

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305245651
Date : 30-11-18
Time of Fax: _____

Via Fax : Smart
Your Insured: 8FZ 8168P
Date of Acc : 29-11-18

Attn: Motor Claims Department

AXA

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

C980K

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	} jumanibm@cdge.com.sg Fax no. 6546 8156
♦ 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	
♦ 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

for Vice President
Crash Repairs & Claims Recovery

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305245651

OMER

S CITYCAB PTE LTD
OMER NO. 7010070
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188 (P) (O)

JUNT CARD NO.

REGN NO.:

SHC 980K

MILEAGE

MAKE :

MERCEDES BENZ

FUEL

E.....1/2.....F

MODEL

VIANO CDI 2.2L

DATE/TIME IN

30.11.2018 13:30

YR OF MANU

11.10.2013

TARGET DATE

CHASSIS CODE

WDF63981323806403

COMPLETION DATE/TIME:

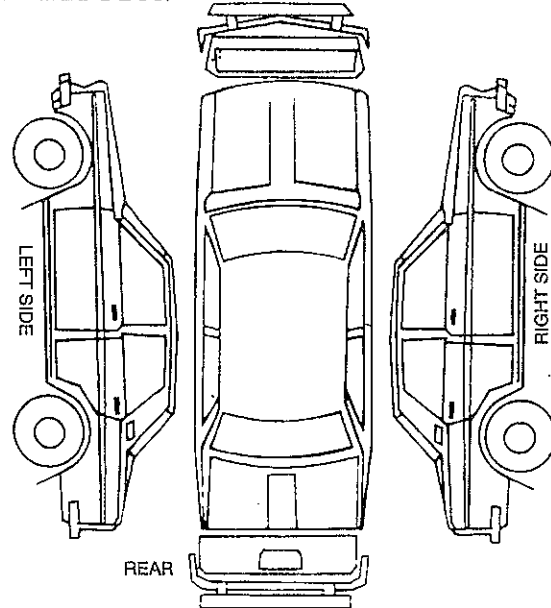
JOB DESCRIPTION

Accident Date: 29.11.2018
NATURE: 3P 29.11.18

S/NO LABOR CODE

DESCRIPTION

FRONT



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: SHC 980K JU AXA

Vehicle No.:

SHC 980K

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

DATE 30/11/2018 16:27

MODEL : MERCEDES BENZ VIANO

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Door Shell Sliding Protector, LH			\$ 140.66
	Mirror Assy,Frt,LH			\$ 1,195.02
	Mirror Glass,Frt,LH			\$ 219.58
	Mirror Motor, Frt,LH			\$ 407.96
	SUB TOTAL			\$ 1,963.22
	LESS 20%			\$ 392.64
	DISCOUNTED TOTAL			\$ 1,570.58
	COMFORTDELGRO' Sticker (LH)			\$ 80.00
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 30.00
	Tuff Kote			\$ 50.00
	TOTAL LABOUR			\$ 1,080.00
	ESTIMATE TOTAL			\$ 2,730.58
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	30/11/2018 15:08
Date Of Accident	29/11/2018 16:30
Exact Location Of Accident	ALONG BOUNDARY RD TWDS AMK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC980K
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	MOHAMAD JAMIL BIN SADBEE
NRIC No	S1706284J
Date Of Birth	17/12/1965
Occupation	OUTDOOR
Date Of Driving Pass	13/09/1993
Driving Experience	25 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82995396
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 1 HOUGANG AVENUE 3 #07-320
Postcode	530001
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	
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20181130/2044

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	SFZ8168P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HOCK ONG
NRIC/Passport Number	S7278829Z
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD

Nature Of Damage

RIGHT FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MOHAMAD JAMIL BIN SADBEE

Approximate Age

53

Injuries Sustain

PAIN ON NECK. ON 3 DAYS MC.

Injured person in which vehicle?

SHC980K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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. 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.:

GIA/IMC SketchPlanForm_V3

1

SKETCH PLAN

As per attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report
7/2018/130/2044

DECLARATION

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

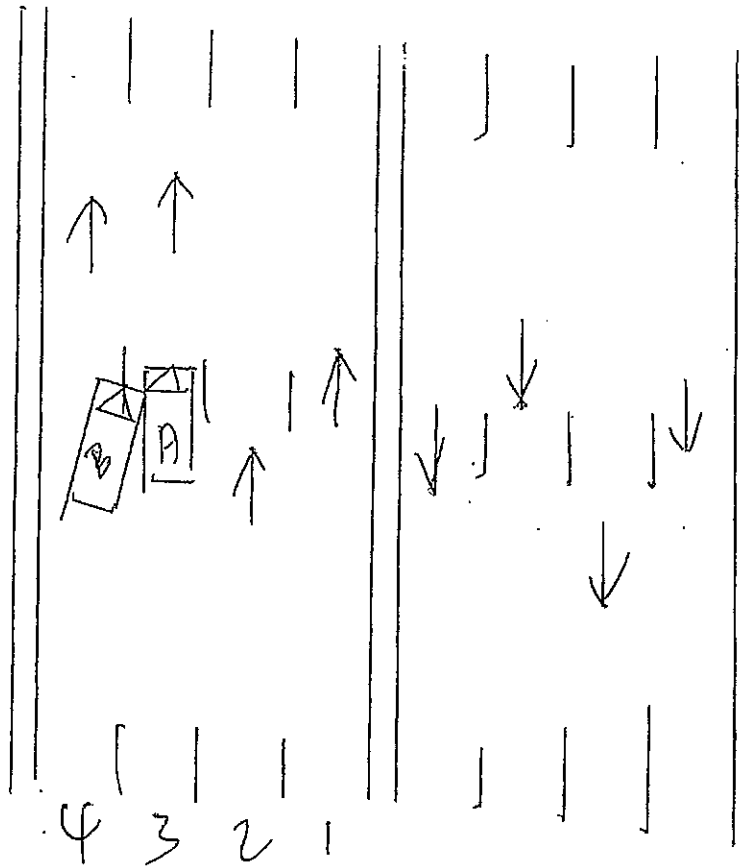
CITYCAB PTE LTD
CO. REG. NO. 199502839G

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.:

Boundary Rd.



A - SHC-980-K

B - SFZ-8168-P.

[illegible]

Report No. T/20181130/2044

Date/Time Report Made: 30/11/2018 12:08	Vide Report No.:	Station Diary No.: 37
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Name of Informant: MOHAMAD JAMIL BIN SADBEE			Address: APT BLK 1 HOUGANG AVENUE 3 #07-320 SINGAPORE 530001		
ID Type / ID No.: NRIC NO / S1706284J			Contact No.: Home/Office: Mobile: 82995396		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 17/12/1965	Type of Informant: Driver		
Race: Boyanese			Language:	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/11/2018 16:30	Type of Location: Straight Road
Location: Along Road 1 BOUNDARY ROAD				
Towards Ang Mo Kio				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SFZ8168P	Car				Slightly Damaged	0
SHC980K	Car				Slightly Damaged	1

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan Pg. 5



**SINGAPORE
POLICE FORCE**



T/20181130/2044

2 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20181130/2044

CONTINUATION OF REPORT

Driver			
Name	TAN HOCK ONG		ID No. S7278829Z
Related Vehicle	SFZ8168P (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHAMAD JAMIL BIN SADBEE		ID No. S1706284J
Related Vehicle	SHC980K (Car)		Contact No. 82995396
Hospital/Clinic	ANSAR CLINIC		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	30/11/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 29/11/2018 at about 4.30pm, I was driving my vehicle bearing plate number SHC980K along Boundary Road. At that time, I had one passenger on board my vehicle. Traffic at that time was moderate and the road surface was wet.

I was travelling on the third lane along Boundary Road, and I observed one vehicle on the fourth lane, bearing plate number SFZ8168P. At that time, I didn't notice if he had signaled his intention to move into the third lane.

As my vehicle was passing the said car, all of a sudden I felt an impact on the left side of my vehicle. Upon inspection, I discovered the said vehicle to have collided into the left side of my vehicle, as the vehicle had intended to enter my lane.

I wish to state that I sustained injuries and received three days of MC. I wish to state that there is in car camera installed in my vehicle.

Sketch Plan Pg. 6



SINGAPORE
POLICE FORCE



T/20181130/2044

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20181130/2044

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /
Sgt 3 MOHAMED FADHLY BIN MOHAMED
AYOP

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/11/2018 12:08

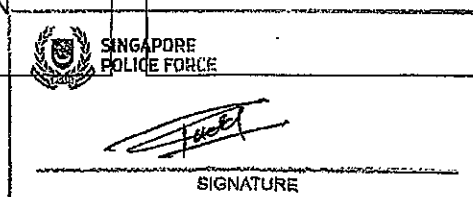
Officer In Charge Of Case:

TP / AEIT /
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH

Classification Of Case:

Contact No.: 65476204

Authentication Stamp
NP168



SIGNATURE