle and submit claims against the other party/parties involved in the accident.
- 2 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.
- 3 Enclosed, please find :
  - I) Our initial estimate of repairs of the damaged vehicle.
  - II) Accident report made by our client.
- 4 I would appreciate it if you could call us to arrange for the survey of the vehicle

Lim Kwok Eng, Tel no. 62148355 or Hp no. 98240811  
Jumani Bin Masudin Tel no. 62148315 or Hp no. 96355305  
Lim Tien Siong Tel no. 62148398 or Hp no. 96358546  
Chiang Liat Choon Tel no. 62148314 or Hp no. 92966006  
Fauzy Bin Mokhtar Tel no: 62148319 or Hp no : 81259176  
→ Larry Ng Tel: 6214 8316

- 5 If we do not hear from you within the next 48 hours, we shall deem it 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.
- 6 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.
- 7 Thank you.

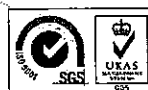
Yours faithfully

L. N Larry Ng

for Vice President  
Crash Repairs & Claims Recovery

A member of

COMFORTDELGRO



## CITY CAB PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHB 3532G

DATE 11/6/2018 15:00

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Bonnet			\$ 1,526.00	
	Front Bumper Cover			\$ 562.30	
	Front Bumper Sponge			\$ 142.20	
	Front Bumper Grille (LH)			\$ 40.30	
	Headlamp Support Panel Assy			\$ 1,067.50	
	Headlamp (LH)			\$ 1,388.00	
	Front Fender (LH)			\$ 619.00	
	Front Fender Shield (LH)			\$ 169.80	
	Air Cleaner Assy			\$ 188.00	
	Air Cleaner Bottom Assy			\$ 325.00	
	Front Door Mirror (LH)			\$ 980.50	
	Front Wheel Rim (LH)			\$ 351.90	
	Front Wheel Hub Cap (LH)			\$ 150.70	
	Front Wheel Bearing			\$ 258.50	
	Front Suspension Lower Arm (LH)			\$ 715.10	
	Knuckle Arm (LH)			\$ 582.95	
	<b>SUB TOTAL</b>			<b>\$ 9,067.75</b>	
	<b>LESS 20%</b>			<b>\$ 1,813.55</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 7,254.20</b>	
	Front Fender Advertisement Logo (LH)			\$ 100.00	Nett
	Front Door Comfort Logo (LH)			\$ 75.00	Nett
	Front Door Advertisement Logo (LH)			\$ 100.00	Nett
	Front Tyre (LH)			\$ 216.00	Nett
				<b>\$ 491.00</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ 1,500.00	
	Spray Painting Charge			\$ 1,000.00	
	Wiring Charge			\$ 50.00	
	Tuff Kote			\$ 100.00	
	Towing Charge			\$ 60.00	
	Remove/Refix Undercarriage (FRT)			\$ 400.00	
	FRT Wheel Alignment			\$ 120.00	
	Remove/Refix Aircon & Refill Gas			\$ 150.00	
	<b>TOTAL LABOUR</b>			<b>\$ 3,380.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 11,125.20</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 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 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 Report	11/06/2018 16:06
Date Of Accident	11/06/2018 11:45
Exact Location Of Accident	BUKIT BATOK STREER 31 TWDS BUKIT BATOK WEST AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3532G
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
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### 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
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### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH

Cover Note Number

### Driver

Name of Driver	ZHOU WEI XIONG
NRIC No	S1705488J
Date Of Birth	24/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	26/09/1991
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97658489
Fax Number	
Contact Number	
EMail Address	ZHOU.EDDIE123@GMAIL.COM

Address	BLK 273A BISHAN STREET 24 #12-100
Postcode	571273
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	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : MALE

#### 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 REFER TO ATTACHED / Type Of Accident: HEAD TO SIDE

#### 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	SKE5176L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YIP SOW CHIN (YE XIUZHEN )
NRIC/Passport Number	S7250228J

Contact Number	98719674
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	WHOLE RIGHT SIDE
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	ZHOU WEI XIONG
Approximate Age	53
Injuries Sustain	NECK AND BACK PAIN.
Injured person in which vehicle?	SHB3532G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**IMPORTANT NOTICE**

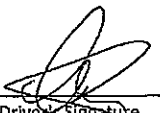
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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate 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 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)

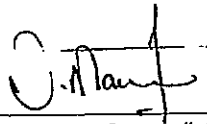
I understand, acknowledge, agree and consent that:

- (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.

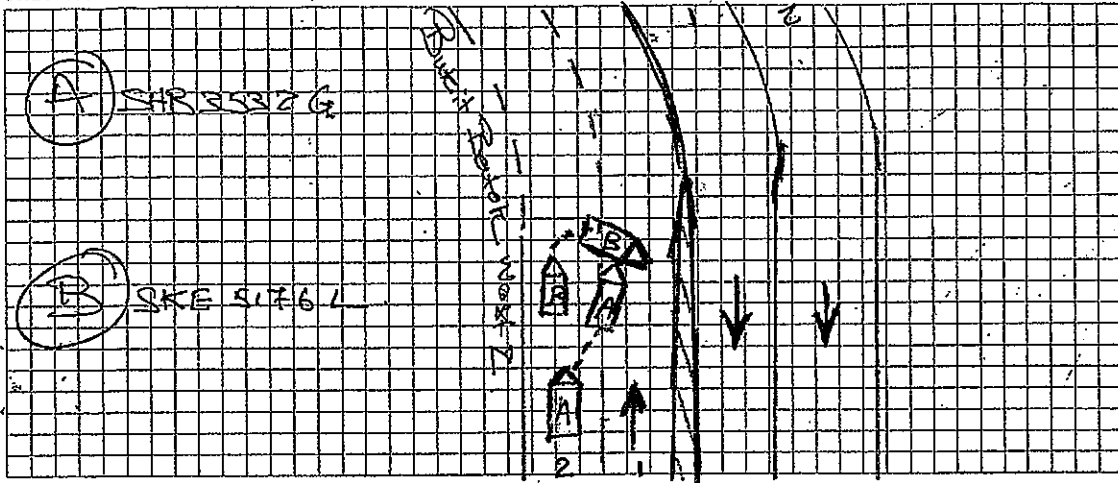
CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time:

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

 11/6.  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 11 June 2018 @ 11:45 hrs I VEH A

was driving along a two way traffic. I VEH A

was on lane 2 driving straight towards Butch Babok

Central. along the way I VEH A notice VEH B

slow down inform of me at distance we both

was on lane 2. I went VEH B. slowdown like

going to stop. I VEH A slowly move to lane

1 and go straight suddenly VEH B make

a right turn ('u' turn) I VEH A cannot

stop in time and hit VEH B the whole right side

at the point of accident VEH A Perry 3 passengers.

DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

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.: