

# COMFORTDELGRO ENGINEERING

Our Ref: 305230987

Date: 27/10/18

Time of Fax: \_\_\_\_\_

Via Fax: Email

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

Your Insured: SHC57538

Date of Acc: 26/10/18

\* 7 pages

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHB3597U

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

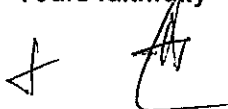
→ Lim Kwok Eng, Tel no. 62148355 or Hp no. 98240811  
Jumani Bin Masudin Tel no. 62148315 or Hp no. 96355305  
Lim Tien Siong Tel no. 62148398, or Hp no. 96358546  
Chiang Liat Choon Tel no. 62148314 or Hp no. 92966006  
Fauzy Bin Mokhtar Tel no: 62148319 or Hp no : 81259176  
→ Larry Ng Tel: 6214 8316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

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



for Vice President  
Crash Repairs & Claims Recovery

A member of

COMFORTDELGRO



## CITY CAB PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHB 3597U

DATE 27/10/2018 10:39

MAKE :

MODEL : HYUNDAI i40

Larry

AXA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Door (RH)			\$ 2,201.10	
	Rear Wheel Hup-Cap (RH)			\$ 107.10	
	<b>SUB TOTAL</b>			<b>\$ 2,308.20</b>	
	<b>LESS 20%</b>			<b>\$ 461.64</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,846.56</b>	
	Rear Bumper Advertisement Logo			\$ 50.00	Nett
	Rear Bumper Rubber Mat			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00	Nett
	Rear Door Advertisement Logo (RH)			\$ 100.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (RH)			\$ 80.00	Nett
	Front Door Coloured Comfort Logo (RH)			\$ 75.00	Nett
				<b>\$ 555.00</b>	
	<b>Labour Charge</b>				
	Panel Beating-Repair RR RH Fender/RR Bumper /FRT RH Door			\$ 400.00	
	Spray Painting Charge			\$ 300.00	
	Wiring Charge			\$ 30.00	
	Tuff Kote			\$ 100.00	
	Transfer of Door			\$ 80.00	
	Rear Wheel Alignment			\$ 80.00	
	<b>TOTAL LABOUR</b>			<b>\$ 990.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 3,391.56</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 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 Report	27/10/2018 09:39
Date Of Accident	26/10/2018 21:00
Exact Location Of Accident	ESPLANADE DRIVE > RAFFLES QUAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3597U
<b>Insured/Policyholder</b>	
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	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	LEE CHEE KIAN
NRIC No	S1721250H
Date Of Birth	28/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	09/09/1983
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97538895
Fax Number	
Contact Number	
Email Address	LEECHEEKIAN50@GMAIL.COM

Address	BLK 504D YISHUN ST.51 #03-134
Postcode	764504
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	3

Passenger 1	NAME: : -
	GENDER: : MALE
Passenger 2	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

REFER 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	SHC5753S
Vehicle Make/Model/Colour	TRANSCAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

LH FRONT

No. Of Passenger (Including Driver)

**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.

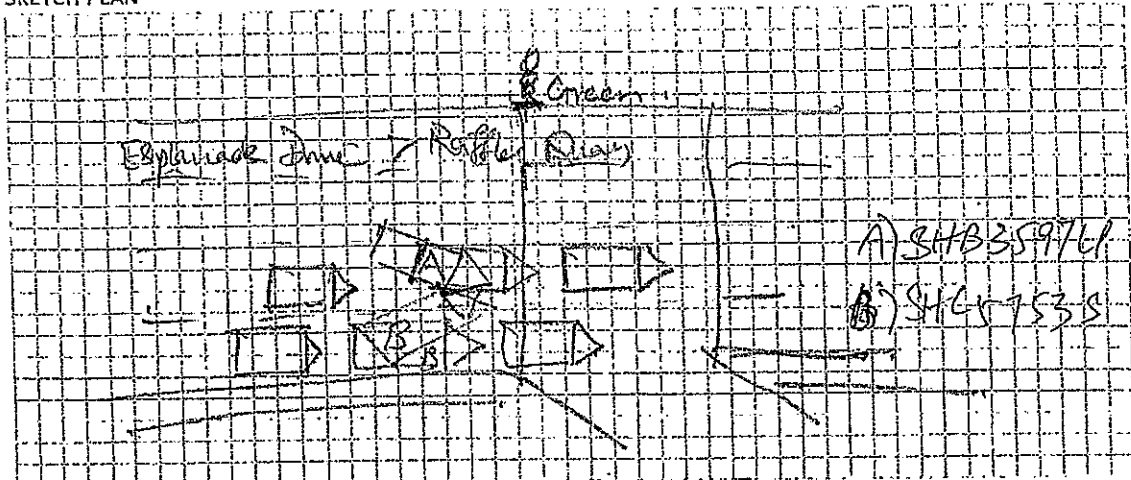
CITYCAR PTE LTD  
CO. REG. NO. 199502839G

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/10/18 at about 2100hrs while I Veh B  
 entered to lane 2, Veh B from lane 1  
 also entered to lane 2 and collided  
 on the whole right side of my moving  
 vehicle.

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.: