

Our Ref : 205305725

Date : 24.06.2019

Time of Fax : 1445h

Ala

Via Fax : email

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Your Insured : SMC 5646J

Date of Acc : 22.06.2019

www.cdge.com.sg

Company Registration No: 199506048W

Workshop

Attn : Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHC 986U

Loyang
59 Loyang Drive
Singapore 508969
Fax no. 6546 8156

- 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. S. Larry Ng

for Vice President
Crash Repairs & Claims Recovery

REPAIR ESTIMATE*

DATE 24/6/2019 10:33

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 Weathership			\$ 166.63
	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
	Tail Gate Lock			\$ 273.40
	Tail Gate Lock Outer Handle			\$ 175.54
	Number Plate Garnish, RR			\$ 166.78
	Tail Lamp Assy , LH			\$ 622.44
	Tail Lamp Assy , RH			\$ 622.44
	Tail Lamp Reflector Upper, LH			\$ 105.74
	Tail Lamp Reflector Upper, RH			\$ 105.74
	Rear Windscreen Glass			\$ 1,273.98
	SUB TOTAL			\$ 10,063.33
	LESS 20%			\$ 2,012.67
	DISCOUNTED TOTAL			\$ 8,050.66
	Reverse Sensor			\$ 288.00
	Rear Bumper Rubber Mat			\$ 50.00
	Tail Gate "MAXICAB" Logo			\$ 30.00
	Rear Windscreen Sealant			\$ 46.00
				\$ 414.00
	Labour Charge			
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 600.00
	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			\$ 1,900.00
	ESTIMATE TOTAL			\$ 10,364.66
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	24/06/2019 11:29
Date Of Accident	22/06/2019 23:15
Exact Location Of Accident	ALONG AIRPORT BLVD TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC986U
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	NARAYANA S/O PUNCHURANAN
NRIC No	S0533095E
Date Of Birth	09/08/1947
Occupation	OUTDOOR
Date Of Driving Pass	27/02/1979
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96327927
Fax Number	
Contact Number	
Email Address	NACHURA_TRANSPORT@YAHOO.COM.SG

Address	737 05-33 PASIR RIS DRIVE 10
Postcode	510737
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	7

Passenger 1	NAME: : -
	GENDER: : MALE
Passenger 2	NAME: : -
	GENDER: : MALE
Passenger 3	NAME: : -
	GENDER: : FEMALE
Passenger 4	NAME: : -
	GENDER: : FEMALE
Passenger 5	NAME: : -
	GENDER: : MALE
Passenger 6	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

SMC5646J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHIA SIN LEE CHRISTOPHER

NRIC/Passport Number

S6842205A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT & REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHC6025D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

SALIM BIN IBRAHIM

NRIC/Passport Number

S1754705D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

SKETCH PLAN

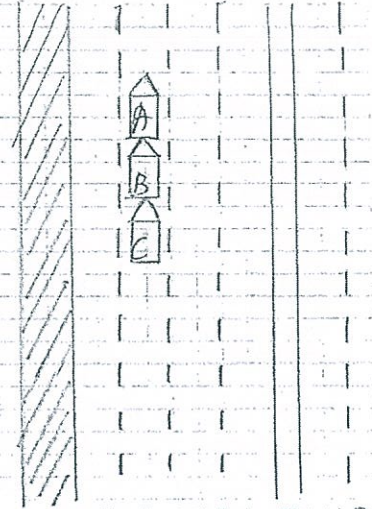
A - SHC 986 U

B - SMC 5646J

C - SHC 6025D

SIX CAR

CITY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

statements as per attached.

DECLARATION

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

CITYCAB PTE LTD
O. REG. NO. 199502839G

Policyholder's Signature

Driver's Signature

Olivia Wendy


Reporting Centre Personnel's Signature


Describe Circumstances of the Accident.
On the 22/06/2019 @ about 23:15hrs, I was driving along Airport BLVD towards CITY direction.
The front vehicle suddenly brake so I jammed brake as well.
Suddenly there's an impact from behind my taxi so I step out to check and found out a
A vehicle of SMC5646J front portion had collided onto my rear portion of my taxi.
There's another vehicle SHC6025D involved in this chain collision.
06 passenger on board my taxi, no injury reported at the point of accident.

Declaration

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

WILL CAB PTE LTD
BEG NO. 199502839G
 Policyholder's Signature/Date &
 Time


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

Olivia Wendy

 Witnessed by Reporting
 Centre Personnel

24 JUN 2019