

## QUOTATION FOR VEHICLE RD 6147 L

		PARTS		
1	1	REAR BUMPER	\$	996.72
2	1	REAR BUMPER CENTRE GRILLE	\$	199.63
3	1	REAR BUMPER REINFORCEMENT	\$	605.22
4	1	REAR BUMPER REINFORCEMENT BRACKET (LH)	\$	180.00
5	1	REAR BUMPER SIDE BRACKET (LH)	\$	28.30
6	1	REAR BUMPER SIDE REFLECTOR (RED) (LH)	\$	38.40
7	1	REAR BUMPER SIDE REFLECTOR CHROME (LH)	\$	8.10
8	1	REAR PANEL	\$	1,151.95
9	1	REAR PANEL TOP GARNISH	\$	69.24
10	1	REAR FENDER SHIELD (LH)	\$	197.28
SUB TOTAL			\$	3,474.84
LESS 10%			\$	347.48
DISCOUNTED SUB TOTAL			\$	3,127.36
		S/NETT		
1	1	REAR PARKING SENSOR	\$	105.31
2	1	ADVERTISEMENT LOGO	\$	100.00
SUB TOTAL			\$	205.31
		LABOUR		
1		PANEL BEATING	\$	850.00
2		SPRAYPAINTING CHARGES	\$	650.00
3		WIRING CHARGES	\$	40.00
4		TUFF KOTE	\$	80.00
5		REMOVE/REFIX REAR PARKING SENSOR	\$	100.00
SUB TOTAL			\$	1,720.00
GRAND TOTAL			\$	<u>5,052.67</u>

PLEASE NOTE THAT THE ABOVE IS ONLY AN ESTIMATE.  
THEREFORE SHOULD THERE BE ANY ADDITIONAL PARTS  
REQUIRE OR DISCOVER DAMAGE DURING OUR COURSE OF  
REPAIRS. WE WOULD INFORM YOU ACCORDINGLY FOR THE  
NECESSARY ACTIONS. PRICES OF PARTS QUOTED ARE  
SUBJECT TO CHANGE WITHOUT NOTICE.

## 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 ability.
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 Report	11/06/2018 10:19
Date Of Accident	09/06/2018 22:10
Exact Location Of Accident	PASIR RIS DRIVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	RD6147L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HDT SINGAPORE TAXI PTE LTD
Co Reg No	201609494H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86547472
Alternative Phone No	OFFICE-86547472
<b>Vehicle Particulars</b>	
Manufacturer	BYD
Model	E6Y-(A)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5085730780-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM KIM LEONG
NRIC No	S1739656J
Date Of Birth	15/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	06/03/1987
Driving Experience	31 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96455570
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 673A EDGEFIELD PLAINS #08-601
Postcode	821673
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE ATTACHMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK8044X
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKT4570J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	UNKNOWN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	RD6147L
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN


IMPORTANT NOTICE

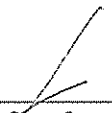
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 lodgment 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:

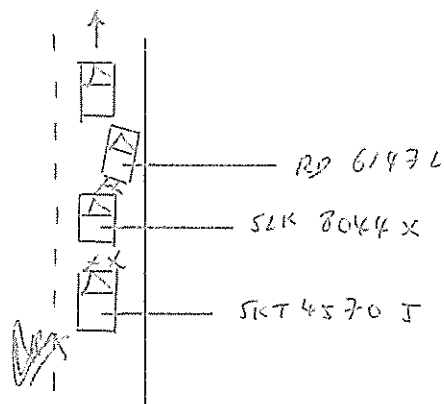
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11/06/18 0940144

  
Reporting Centre Personnel's Signature  
Name: Chen S L  
NRIC/FIN No.: S 7920236 E

SKETCH PLAN






DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


SEE ATTACHMENT

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: 11/06/12 0946 hrs

  
Reporting Centre Personnel's Signature  
Name: Chris Lim  
NRIC/FIN No.: 579202862



SINGAPORE  
POLICE FORCE



T/20180610/2028

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3

Report No. T/20180610/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2018 12:48		Vide Report No.:		Station Diary No.: 41
<b>Informant's Particulars</b>				
Name of Informant: LIM KIM LEONG		Address: APT BLK 673A EDGEFIELD PLAINS #08-601 SINGAPORE 821673		
ID Type / ID No.: NRIC NO / S1739656J		Contact No.: Home/Office: Mobile: 96455570		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 51	Date of Birth: 15/09/1966	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3,4,5 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/06/2018 22:10	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 PASIR RIS DRIVE 8 PASIR RIS DRIVE 1 Before X junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Chain Collision			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
RD6147L	TAXI					3
SKT4570J						0
SLK8044X	Car					0



SINGAPORE  
POLICE FORCE



T/20180610/2028

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20180610/2028

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LIM KIM LEONG	ID No.	S1739656J
Related Vehicle	NIL	Contact No.	96455570
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 09/06/2018 at around 2210hrs, I was involved in a chain collision along Pasir Ris Drive 8 towards Pasir Ris Drive 1. Total of three vehicles were involved, bearing registration plate numbers (RD6147L), (SLK8044X), (SKT4570J). It was a three lane road and I was travelling (RD6147L) on the 1st lane of the three lane road. While on the move, a vehicle from lane 2 swerved into the right (ahead of my vehicle) and it caused me to apply the emergency brakes. I managed to avoid colliding against the vehicle in front however the vehicle behind me (SLK8044X) had hit onto my rear. Another vehicle (SKT4570J) had also hit onto the vehicle behind my vehicle. I had 3 passengers, 2 of which were kids and one of them was believed to have suffered some pain resulting from the collision.





SINGAPORE  
POLICE FORCE



T/20180310/2028

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20180310/2028

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 3 MUHAMMAD ZULHAIKEL BIN MAZLAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/06/2018 12:48
Officer In Charge Of Case: TP / AEIT / SI DZUL-HAIRIE BIN RAMLI Contact No.: 65476220	Classification Of Case:
Authentication Stamp NP168  Singapore Police Force	

> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 11 Jun 2018 / 10:12:46  
Receipt Date/Time : 11 Jun 2018 / 10:12:46

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-180611-000464  
Previous Receipt No. :

**S/N Item Description/  
Business Transaction Reference  
No.**

Result of Insurance Enquiry - SLK8044X  
As at 09 Jun 2018/22:10:00  
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.  
1 Insurance Enquiry - SLK8044X  
Enquiry Fee  
20180611101136555933

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
7.00	0.49	7.49
Sub-Total	7.00	7.49
Total Before Rounding	7.00	7.49
Rounding Difference		0.04
Total Amount Payable		7.45

Paid By	20180611101159838 (Internet Banking)	Direct Debit: eNETS Debit	7.45
Total			7.45
Cash Change			0.00
Tendered Amount			7.45
Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

[> Back to OneMotoring](#)

## Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SLK8044X	09 Jun 2018 / 22:10:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.

[Print](#)[OK](#)[Save as PDF](#)

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5085730780-01 **Cover** : Comprehensive

1. Index mark and Registration Number of Vehicle : **RD6147L**  
 Chassis Number : LC0CE4DB3G1071043
2. Name of Policyholder : HDT SINGAPORE TAXI PTE. LTD.
3. Effective Date of Insurance : 16 Sep 2017
4. Expiry Date of Insurance : 15 Sep 2018
5. Persons or Classes of Persons entitled to drive\*
  - (a) The Policyholder.
  - (b) Any licensed taxi driver driving on the Policyholder's order or with his/her permission.  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use\*
  - (a) Use as a Taxi.
  - (b) Use for social domestic and pleasure purposes.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third- Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION I)	: S\$500
EXCESS (SECTION II)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DICKSON AUTO AGENCY (00000614645)

Date of Issue : 14 Sep 2017 14:16 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**

Countersigned By:



\_\_\_\_\_  
**Authorised Officer**



\_\_\_\_\_  
**Chief Executive**