

Our Ref : 805310607

Date : 12.07.2019

Time of Fax : 1200h

AXA

Via Fax : email

Your Insured : SFT 7000 C

Date of Acc : 10.07.2019

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

www.cdge.com.sg

Company Registration No: 199506048W

Workshop

Attn : Motor Claims Dept.

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO

SAC 949 C

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

 Larry Ng

for Vice President  
Crash Repairs & Claims Recovery

## REPAIR ESTIMATE\*

DATE 12/7/2019 10:01

**MAKE :**

**MODEL : MERCEDES BENZ VIANO (REAR)**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 1,372.00
	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 Lamp Assy Lower, RH			\$ 622.44
	<b>SUB TOTAL</b>			<b>\$ 6,392.51</b>
	<b>LESS 20%</b>			<b>\$ 1,278.50</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 5,114.01</b>
	Reverse Sensor			\$ 288.00
	Tail Gate "MAXICAB" Logo			\$ 30.00
				<b>\$ 318.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ 850.00
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Remove/Refix Tailgate Glass			\$ 150.00
	<b>TOTAL LABOUR</b>			<b>\$ 1,820.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 7,252.01</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	11/07/2019 15:12
Date Of Accident	10/07/2019 18:15
Exact Location Of Accident	PIE TOWARDS TUAS AT THOMSON FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC949C
<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	MERCEDES-BENZ
Model	VIANO (CDI 2.2 EU5) 2013
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	TAN GEOK LIN
NRIC No	S6820682J
Date Of Birth	29/05/1968
Occupation	OUTDOOR
Date Of Driving Pass	01/04/1986
Driving Experience	33 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82739609
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 815B CHOA CHU KANG AVENUE 7 #16-33
Postcode	682815
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)	6
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : FEMALE
Passenger 5	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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20190711/2080

#### Attachment(s)

Are accident photos available for attachment?	YES
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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 SFT7000C

Vehicle Make/Model/Colour LEXUS

#### Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MANOJ KANTILAL

NRIC/Passport Number S2702166B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name TAN GEOK LIN

Approximate Age

Injuries Sustain NECK STRAIN AND GIDDINESS

Injured person in which vehicle? SHC949C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name UNKNOWN(PAX)

Approximate Age

Injuries Sustain NOT FEELING WELL

Injured person in which vehicle? SHC949C

Were seat belts worn?

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. 190602839G

Policyholder's Signature  
Date & Time:

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

Olivia Weng,

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 11 JUL 2019

# Sketch Plan Pg. 2

## SKETCH PLAN

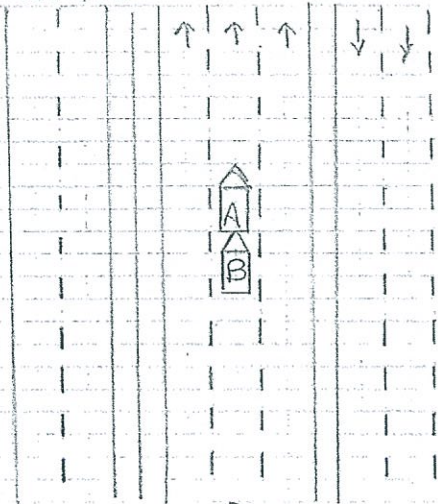
A = SHC949C

B = SFT 1000C  
(LEXUS)

THOMSON  
FOYNER ←

WHITLEY RD

TUAS



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P1E

Statement as per Police Report

@ 7/20/2019 07:11 | 2080

## DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502239G

Policyholder's Signature

Driver's Signature

Olivia Wendy

Reporting Centre Personnel's Signature





**SINGAPORE  
POLICE FORCE**



T/20190711/2080

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/20190711/2080

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/07/2019 14:06	Vide Report No.:	Station Diary No.: 70
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Informant's Particulars			
Name of Informant: TAN GEOK LIN		Address: APT BLK 815B CHOA CHU KANG AVENUE 7 #16-33 SINGAPORE 682815	
ID Type / ID No.: NRIC NO / S6820682J		Contact No.: Home/Office: Mobile: 82739609	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 29/05/1968	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/07/2019 18:15	Type of Location: Flyover
Location: Along Road 1 PAN ISLAND EXPRESSWAY  Thompson Flyover, second lane of three lanes, towards Jurong direction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFT7000C	Car	LEXUS		Black	Slightly Damaged	0
SHC949C	TAXI	MERCEDES BENZ	VIANO	White	Slightly Damaged	5

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





**SINGAPORE  
POLICE FORCE**



T/20190711/2080

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

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Report No. T/20190711/2080

## CONTINUATION OF REPORT

Name	MANOJ KANTILAL THACKER	ID No.	S2702166B
Related Vehicle	SFT7000C (Car)	Contact No.	98287777
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
<b>Driver</b>			
Name	TAN GEOK LIN	ID No.	S6820682J
Related Vehicle	SHC949C (TAXI)	Contact No.	82739609
Hospital/Clinic	UNIVERSAL MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	11/07/2019	Date Discharge	11/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the 10/07/2019 I picked up 5 passengers on my 7-seater Taxi from Airport towards the destination Bukit Batok. At the Thompson Flyover of PIE towards Jurong, I was driving at the second lane of three lanes.

At that point of time, it was 1815hrs, and the road traffic volume was heavy. Vehicles were moving at a slower than usual speed at around 40km/hr.

Suddenly, a vehicle collided into the rear of my Taxi. I came down to make a check and discovered a black coloured Lexus brand vehicle had collided into the rear of my Taxi.

At that point of time, the passengers and I were not feeling well, however my passengers wanted to head home straight and did not wish for ambulance services. As such, I also proceeded to send them home first before seeing a doctor afterwards. I was given a three day medical leave for neck strain and giddiness.

No traffic police or ambulance were at the scene during the accident. The other party also left the scene subsequently.



SINGAPORE  
POLICE FORCE



T/20190711/2080

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/20190711/2080

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 / Staff Sgt EDMUND TAN CHUN YANG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/07/2019 14:06
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65474885	Classification Of Case:
Authentication Stamp NP168	