

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

AXA INS

Our Ref : 305219660

Date : 0110.18

Time of Fax: _____

Via Fax : Email

Your Insured: SIW 3896Y

Date of Acc: 29.09.18

Attn: Motor Claims Department
Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SHC 938J

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 |
| • Larry Ng Nyuk Phin | Tel: 6214 8315 or HP: 9230 2824 |
| • Lim Tien Siong | Tel: 6214 8398 or HP: 9635 8546 |
| • Chiang Liat Choon | Tel: 6214 8314 or HP: _____ |
| • Jumani Bin Masudin | Tel: 6214 8315 or HP: 9635 5305 |
| • Fauzy Bin Mokhtar | Tel: 6214 8319 or HP: 8125 9176 |

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

Chiang Liat Choon

for Vice President
Crash Repairs & Claims Recovery

REPAIR ESTIMATE*

DATE 1/10/2018 11:26

MODEL : MERCEDES BENZ VIANO (REAR)

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|--|--|------|------------|--------------------|
| | Rear Bumper | | | \$ 1,372.00 |
| | Bumper L/H Side, RR | | | \$ 473.60 |
| | Bumper R/H Side, RR | | | \$ 473.60 |
| | Tail Gate Assy | | | \$ 3,951.98 |
| | Tail Gate Mercedes Star Logo | | | \$ 45.46 |
| | Tail Gate "2.2" Logo | | | \$ 78.00 |
| | Tail Gate "CDI " Logo | | | \$ 78.00 |
| | Tail Gate Via No Logo | | | \$ 78.00 |
| | SUB TOTAL | | | \$ 6,550.64 |
| | LESS 20% | | | \$ 1,310.13 |
| | DISCOUNTED TOTAL | | | \$ 5,240.51 |
| | Reverse Sensor | | | \$ 288.00 |
| | Tail Gate "MAXICAB" Logo | | | \$ 30.00 |
| | | | | \$ 318.00 |
| | Labour Charge | | | |
| | Panel Beating | | | \$ 440.00 |
| | Spray Painting Charge | | | \$ 440.00 |
| | Wiring Charge | | | \$ 30.00 |
| | Tuff Kote | | | \$ 50.00 |
| | Remove/Refix Cushion & Upholstery Rear | | | \$ 150.00 |
| | Remove/Refix Rear Windscreen Glass (sealant) | | | \$ 150.00 |
| | Remove/Refix Reverse Sensor | | | \$ 120.00 |
| | TOTAL LABOUR | | | \$ 1,380.00 |
| | ESTIMATE TOTAL | | | \$ 6,938.51 |
| 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 | 01/10/2018 07:27 |
| Date Of Accident | 29/09/2018 10:15 |
| Exact Location Of Accident | CLEMENCEAU AVE TOWARDS RIVER VALLER RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHC938J |
| 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 | MERCEDES-BENZ |
| Model | VIANO |

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 | 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 | OSMAN BIN RAZAK |
| NRIC No | S0096441G |
| Date Of Birth | 01/12/1954 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 16/06/1982 |
| Driving Experience | 36 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96622645 |
| Fax Number | |
| Contact Number | |
| Email Address | OSMANBRAZAK@GMAIL.COM |

Address 279A 11-523 SENGKANG AVENUE
Postcode 541279
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 TO REAR
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? NO
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) 6

Passenger 1
NAME: : -
GENDER: : MALE
Passenger 2
NAME: : -
GENDER: : FEMALE
Passenger 3
NAME: : -
GENDER: : MALE
Passenger 4
NAME: : -
GENDER: : FEMALE
Passenger 5
NAME: : -
GENDER: : FEMALE

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

SEE ATTACH.

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 SJW3896Y

Vehicle Make/Model/Colour,

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

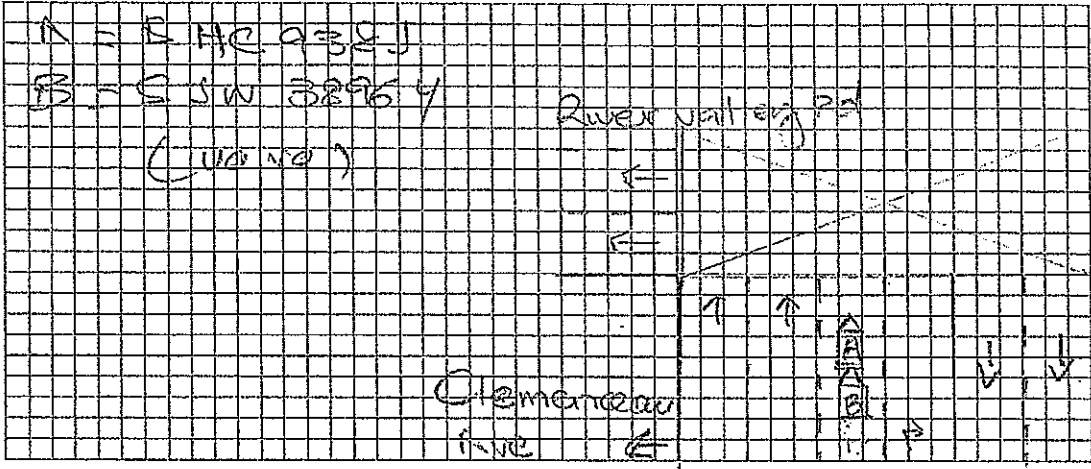
PRIVATE CAR

NEIL JASON VENTURA

G5463872N

FRT

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer statement as per attached.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502838

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

Describe Circumstances of the Accident.

On 29/09/2018 @ about 10:15hrs, I was driving along Clemenceau Ave towards River Valley Rd Cross junction.

As I reached the junction I slowed and stop because the traffic light is on red. My taxi is Stationery. Then there is an impact from behind my taxi.

I stepped out to inspect and found vehicle SJW3896Y had collided onto my rear left portion of my taxi.

5 passenger on board my taxi and no injury reported at the point of the accident.

Declaration

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

CITYCAB PTE LTD
CO. REG. NO. 199502839r

Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel

