

Our Ref: 305308210Date: 02/7/19

Time of Fax: _____

Via Fax: _____

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

Workshop

Your Insured: SKG2212ADate of Acc: 30/6/19

* 10 pages

Attn: Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO SHA8103JLoyang
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

REPAIR ESTIMATE*

DATE 2/7/2019 15:58

Hee

AXA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Reinforcement			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 80.30	\$ 160.60
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Bumper Bracket		\$ 35.60	\$ 71.20
	Rear Bumper Reflector Lamp (LH)			\$ 30.60
	Rear Fender (LH)			\$ 2,171.40
	Rear Fender Inner Lining (LH)			\$ 169.30
	Rear Windscreen Moulding			\$ 28.30
	Rear Wheel Hub Cap, LH			\$ 107.10
	SUB TOTAL			\$ 3,741.90
	LESS 20%			\$ 748.38
	DISCOUNTED TOTAL			\$ 2,993.52
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Windscreen Sealant			\$ 46.00
				\$ 231.70
	Labour Charge			
	Panel Beating			\$ 400.00
	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			\$ 120.00
	Remove/Refix Reverse Sensor			\$ 80.00
	Rear Wheel Alignment			\$ 80.00
	TOTAL LABOUR			\$ 1,510.00
	ESTIMATE TOTAL			\$ 4,735.22
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	02/07/2019 13:37
Date Of Accident	30/06/2019 15:20
Exact Location Of Accident	PATERSON RD TOWARDS ORCHARD BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8103J
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	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	MOHAMED ZULKIFLI BIN OSMAN
NRIC No	S1598599B
Date Of Birth	01/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	12/01/1983
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90678784
Fax Number	
Contact Number	
Email Address	MOHDZULKIFLIOSMAN@GMAIL.COM

Address	BLK 173 YISHUN AVENUE 7 #03-813
Postcode	760173
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 (including own vehicle) involved in the accident	2
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: : MALE

Details of Police Action

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

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20190702/2050

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG2212A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KIM KIM
NRIC/Passport Number	S6835598B
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	FRT RIGHT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMED ZULKIFLI BIN OSMAN
Approximate Age	55
Injuries Sustain	STIFF NECK AND STRAIN ON LOWER BACK. ON 3 DAYS MC.
Injured person in which vehicle?	SHA8103J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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. 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:

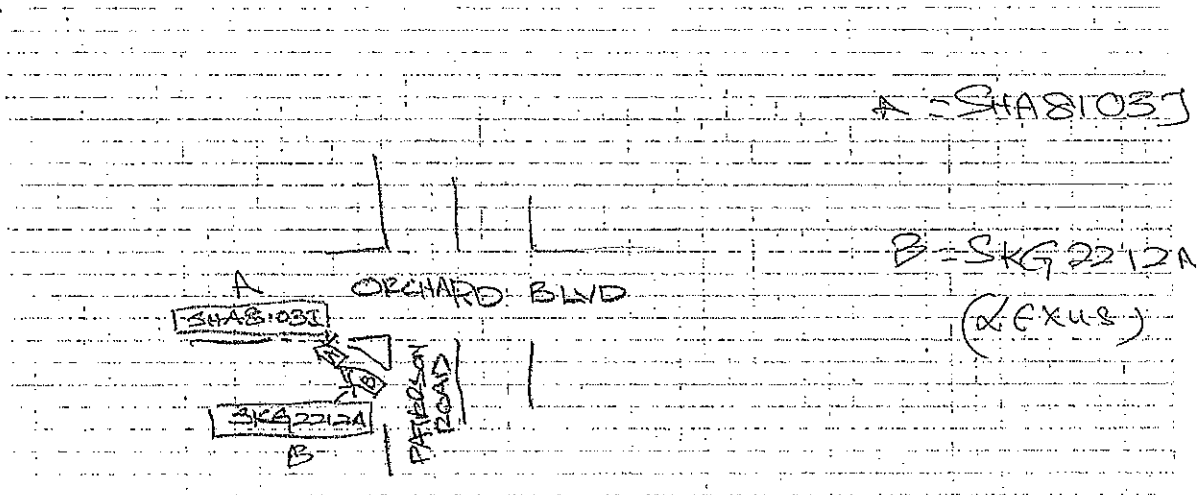
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this {form} and any other personal information provided by me or possessed by my insurer (collectively the "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: Olivia Wendy
NRIC/FIN No.: 02 JUL 2019



LEF=

Statement of per Police Report
(a) 7/20/90 to 2/20/50

Page 5 of 16



**SINGAPORE
POLICE FORCE**



T/20190702/2050

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190702/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/07/2019 12:09	Vide Report No.:	Station Diary No.: 67
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: MOHAMED ZULKIFLI BIN OSMAN		Address: APT BLK 173 YISHUN AVENUE 7 #03-813 SINGAPORE 760173	
ID Type / ID No.: NRIC NO / S1598599B		Contact No.: Home/Office: Mobile: 90678784	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 01/01/1964	Type of Informant: Driver
Race: Javanese		Language:	Institution / School Name:
Occupation: Cleaning supervisor		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/06/2019 15:20	Type of Location: FILTER LANE
Location: Junction of Road 1 and Road 2 PATERSON ROAD ORCHARD BOULEVARD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHA8103J	Car				Slightly Damaged	1
SKG2212A	Car					2

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



**SINGAPORE
POLICE FORCE**



T/20190702/2050

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20190702/2050

CONTINUATION OF REPORT

Driver			
Name	MOHAMED ZULKIFLI BIN OSMAN		ID No. S1598599B
Related Vehicle	SHA8103J (Car)		Contact No. 90678784
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TAN KIM KIM		ID No. S6835598B
Related Vehicle	SKG2212A (Car)		Contact No. 97856540
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

Brief Details.

On 30/6/2019 at about 3.20pm, I was at the filter lane of Paterson Road turning left into Orchard Boulevard. I was stationary at the stop line to check for traffic on the right before merging into the lane when suddenly a vehicle behind me collided onto the rear portion of my vehicle. I have an in-car camera but it was not in use. I am given 3 days MC as I suffered stiff neck and strain on my lower back. I had a passenger on board and he informed that he is not injured. He also informed that he did not want to proceed with the journey and as such, paid me and left my vehicle.



**SINGAPORE
POLICE FORCE**



T/20190702/2050

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3
Report No. T/20190702/2050

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 S EVA SHERRIENA BINTI S AFFINDY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
02/07/2019 12:09

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE