

INC

SMD8811H

Yr Regn: 2019, Aug

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz V-class C.C. 2143

Colour

A/C: Insured / Std / NI / NA

Sp.Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDF 447815 2361096

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

N/S	O/S

F:

PS / DIUN / EYNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 6 mm

U/Bal.	6	mm
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D.O.A.

Survey held at

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

[illegible]

Days Of Repair:

Resurvey No. of Trip:

Date/Time, File Return to?

Add Fee: ☐ : Site Insp (\$ ) ☐ \$ + RS. ☐ SI

2)

Interview (\$	Photos
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Report Formed: \_\_\_\_\_

	Tech. Invs (\$	)	Others
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Lump Sum / E.B.I. ( )

Weekend (\$)	1
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## TESTS

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO SHB6692H

13/04/21

MAKE :

CHIANG /NTUC

MODEL VIANO V1

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	TAILGATE ASSY			\$1,975.99
1	TAILGATE TRIM			\$160.00
1	TAILGATE MERC TSTAR LOGO			\$39.00
1	TAILGATE V220D			\$39.00
1	TAILGATE CC EMBLEM			\$39.00
1	TAILGATE LOCK			\$136.70
1	TAILGATE LOCK OUTER HANDLE			\$87.70
1	TAILGATE STEP GARNISH			\$52.17
2	REAR NUMBER PLATE LAMP LH/RH		\$28.30	\$56.60
1	TAIL RH LAMP ASSY			\$622.44
2	BUMPER REFLECTOR LH & RH		\$46.00	\$92.00
1	REAR BUMPER			\$1,372.00
2	REAR BUMPER SIDE LH & RH		\$236.80	\$473.60
	<b>SUB TOTAL</b>			<b>\$5,146.20</b>
	<b>LESS 20%</b>			<b>\$1,029.24</b>
				<b>\$4,116.96</b>
1	REVERSE SENSOR			\$388.00
1	REAR NUMBER PLATE			\$50.00
2	SEALANT			\$46.00
	MAXICAB STICKER			\$30.00
				<b>\$514.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$1,080.00
	Spray Painting Charge			\$600.00
	Check Wiring			\$60.00
	Transfer Part to Tail Gate .			\$90.00
	Remove/refix reverse sensor			\$80.00
	<b>TOTAL LABOUR</b>			<b>\$1,910.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$6,540.96</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.				

Tanphat 97495749 03 days  
 - up 13/4/21 2pm  
 1/5 Resurvey after repair.  
 Tanphat @ (Kuantan)  
 205/65K16. GT Radial.

Date/Time: 13.04.2021 09:18

Page : 1

Team: ARC Repair TP(CFSO)1

**JOB CARD**

Sales Order:

JC NO: 305463503

STOMER

MS CITYCAB PTE LTD  
STOMER NO. 7010070  
DRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65551188 (O)  
(P)

COUNT CARD NO.

REGN NO.:

SHD8811H

MILEAGE

MAKE :

MERCEDES BENZ

FUEL

E.....1/2.....F

MODEL

V-CLASS CDI 2.2L11

DATE/TIME IN

04.2021 23:05

YR OF MANU.

22.08.2019

TARGET DATE

CHASSIS CODE

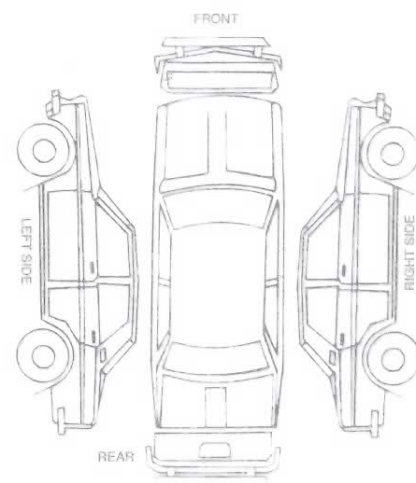
WDF44781323612546

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 11.04.2021  
NATURE: 3P 11.04.2021

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

Vehicle No.: SHD8811H CHIANG

Vehicle No.: SHD8811H

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard



# 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	12/04/2021 16:19 (SGT)
Date of Accident	11/04/2021 14:40 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8811H
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) +65-91547814
Alternative Phone No	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	V220D
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	2143

### 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	MAHADIR BIN JEMAIN
NRIC No	SXXXX606G

Date Of Birth	24/08/1969
Occupation	Outdoor
Date Of Driving Pass	26/10/1988
Driving experience	32 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91547814
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 254 CHOA CHU KANG AVENUE 2 #05-280
Address complement	-
Postcode	680254
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 11/4/2021 @ 1440HRS I WAS DRIVING MY VEHICLE SHD8811H ALONG CTE TOWARDS BRADDELL RD. WHILE MY VEHICLE WAS STATIONARY ALONG SLIP ROAD JUNCTION, VEHICLE B SLV1698Y WAS COLLIDED ONTO MY REAR BUMPER. I SUSTAINED NECK AND BACK PAIN DUE TO THE IMPACT.

#### 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	SLV1698Y
Vehicle Manufacturer	Volvo
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KHOO SHIRU, JADE

NRIC No  
Contact Number  
Address  
Address complement  
Postcode  
Insurance Company Name  
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

SXXXX254J  
(Phone) +65-98160035  
BLK 305 ANG MO KIO AVENUE 1 #12-1151  
-  
560305  
-  
-  
-  
-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person  
Address  
Address Complement  
Post Code  
Approximate Age Years Old  
Injuries Sustained  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?

MAHADIR BIN JEMAIN  
BLK 254 CHOA CHU KANG AVENUE 2 #05-280  
-  
680254  
51  
NECK & BACK PAIN  
SHD8811H  
-  
No

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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/similar 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 situated outside of Singapore, for one or more of the above Purposes.

Driver's Signature (if driver is not the policyholder) / Date & Time 12/4/2021 @ 11:55 AM

Witnessed by Reporting Centre  
Personnel *[Signature]*



A - SHD 8811H  
B - SLV 1698V



Describe Circumstances of the Accident

On 11/4/2021 @ 1440hrs I was driving my vehicle SHS 8811A along CTE towards Brindell Rd. While my vehicle was stationary along slip road junction vehicle B - 32V 16484 was collided onto my rear bumper. I sustained neck and back pain due to the impact.

### 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 12/4/2024 @ 11:45ft

Witnessed by Reporting Centre  
Personnel *[Signature]*



