

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref : 30546 2186

Date : 06 04 21

Time of Fax : \_\_\_\_\_

Via Fax : Email

Your Insured : SKR 8367P

Date of Acc : 05 04 21

Attn: Motor Claims Department

Ag Asia

Dear Sirs

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

C 7938M

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
◆ <b>Lim Tien Siong</b>	<b>Tel: 6214 8398 or HP: 9635 8546</b>
◆ Chiang Liat Choon	Tel: 6214 8314 or HP: 9296 6006

} **limts@cdege.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

Lim Tien Siong

For Vice President  
Taxi Accident Repair

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Aig Asia

Date: 06.04.2021

Time: 08:47:14

Page: 1

12 IS

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

JOB NO : 305462186  
REGN NO : SHC7938M  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 09.01.2019  
DATE/TIME IN : 05.04.2021 10:15  
ACCIDENT DATE : 05.04.2021

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0302-2292-A	FRT BUMPER	1	499.90	25.00	374.92
0002 04-01-0302-0633-G	FRT BUMPER HOLE COVER RH	1	28.40	25.00	21.30
0003 04-01-0302-2971-G	FRT BUMPER SIDE SUPPORT R	1	77.00	25.00	57.75
0004 04-01-0302-2915-G	HEADLAMP RH	1	3,455.00	25.00	2,591.25
0005 04-01-0302-4991-G	FOGLAMP RH	1	920.00	25.00	690.00
0006 04-01-0302-0573-A	FRT FENDER RH	1	945.30	25.00	708.97
0007 04-01-0302-2934-G	FRT FENDER SHIELD RH	1	198.40	25.00	148.80
0008 04-01-0302-2297-G	FRT FENDER (HYBRID) RH	1	52.30	25.00	39.22
0009 04-01-0302-2277-G	RADIATOR UPR GRILLE	1	361.10	25.00	270.82
0010 04-01-0302-2062-G	RADIATOR LWR GRILLE	1	166.90	25.00	125.17

SUB-TOTAL : 5,028.20

## JOB NATURE

0000 20-05	Frt Fender Adv.Sticker RH	100.00
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JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001 PB	PANEL BEATING			800.00		
0002 SP	SPRAYPAINT CHARGE			600.00		
0003 17-01	CHECK ALL LIGHTING			40.00		
0004 20-00	TUFF COAT ON AFFECTED PARTS.			40.00		
SUB-TOTAL						: 1,580.00

TOTAL : 6,608.20

Limfs

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 Submission	05/04/2021 16:00 (SGT)
Date of Accident	05/04/2021 09:15 (SGT)
Exact Location of Accident	Flower Rd & Kovan Rd, Singapore
Additional Location Information	
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7938M
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#### 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) +65-82026336
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
Transmission	Auto
CC	1798

#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419140
Cover Note Number	

#### DRIVER

Name of Driver	ANG KWONG SING
NRIC No	SXXXX670B

Date Of Birth	13/01/1974
Occupation	Outdoor
Date Of Driving Pass	24/02/1998
Driving experience	23 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82026336
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 230 ANG MO KIO AVENUE 3 #07-1264
Address complement	-
Postcode	560230
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 - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was 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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### 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 5/4/2021 AT ABOUT 0915HRS, I WAS DRIVING MY VEHICLE ALONG FLOWER RD. AS I WAS ALMOST REACHED CENTRE JUNCTION (KOVAN RD), VEHICLE B SKR8367P DROVE OUT FROM JUNCTION. I APPLIED MY BRAKE IMMEDIATELY TO AVOID THE COLLISION, HOWEVER VEHICLE B SKR8367 LEFT FRONT PORTION WAS GRAZED ONTO MY VEHICLE RIGHT FRONT PORTION. NO INJURIES AT THE MOMENT OF ACCIDENT.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR8367P
Vehicle Manufacturer	Citroen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	(Phone) +65-90883878
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

# SKETCH PLAN

## IMPORTANT NOTICE

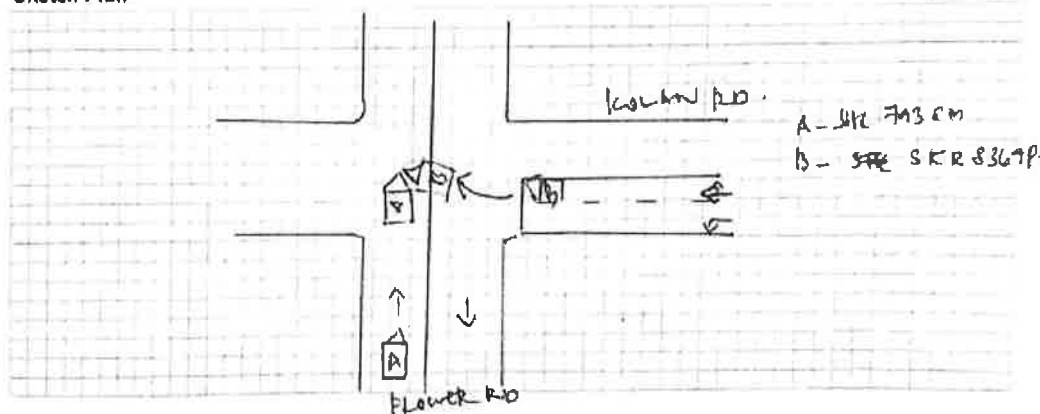
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



## Describe Circumstances of the Accident

On 5/4/2021, at about 0915hr, I was driving my vehicle along flower Rd. As I was almost reached centre junction (Korwar Rd), vehicle B SKR 8367P drove out from junction. I applied my brake immediately to avoid the collision however vehicle B - SKR 8367P's left front portion was grazed onto my vehicle's right front portion. No injuries at the moment of accident.

## Declaration

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

Witnessed by Reporting Centre Personnel