

47

## TOTAL

**REPAIR ESTIMATE\***

DATE: 13.07.23  
MVA JUMANI  
DOA: 13.07.23

## CHINA

NET  
NET  
NET

Tayfikh 97495749  
WP' 13/7/23 @ 5 pm  
L/S Resham after repair  
Tayfikh e Ikhantawm.  
~2 days

am: ARC Repair TP(CLS0)1

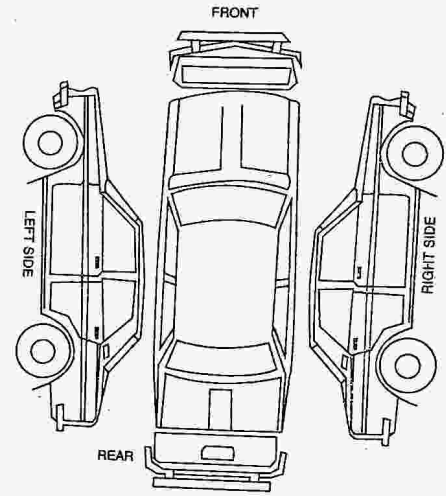
JOB CARD Sales Order: 5903859

JC NO305560494

OWNER	REGN NO.: SHC8017P	MILEAGE
AS COMFORT TRANSPORTATION PTE LTD	MAKE: MERCEDES BENZ	FUEL
7010045	MODEL E220CDI (E5)	E.....1/2.....F
OWNER NO. 383 SIN MING DRIVE	13.07.2023 12:50	DATE/TIME IN
RESS Singapore SINGAPORE 575717	YR OF MANU. 13.05.2015	TARGET DATE
(R) 65508755	CHASSIS CODE WDD2120012B169359	COMPLETION DATE/TIME
(P)		
COUNT CARD NO.		

Accident Date: 13.07.2023  
ATURE: 3P.13.07.23

JOB DESCRIPTION

NO	LABOR CODE	DESCRIPTION
		

WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Damage Slip

Exit Pass

SHC8017P

JU CHINA

Vehicle No.:

SHC8017P

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 Actual 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 ..... 13/07/2023 15:05 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 13/07/2023 11:50 (SGT)  
Exact Location of Accident ..... 8 Sentosa Gateway, Singapore 098269  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC8017P  
INSURED/POLICYHOLDER  
Is company? ..... Yes  
Name Of Registered Owner ..... COMFORT TRANSPORTATION PTE LTD  
Company Reg No ..... 1XXXXX821R  
Email Address ..... fleetsafety@cdgtaxi.com.sg  
Mobile Phone No ..... (Phone) +65-96842659  
Alternative Phone No ..... (Office) +65-65508768

## VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... E220  
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 ..... HSBC Life (Singapore) Pte. Ltd  
Policy Number / Cover Note Number ..... VFX/P2419138

## DRIVER

Name of Driver ..... CHOO SWEE HWA  
NRIC No ..... SXXXX456F  
Date Of Birth ..... 20/02/1958  
Occupation ..... Outdoor

Date Of Driving Pass .....	31/10/1996
Driving experience .....	26 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96842659
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 415A NORTSHORE DRIVE # 19 - 541
Address complement .....	-
Postcode .....	821415
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 .....	Side Swipe
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 vehicle 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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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 13.07.2023 AT ABOUT 1150HRS I DROVE VEHICLE A SHC8017P TO SENTOSA HARD ROCK HOTEL FOR AN ON CALL JOB. AT THE HOTEL DRIVE WAY, VEHICLE B SLL1179G WHICH WAS MOVING SLOWLY ON THE LEFT AND STOP, SUDDENLY SWERVED OUT RIGHT WHEN VEHICLE A DROVE PAST. VEHICLE B RIGHT FRONT SIDE SWIPE VEHICLE A LEFT FRONT. NO ONE WAS INJURED. SCENE PHOTOS TAKEN. PARTICULARS EXCHANGED.

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number .....	SLL1179G
Vehicle Manufacturer .....	Honda

Vehicle Model .....	Civic
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KELMOND LEOW JIANJIE
NRIC No .....	SXXXX127G
Contact Number .....	(Phone) +65-91450154
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	RIGHT FRONT
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

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

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the center 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.

**FLASH ACCIDENT  
REPORTING OFFICER**  
**KYMI**

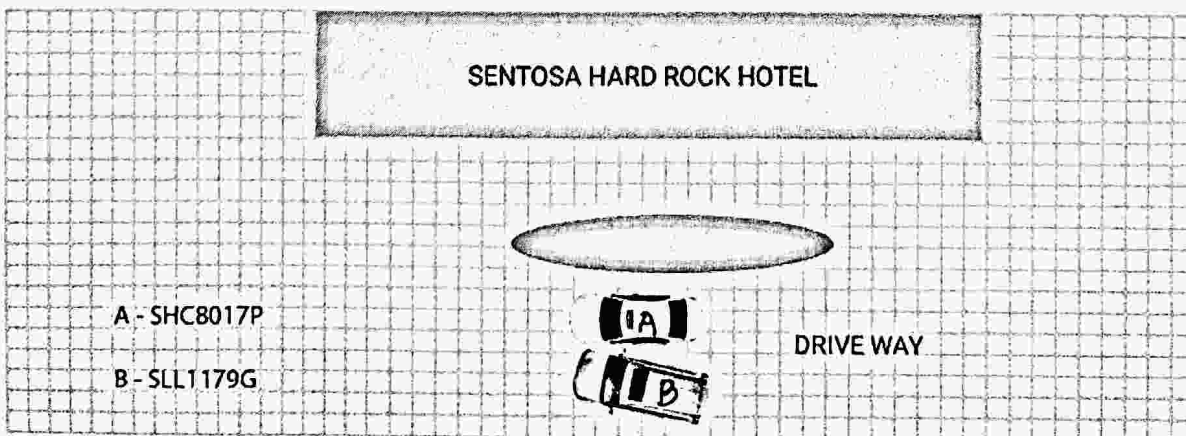


Policyholder's Signature / Date &  
Time

Driver's Signature (If driver is not the policyholder) / Date  
& Time 13.07.2023. 1340HRS

Witnessed by Reporting Centre  
Personnel

**Sketch Plan**



Describe Circumstances of the Accident

ON 13.07.2023 AT ABOUT 1150HRS I DROVE VEHICLE A SHC8017P TO SENTOSA HARD ROCK HOTEL FOR AN ON CALL JOB.  
AT THE HOTEL DRIVE WAY, VEHICLE B SLL1179G WHICH WAS MOVING SLOWLY ON THE LEFT AND STOP, SUDDENLY SWERVED OUT RIGHT WHEN VEHICLE A DROVE PAST.  
VEHICLE B RIGHT FRONT SIDE SWIPE VEHICLE A LEFT FRONT.  
NO ONE WAS INJURED.  
SCENE PHOTOS TAKEN.  
PARTICULARS EXCHANGED.

Declaration

I/We declare the foregoing particulars are true in every respect



FLASH ACCIDENT  
REPORTING OFFICER  
KYMI



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 23 07 2023 1345HRS

Witnessed by Reporting Centre Personnel