

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305449763

Via Fax : EMAIL

Date : 22.01.21

Your Insured : SMF 11568

Time of Fax : _____

Date of Acc : 21.01.21

Attn: Motor Claims Department

Ally

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH C 65C

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 8355 or HP: 9824 0811
♦ Jumani 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

} **chianglc@cdge.com.sg**
Fax no. 6546 8156

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
Taxi Accident Repair

CITYCAB PTE LTD
REPAIR ESTIMATE

Vehicle No.: SHC65C
Make : TOYOTA
Model : PRIUS G4
DOA :

Date :
Insurance:
MVA : CHIANG /AIG

Qty	Parts Description / Labour	Qty	Unit Price	Amount
1	REAR BUMPER			\$458.60
1	REAR BUMPER UNDER COVER			\$552.60
1	REAR BUMPER REINFORCEMENT			\$318.80
10	BUMPER CLIPS			\$22.00
1	REAR BUMPER SIDE RETAINER LH /RH		\$112.70	\$225.40
1	TOWING COVER			\$82.70
	SUB TOTAL			\$1,660.10
	LESS 25%			\$415.03
				\$1,245.08
1	REVERSE SENSOR			\$135.70
1	REAR BUMPER MAT			\$50.00
				\$185.70
	Labour Charge			
	PANEL BEATING			600.00
	SPRAY PAINTING			300.00
	WIRING			60.00
	TUFF KOTE			60.00
	REMOVE/REFIX REVERSE SENSOR			60.00
	TOTAL LABOUR			\$1,080.00
	ESTIMATE TOTAL			\$2,510.77

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 Submission	22/01/2021 11:29 (SGT)
Date of Accident	21/01/2021 19:00 (SGT)
Exact Location of Accident	Lornie Hwy, Singapore
Additional Location Information	BEFORE BRADDELL RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC65C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-83226653
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419140
Cover Note Number	-

DRIVER

Name of Driver	EE TIAN SIANG
NRIC No	SXXXX992H
Date Of Birth	03/02/1961
Occupation	Outdoor

Date Of Driving Pass	24/05/1982
Driving experience	38 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83226653
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 653 JALAN TENAGA #02-54
Address complement	-
Postcode	410653
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Is any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 21.01.2021 AT ABOUT 1900HRS, I WAS DRIVING MY VEH A SHC65C ALONG LORNIE HIGHWAY TOWARDS THOMSON ROAD. I WAS ON THE SECOND LEFT LANE. JUST BEFORE THE BRADDELL EXIT, VEH B SMF1156S WAS BEHIND MY VEH A REAR-ENDED MY STATIONARY VEHICLE. TRAFFIC WAS HEAVY AT THAT POINT OF TIME. I CHECK WITH MY MALE PASSENGER SITTING BEHIND THAT HE IS NOT INJURED AND I ADVISE HIM TO CALL CITYCAB IF HE WERE TO CONSULT A DOCTOR IF THERE WERE INJURY FROM THIS IMPACT.

NOTE: MY VEH A LEFT REAR WAS MISALIGNED

ATTACHMENT(S)

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

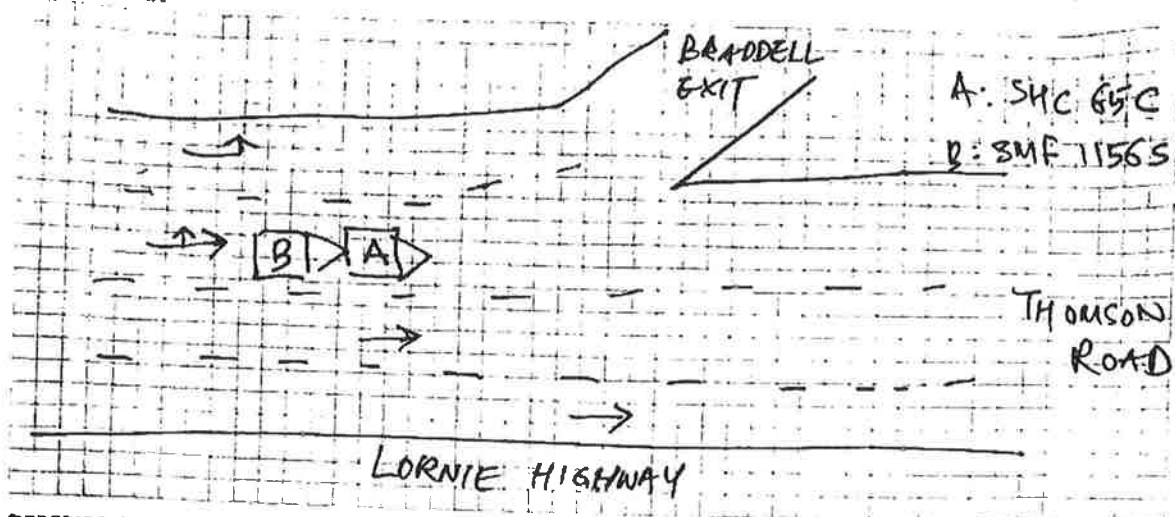
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF1156S
Vehicle Manufacturer	Kia
Vehicle Model	-



Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-94487773
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 21.01.2021 AT ABOUT 1900 HRS I WAS DRIVING MY VEH A SHC 65C ALONG LORNIE HIGHWAY TOWARDS THOMSON ROAD. I WAS ON THE SECOND LEFT LANE. JUST BEFORE THE BRADDELL EXIT, VEH B SMF 1156S WAS BEHIND MY VEH A REAR-ENDED MY STATIONARY VEHICLE. TRAFFIC WAS HEAVY AT THAT POINT OF TIME. I CHECK WITH MY MALE PASSENGER SITTING BEHIND THAT HE IS NOT INJURED AND I ADVISE HIM TO CALL CITY CAB IF HE WERE TO CONSULT A DOCTOR IF THERE WERE INJURY FROM THIS IMPACT.
NOTE. MY VEH A LEFT REAR WAS MISALIGN

DECLARATION

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

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.:

JK SMC Sketch Plan form V3

21.01.2021
0940 HRS

Kym

SKETCH PLAN**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.

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.: *Kyan fong*

40100 Sketch Plan Form 23

22/01/2021
0940 HRS

