

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref : 305472178  
Date : 07.06.21  
Time of Fax : ✓

Via Fax : EMAIL  
Your Insured : GBK 4127K  
Date of Acc : 06.06.21

Attn: Motor Claims Department

AIG

Dear Sirs

## **SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH A8648D**

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
♦ <b>Chiang Liat Choon</b>	<b>Tel: 6214 8314 or HP: 9296 6006</b>

} **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 SHA8648D

04/06/21

MAKE :

MODEL PRIUS G4

CHIANG /AIG

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT BUMPER ASSY			\$499.90
1	FRONT RH BUMPER BRACKET LH			\$77.00
1	FRONT FENDER SHIELD LH			\$198.50
1	FRONT HEADLAMP ASSY LH			\$2,735.28
1	FRONT FOG LAMP LH			\$920.00
1	FRONT WHEEL RIM			\$1,570.55
1	FRONT FENDER EMBLEM RH			\$86.20
	<b>SUB TOTAL</b>			<b>\$6,087.43</b>
	<b>25.00%</b>			<b>\$1,521.85</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$4,565.57</b>
	<b>Labour Charge</b>			
	Panel Beating			\$750.00
	Spray Painting Charge			\$600.00
	Reset front wheel alignment			\$60.00
	Check Wiring			\$60.00
	<b>TOTAL LABOUR</b>			<b>\$1,470.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$6,035.57</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 Submission	05/06/2021 19:36 (SGT)
Date of Accident	04/06/2021 16:45 (SGT)
Exact Location of Accident	137 Lor Ah Soo, Block 137, Singapore 530137
Additional Location Information	OPEN SPACE CAR PARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8648D
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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) +65-98533472
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	FONG KOON WAH
NRIC No	SXXXX100A

Date Of Birth	03/04/1972
Occupation	Outdoor
Date Of Driving Pass	05/01/1996
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98533472
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 8A UPPER BOON KENG ROAD #25-504
Address complement	-
Postcode	381008
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Female

#### PASSENGER 2

Name	UNKNOWN
Gender	Female

#### 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 040621 AT AROUND 1645HRS, I WAS DRIVING MY VEHICLE A SHA8648D IN THE OPEN SPACE CARPARK JUST BESIDE BLK 137 LOR AH SOO. AS I WAS DRIVING STRAIGHT TOWARDS THE DROP OFF POINT WHEN SUDDENLY VEHICLE B GBK4127K REVERSED OUT OF THE PARKING LOT HITTING MY FRONT LEFT WHEEL ARCH AREA. THERE WAS DAMAGE TO THAT AREA. MY PASSANGER SUSTAINED HEAD INJURIES.

#### 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	GBK4127K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-87771226
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	UNKNOWN PASSENGER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEAD INJURED
Injured person in which vehicle?	SHA8648D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

# 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 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 :

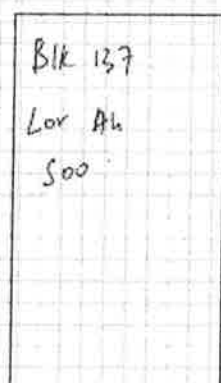
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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



A-SHA 8648D

B-GBK 4127K

## Describe Circumstances of the Accident

ON 040621 AT AROUND 1645HRS, I WAS DRIVING MY VEHICLE A SHA8648D IN THE OPEN SPACE CARPARK JUST BESIDE BLK 137 LOR AH SOO. AS I WAS DRIVING STRAIGHT TOWARDS THE DROP OFF POINT WHEN SUDDENLY VEHICLE B GBK4127K REVERSED OUT OF THE PARKING LOT HITTING MY FRONT LEFT WHEEL ARCH AREA. THERE WAS DAMAGE TO THAT AREA. MY PASSANGER SUSTAINED HEAD INJURIES.

## 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

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

