



TO :

FAX NO:

**ESTIMATE REPORT**

1ST Quotation

07/12/2021 11:49

JOB-NO: 50113793

**OWNER'S PARTICULARS**

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 3

ADDRESS: 383 SIN MING DRIVE  
SINGAPORE 575717 0

64739522

**VEHICLE DETAILS**

LICENSE NO: SHA8843G

TRANS: AUTO

CHASSIS: JTDKB3FU403538763

MAKE / MODEL: TOYOTA / Prius Hybrid 1.8 CVT

ENGINE: 2ZRR969408

OWNER'S INSURER: AXA INSURANCE SINGAPORE PTE LTD

JOB-CODE: TP

SA: Ding Auto User 2

**CLAIM DETAILS**

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<b>LABOUR</b>							
1 TO STRAIGHTEN AND PANEL BEAT OF ACCIDENT AFFECTED AREA	1.00	1,800.00	0.00	1,800.00	900	Y	_____
2 TO RUST PROOFING OF THE AFFECTED AREA	1.00	180.00	0.00	180.00	30	Y	_____
3 TO REMOVE AND REFIT OF NECESSARY ITEMS TO FACILITATE BODYWORK REPAIR	1.00	350.00	0.00	350.00	50	Y	_____
4 TO DIAGNOSTIC, CHECK WIRING AND LIGHTING SYSTEM AND CLEAR FAULT CODE	1.00	300.00	0.00	300.00	30	Y	_____
5 TO REFIT REAR REVERSE SENSOR	1.00	140.00	0.00	140.00	30	Y	_____
6 TO TRANSFER REAR BOOT MECHANISM TO NEW BOOT AND TO PERFORM WATER SEEPAGE TEST	1.00	180.00	0.00	180.00	50	Y	_____
7 TO REMOVE AND REFIT REAR TAILGATE UPPER AND LOWER WINDSCREEN TO ENABLE BODYWORK REPAIR	1.00	270.00	0.00	270.00	150	Y	_____
8 TO CONDUCT TYRE BALANCING AND WHEEL ALIGNMENT	1.00	150.00	0.00	150.00	X	Y	_____
9 TO CHECK AND REPAIR WIRE HARNESS	1.00	220.00	0.00	220.00	X	Y	_____
10 TO VACUUM SHATTERED REAR WINDSCREEN GLASS AND WASH REAR PASSENGER SEAT	1.00	180.00	0.00	180.00	30	Y	_____
11 TO RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00	200	Y	_____
12 TO RESPRAY REAR BUMPER EXTENSION FILLER	1.00	250.00	0.00	250.00	X	Y	_____
13 TO RESPRAY REAR REVERSE SENSOR	1.00	250.00	0.00	250.00	50	Y	_____
14 TO RESPRAY REAR QUARTER PANEL	1.00	250.00	0.00	250.00	200	Y	_____
15 TO RESPRAY TAILLAMP PANEL	1.00	250.00	0.00	250.00	80	Y	_____
16 TO RESPRAY REAR TAILGATE PANEL	1.00	250.00	0.00	250.00	200	Y	_____
17 TO RESPRAY REAR TAILGATE OUTER GARNISH	1.00	250.00	0.00	250.00	150	Y	_____
18 TO RESPRAY REAR TAILGATE SPOILER	1.00	250.00	0.00	250.00	X	Y	_____
19 TO RESPRAY REAR END PANEL	1.00	250.00	0.00	250.00	200	Y	_____
20 TO RESPRAY REAR FLOOR PAN	1.00	250.00	0.00	250.00	X	Y	_____
21 TO RESPRAY REAR FLOOR PAN EXTENSION	1.00	250.00	0.00	250.00	X	Y	_____
22 TO REAPPLY SEAL JOINT ON WELDING AFFECTED AREAS	1.00	180.00	0.00	180.00	X	Y	_____
TOTAL:		6,700.00	0.00	6,700.00			_____

**MATERIALS**

G-STAR-WI-ET-001-02-Rev00

# CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
1 REAR BUMPER COVER / <i>DD</i>	1.00	442.60	110.65	331.95	L	Y	
2 REAR BUMPER CENTER GUARD / <i>CRU</i>	1.00	576.30	144.08	432.22	L	Y	
3 REAR LH BUMPER RETAINER / <i>BR</i>	1.00	116.50	29.13	87.37	L	Y	
4 REAR RH BUMPER RETAINER / <i>BR</i>	1.00	117.70	29.43	88.27	L	Y	
5 REAR LH BUMPER EXTENSION FILLER X	1.00	123.70	30.93	92.77	L	Y	
6 REAR RH BUMPER EXTENSION FILLER X	1.00	123.70	30.93	92.77	L	Y	
7 REAR BUMPER CENTER UNDER COVER / <i>CRU</i>	1.00	229.90	57.48	172.42	L	Y	
8 REAR RH BUMPER UNDER COVER X	1.00	175.10	43.78	131.32	L	Y	
9 SMART KEY ANTENNA / <i>BR</i>	1.00	72.00	18.00	54.00	L	Y	
10 REAR RH BUMPER SIDE SEAL X	1.00	88.50	22.13	66.37	L	Y	
11 REAR BUMPER REINFORCEMENT X	1.00	332.70	83.18	249.52	L	Y	
12 REAR BUMPER TOWING COVER / <i>MIS</i>	1.00	15.40	3.85	11.55	L	Y	
13 REAR END PANEL / <i>BR</i>	1.00	650.30	162.58	487.72	L	Y	
14 REAR END PANEL TRIM BOARD / <i>CRU</i>	1.00	126.70	31.68	95.02	L	Y	
15 REAR FLOOR PAN ASSY X	1.00	583.40	145.85	437.55	L	Y	
16 REAR RH SIDE FLOOR PANEL EXTENSION X	1.00	78.30	19.58	58.72	L	Y	
17 TAILLAMP UPPER RH / <i>BR</i>	1.00	451.80	112.95	338.85	L	Y	
18 TAILLAMP LOWER RH X	1.00	502.00	125.50	376.50	L	Y	
19 TAILLAMP PANEL RH / <i>YR</i>	1.00	103.40	25.85	77.55	L	Y	
20 TAILLAMP COVER RH / <i>CRU</i>	1.00	64.50	16.13	48.37	L	Y	
21 TAILLAMP UPPER LH X	1.00	451.80	112.95	338.85	L	Y	
22 TAILLAMP LOWER LH X	1.00	502.00	125.50	376.50	L	Y	
23 REAR TAILGATE PANEL ASSY / <i>BR</i>	1.00	1,147.80	286.95	860.85	L	Y	
24 REAR TAILGATE OUTER GARNISH / <i>BR</i>	1.00	925.60	231.40	694.20	L	Y	
25 REAR TAILGATE TOYOTA EMBLEM / <i>ACC</i>	1.00	47.90	11.98	35.92	L	Y	
26 REAR TAILGATE HYBRID EMBLEM / <i>ACC</i>	1.00	54.60	13.65	40.95	L	Y	
27 REAR TAILGATE PRIUS EMBLEM / <i>ACC</i>	1.00	54.60	13.65	40.95	L	Y	
28 REAR BOOT INNER TRIM BOARD (BIG) / <i>BR</i>	1.00	259.20	64.80	194.40	L	Y	
29 REAR BOOT INNER TRIM BOARD (SMALL) X	1.00	225.20	56.30	168.90	L	Y	
30 REAR BOOT LOCK / <i>BT</i>	1.00	467.00	116.75	350.25	L	Y	
31 REAR BOOT WEATHERSTRIP / <i>TN</i>	1.00	372.30	93.08	279.22	L	Y	
32 REAR RH DECK FLOOR BOX / <i>?</i>	1.00	313.60	78.40	235.20	L	Y	
33 REAR TAILGATE UPPER WINDSCREEN / <i>ACC</i>	1.00	28.90	7.23	21.67	L	Y	
ADHESIVE DAM							
34 REAR TAILGATE UPPER WINDSCREEN / <i>ACC</i>	1.00	35.50	8.88	26.62	L	Y	
MOULDING							
35 REAR TAILGATE LOWER WINDSCREEN / <i>ACC</i>	1.00	761.40	190.35	571.05	L	Y	
GLASS							
36 REAR TAILGATE LOWER WINDSCREEN / <i>ACC</i>	1.00	28.90	7.23	21.67	L	Y	
ADHESIVE DAM							
37 REAR TAILGATE LOWER WINDSCREEN / <i>ACC</i>	1.00	23.60	5.90	17.70	L	Y	
MOULDING							
38 REAR LH TAILGATE LOWER WINDSCREEN / <i>ACC</i>	1.00	30.90	7.73	23.17	L	Y	
MOULDING NO.2							
39 REAR RH TAILGATE LOWER WINDSCREEN / <i>ACC</i>	1.00	30.90	7.73	23.17	L	Y	
MOULDING NO.2							
40 REAR SPOILER ASSY X	1.00	1,575.40	393.85	1,181.55	L	Y	
41 REAR THIRD BRAKE LAMP X	1.00	192.30	48.08	144.22	L	Y	
42 REAR LH DECK FLOOR BOX X	1.00	313.00	78.25	234.75	L	Y	
43 SPARE TYRE BOARD / <i>CRU</i>	1.00	519.00	129.75	389.25	L	Y	
44 REAR LH LUGGAGE SIDE TRIM X	1.00	355.90	88.98	266.92	L	Y	
45 REAR RH LUGGAGE SIDE TRIM / <i>CRU</i>	1.00	355.90	88.98	266.92	L	Y	
46 REAR BUMPER WIRE HARNESS X	1.00	170.70	42.68	128.02	L	Y	
47 REAR BOOT WIRE HARNESS X	1.00	294.40	73.60	220.80	L	Y	
48 REAR BUMPER CLIP SET / <i>ACC</i>	1.00	80.00	0.00	80.00	S	Y	
49 REAR REVERSE SENSOR SET / <i>BR</i>	2.00	400.00	0.00	400.00	S	Y	
50 REAR LICENCE PLATE NUMBER WITH / <i>CRU</i>	1.00	100.00	0.00	100.00	S	Y	
FRAME							
51 REAR BUMPER PROTECTOR (chrome) / <i>BT</i>	1.00	160.00	0.00	160.00	S	Y	
52 REAR TAILGATE OUTER GARNISH CLIP SET / <i>ACC</i>	1.00	65.00	0.00	65.00	S	Y	

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# CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
53 REAR TAILGATE "6552-1111" STICKER / <i>AK</i>	1.00	140.00	0.00	140.00 <i>50</i>	S	Y	
54 REAR TAILGATE "COMFORT DELGRO" STICKER / <i>AK</i>	1.00	140.00	0.00	140.00 <i>50</i>	S	Y	
55 REAR TAILGATE "BOOK NOW" STICKER / <i>AK</i>	1.00	140.00	0.00	140.00 <i>60</i>	S	Y	
56 REAR BUMPER UNDER COVER CLIP SET / <i>AK</i>	1.00	65.00	0.00 <i>10</i>	65.00	S	Y	
57 REAR BOOT INNER TRIM BOARD CLIP SET / <i>AK</i>	1.00	65.00	0.00 <i>10</i>	65.00	S	Y	
58 REAR SPOILER CLIP AND PAD SET / <i>AK</i>	1.00	55.00	0.00 <i>10</i>	55.00	S	Y	
59 REAR WINDSCREEN PRIMER / <i>AK</i>	2.00	160.00	0.00 <i>40</i>	160.00	S	Y	
60 REAR WINDSCREEN SEALANT / <i>AK</i>	3.00	180.00	0.00 <i>30</i>	180.00	S	Y	
61 REAR WINDSCREEN GLASS PAD SET / <i>AK</i>	1.00	55.00	0.00 <i>10</i>	55.00	S	Y	
62 REAR LUGGAGE SIDE TRIM CLIP SET / <i>AK</i>	1.00	55.00	0.00 <i>10</i>	55.00	S	Y	
63 TAILLAMP GUIDE CLIP SET / <i>AK</i>	1.00	55.00	0.00 <i>10</i>	55.00	S	Y	
64 REAR BUMPER EXTENSION FILLER CLIP X	1.00	55.00	0.00	55.00	S	Y	
65 REAR END PANEL SEALANT / <i>AK</i>	2.00	170.00	0.00 <i>20</i>	170.00	S	Y	
66 REAR END PANEL INSULATOR SET X	1.00	150.00	0.00	150.00	S	Y	
67 REAR FLOOR PAN SEALANT X	2.00	170.00	0.00	170.00	S	Y	
68 REAR BUMPER SIDE SEAL CLIP X	1.00	55.00	0.00	55.00	S	Y	
69 REAR BUMPER RETAINER CLIP X <i>AK</i>	1.00	55.00	0.00	55.00	S	Y	
70 REAR END PANEL TRIM BOARD CLIP SET / <i>AK</i>	1.00	55.00	0.00 <i>10</i>	55.00	S	Y	
TOTAL:		17,137.80	628.32	13,509.48			

TOTAL PARTS & LABOUR : 23,837.80 3,628.32 20,209.48

EXCESS/LOADING: S\$ 0.00

No. Of Day: \_\_\_\_\_

RE-SURVEY: BEFORE/AFTER PAINTING  
PART-BY-PART OR LUMP SUM: S\$

DATE OF SURVEY: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SURVEYED BY: \_\_\_\_\_

CONTACT NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

*MR PL*  
*LIS*  
*By ATL sy*  
*6 days*

*Steve CLKK)*  
*6/12/21, 12-noon*

## 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 ..... 03/12/2021 12:25 (SGT)  
Date of Accident ..... 02/12/2021 18:25 (SGT)  
Exact Location of Accident ..... Corporation Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHA8843G  
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) +65-83886920  
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 ..... MOHAMED FOUZE BIN ABDUL RAFIQUE  
NRIC No ..... SXXXX630A

Date Of Birth ..... 11/10/1963  
 Occupation ..... Outdoor  
 Date Of Driving Pass ..... 16/05/1988  
 Driving experience ..... 33 YEARS AND 7 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-83886920  
 Alt. Phone Number .....  
 Email Address ..... fleetsafety@cdgtaxi.com.sg  
 Address ..... 349 CORPORATION DRIVE #03-516  
 Address complement .....  
 Postcode ..... 610349  
 Is the driver the policyholder? ..... No  
 If No, Relationship of the Driver with the Insured ..... RELIEF DRIVER  
 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) ..... 3  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

#### PASSENGER 1

Name ..... FAZILAH  
 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 THE 02/12/2021 AT ABOUT 1825 HOURS, I WAS DRIVING VEHICLE A (SHA8843G) ON LANE 1 ALONG CORPORATION ROAD WAITING BEFORE RED LIGHT AT A CONTROLLED JUNCTION WHEN SUDDENLY VEHICLE B (SLT9437S) WAS UNABLE TO BRAKE AND REAR ENDED ME. MY PASSENGER COMPLAINED OF DULL PAIN IN NECK AND SHOULDERS. THE TRAFFIC POLICE ALSO ARRIVE ON SCENE BUT FOUND THE DRIVER TO BE DRINK DRIVING, HE WAS ARRESTED ON THE SCENE BY THE POLICE. I SUFFERED LOWER BACK PAIN AND NECK PAIN.

#### 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	SLT9437S
Vehicle Manufacturer	Mercedes
Vehicle Model	Gla180
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG WEI SIANG
NRIC No	SXXXX870H
Contact Number	-
Address	-
Address complement	349 CORPORATION DRIVE #03-516
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	MOHAMED FOUZE BIN ABDUL RAFIQUE
Gender	Male
Phone No	(Phone) +65-83886920
Address	349 CORPORATION DRIVE #03-516
Address Complement	-
Post Code	610349
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHA8843G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHA8843G
Were seat belts worn?	Yes
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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

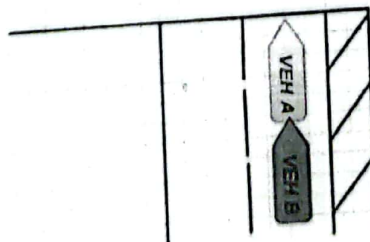
Driver's Signature (If driver is not the policyholder) / Date & Time

02/12/21

1420

Witnessed by Reporting Centre Personnel

↑ CORPORATION ROAD



A - SH48843G  
B - SLT9437S

## Describe Circumstances of the Accident

ON THE 02/12/2021 AT ABOUT 1825 HOURS, I WAS DRIVING VEHICLE A (SHA8843G) ON LANE 1 ALONG CORPORATION ROAD WAITING BEFORE RED LIGHT AT A CONTROLLED JUNCTION WHEN SUDDENLY VEHICLE B (SLT9437S) WAS UNABLE TO BRAKE AND REAR ENDED ME. MY PASSENGER COMPLAINED OF DULL PAIN IN NECK AND SHOULDERS. THE TRAFFIC POLICE ALSO ARRIVE ON SCENE BUT FOUND THE DRIVER TO BE DRINK DRIVING, HE WAS ARRESTED ON THE SCENE BY THE POLICE. I SUFFERED LOWER BACK PAIN AND NECK PAIN.

## 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