

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref : 305426192  
Date : 05102020  
Time of Fax: \_\_\_\_\_

Via Fax : Email  
Your Insured: SKX 1231L  
Date of Acc : 03102020

Attn: Motor Claims Department

Dear Sirs

**SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH**

Aig Asia  
A 9439J

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	} Fax no. 6546 8156
♦ Juman Bin Masudin	Tel: 6214 8315 or HP: 9635 5305	
♦ <b>Lim Tien Siong</b>	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	

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

**Lim Tien Siong**

for Vice President  
Crash Repairs & Claims Recovery

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Aig Asia

Date: 05.10.2020

Time: 08:44:48

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COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010070  
 ADDRESS : CITYCAB PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65551188

JOB NO : 305426192  
 REGN NO : SHA9439J  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 12.07.2017  
 DATE/TIME IN : 03.10.2020 10:00  
 ACCIDENT DATE : 03.10.2020

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0302-0592-G	FRONT DOOR RH	1	1,264.00	25.00	948.00
0002 04-01-0302-0595-G	REAR DOOR RH	1	1,258.30	25.00	943.72
0003 04-01-0302-0810-G	ROCKER PANEL GARNISH RH	1	576.00	25.00	432.00
0004 28-01-0103-0007-A	Frt Door ComfortDelGro RH	1	75.00	<del>2.50</del>	75.00
0005 28-01-9999-2024-A	Rear Door Apps Sticker RH	1	80.00	<del>0.25</del>	80.00
0006 03-01-0302-2057-G	REAR WHEEL CAP RH	1	177.70	25.00	133.27

SUB-TOTAL : 2,611.99

## JOB NATURE

0000 20-05	Frt Door Adv.Sticker RH	100.00
0001 20-05	Rear Door Adv.Sticker RH	100.00
0002 20-05	Rear Fender Adv.Sticker RH	100.00
0003 PB	PANEL BEATING-Rear Fender RH etc	700.00
0004 SP	SPRAYPAINT CHARGE	1000.00

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 05.10.2020

Time: 08:44:48

Page: 2

Aig Asia

12 IS

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CUSTOMER: 7010070  
ADDRESS : CITYCAB PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65551188

JOB NO : 305426192  
REGN NO : SHA9439J  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID  
DATE OF REGN : 12.07.2017  
DATE/TIME IN : 03.10.2020 10:0  
ACCIDENT DATE : 03.10.2020

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

0005 20-00 TUFF COAT ON AFFECTED PARTS. 100.00

0006 L TRANSFER OF DOORS 240.00

0007 L WHEEL ALIGNMENT 120.00

SUB-TOTAL : 2,460.00

TOTAL : 5,071.99

Umf

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

## 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	03/10/2020 11:40
Date Of Accident	03/10/2020 09:00
Exact Location Of Accident	TAMPINES AVE 7 TOWARDS TAMPINES AVE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9439J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX839G
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
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-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	MICHAEL SEE YONG TENG
NRIC No	SXXXX686C
Date Of Birth	08/11/1945
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1987
Driving Experience	33 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96822144
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 127 TAMPINES STREET 11 #06-440
Postcode	521127
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 (including own vehicle) 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)	1

#### 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	SKX1231L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WANG KUN
NRIC/Passport Number	
Contact Number	91837271
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRONT
No. Of Passenger (Including Driver)	

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**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)
  - (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, investigation, 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. 199520299G

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.:

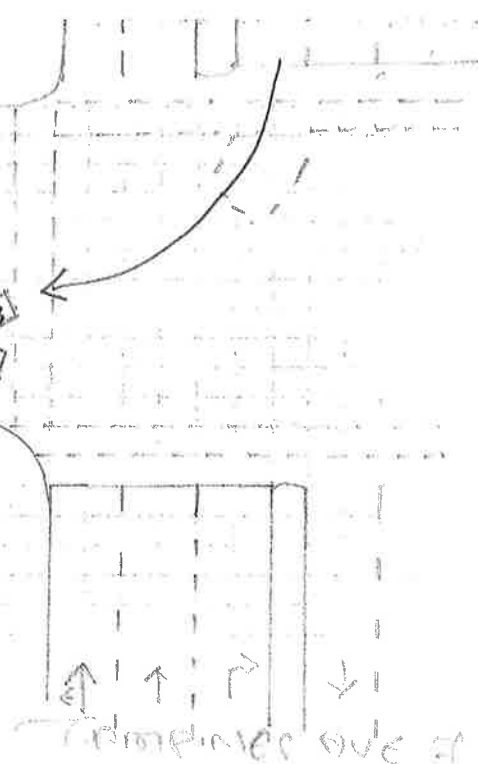
03 OCT 2020

SKETCH PLAN

A = SHA9439J

B = SKX1231L

*Signature*



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502239G

Olivia Wendy

*Signature*

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.: 03 OCT 2020

**Describe Circumstances of the Accident.**

On the 03/10/2020 @ about 09:00hrs, I was driving Tampines Ave 7 towards Tampines Ave 4 direction with no passenger on board my taxi.


As I was turning towards Tampines Ave 4 suddenly there's an impact on my taxi right side. So I slow down to stop to check and found out a vehicle of SKX1231L was turning from the opposite direction and grazed onto my taxi whole right side.

No injury at the point of accident.

**Declaration**

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

CITYCAB PTE LTD  
CO. REG. NO. 199502329G  
Policyholder's Signature/Date &  
Time

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

  
Witnessed by Reporting  
Centre Personnel  
Olivia Wend

03 OCT 2020