

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref : 205480329  
Date : 29-7-21  
Time of Fax : \_\_\_\_\_

Via Fax : EMAIL  
Your Insured : 8LL3308m  
Date of Acc : 28-7-21

Attn: Motor Claims Department

AIG

Dear Sirs

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

07300C

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
◆ <u>Jumani Bin Masudin</u>	<b>Tel: 6214 8315 or HP: 9635 5305</b>
◆ Lim Tien Siong	Tel: 6214 8398 or HP: 9635 8546
◆ Chiang Liat Choon	Tel: 6214 8314 or HP: 9296 6006

} **jumanibm@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

Team: ARC Repair TP(CFSO)1

**JOB CARD**

Sales Order: 4103465

JC NO.: 305480389

OMER

IS

OMER NO.

IESS

(R)

(P)

OUNT CARD NO.

**CITYCAB PTE LTD**

**7010070**

**383 SIN MING DRIVE**

**Singapore SINGAPORE 575717**

**65551188**

(O)

REGN NO.:

**SHC7300C**

MILEAGE

MAKE:

**TOYOTA**

FUEL

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

MODEL

**PRIUS HYBRID(G4)**

DATE/TIME IN

**29.07.2021 10:25**

YR OF MANU

**12.07.2017**

TARGET DATE

CHASSIS CODE

**JTDBK3FU403561105**

COMPLETION DATE/TIME:

JOB DESCRIPTION

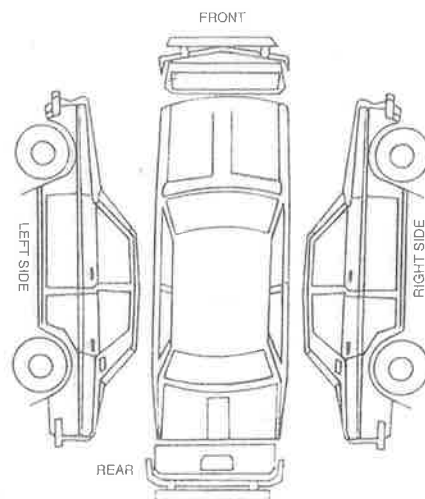
**Accident Date: 28.07.2021**

**NATURE: 3P 28.07.2021**

**S/NO**

**LABOR CODE**

**DESCRIPTION**



OKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: **SHC7300C** **JU AIG**

Vehicle No.: **SHC7300C**

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

## REPAIR ESTIMATE\*

**AIG**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER ASSY			\$458.60
10	REAR BUMPER CLIPS			\$22.00
1	REAR BUMPER UNDER COVER			\$552.60
1	REAR BUMPER BEAM			\$318.80
1	BOOTLID LOWER GARNISH			\$889.70
1	BOOTLID EMBLEM – PRIUS			\$60.80
1	BOOTLID EMBLEM – HYBRID			\$52.40
1	BOOTLID EMBLEM – TOYOTA STAR			\$52.90
	SUB TOTAL			\$2,407.80
	LESS 25%			\$601.95
	DISCOUNTED TOTAL			\$1,805.85
	REAR NUMBER PLATE			\$50.00 Nett
	BOOTLID COMFORTDELGRO LOGO			\$30.00 Nett
	BOOTLID TEL.NOS LOGO			\$30.00 Nett
	BOOTLID APPS LOGO			\$40.00 Nett
	REVERSE SENSOR			\$135.70 Nett
	REAR BUMPER MAT			\$50.00 Nett
				\$335.70
	Labour Charge			
	PANEL BEATING			\$800.00
	SPRAY PAINT			\$600.00
	REMOVE/REFIX REVERSE SENSOR			\$80.00
	ADVERTISEMENT LOGO – BUMPER			\$50.00
	ADVERTISEMENT LOGO – FENDER			\$200.00
	TOTAL LABOUR			\$1,730.00
	ESTIMATE TOTAL			\$3,871.55
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	29/07/2021 16:06 (SGT)
Date of Accident	28/07/2021 16:00 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7300C
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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) +65-93394365
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	R VASUTHEVAN
NRIC No	SXXXX045B

Date Of Birth	05/05/1954
Occupation	Outdoor
Date Of Driving Pass	22/07/1991
Driving experience	30 YEARS
Gender	Male
Mobile Number	(Phone) +65-93394365
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 309A ANCHORVALE ROAD #02-71
Address complement	-
Postcode	541309
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 vehicle 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	UNKNOWN
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 28/07/2021 AT ABOUT 1600HRS I WAS DRIVING MY VEHICLE A SHC7300C ALONG BUKIT TIMAH ROAD TURNING LEFT ONTO CTE /ANG MO KIO. AT THE SLIP ROAD I STOPPED MY VEHICLE A TO CHECK ON TRAFFIC. VEHICLE B SLL3308M THEN REAR ENDED MY STATIONARY VEHICLE A. AFTER IMPACT FELT STRAIN ON MY NECK AND HEAD. MY PASSENGER ALSO COMPLAIN ABOUT BACK STRAIN. PARTICULARS EXCHANGED BUT NO HANDPHONE

#### 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	SLL3308M
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MS LIM CHOR SANG
NRIC No	SXXXX501B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	R VASUTHEVAN
Address	BLK 309A ANCHORVALE ROAD #02-71
Address Complement	-
Post Code	541309
Approximate Age Years Old	76
Injuries Sustained	NECK AND HEAD PAIN
Injured person in which vehicle?	SHC7300C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	PASSANGER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK STRAIN
Injured person in which vehicle?	SHC7300C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

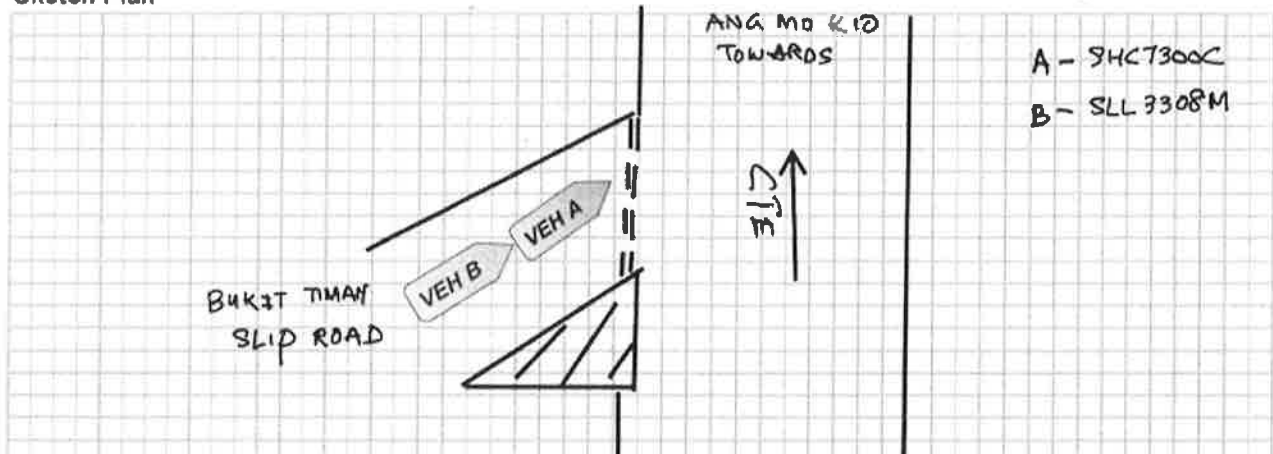
**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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

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## 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 29.07.2021 1125HRS

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel Kyau Yong



