

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 7113U

DATE 10/12/2018 14:45

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 544.50
	Front Bumper Bracket Top (RH)			\$ 22.40
	Front Bumper Bracket (RH)			\$ 24.60
	Front Fender (RH)			\$ 566.30
	Front Fender Shield (RH)			\$ 175.90
	Front Fender Retainer			\$ 24.60
	Front Wheel Hub Cap (RH)			\$ 107.10
	SUB TOTAL			\$ 1,465.40
	LESS 20%			\$ 293.08
	DISCOUNTED TOTAL			\$ 1,172.32
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 600.00
	Tuff Kote			\$ 50.00
	Frt Wheel Alignment			\$ 80.00
	TOTAL LABOUR			\$ 1,130.00
	ESTIMATE TOTAL			\$ 2,302.32
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 Report	10/12/2018 11:19
Date Of Accident	09/12/2018 05:20
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7113U
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
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	TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	LEOW BUCK SIN
NRIC No	S1563370J
Date Of Birth	17/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	19/05/1994
Driving Experience	24 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97328411
Fax Number	
Contact Number	
EEmail Address	YINGYAN_90@HOTMAIL.COM

Address	BLK 277 YISHUN STREET 22 #06-290
Postcode	760277
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
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: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	10 UBI AVENUE 3 - UBI
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20181209/2014

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL1547B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

AXA INSURANCE PTE LTD

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

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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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Fauzy
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

1ST Accident

PIE Towards Chicago Airport

A-SHT1134
B-SJT1547B

DOA: 9-12-2018
G 0520hr.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Attached Police Report. No.
T/20181209/2014

Total (3) Pax on board at my taxi and No injury. 2 adult male and Female + 1 boy.

There is Video Footage On the Scene.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199203321R

Policyholder's Signature
Date & Time:

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

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

GIAMAC SketchPlanForm V3

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**SINGAPORE
POLICE FORCE**



T/20181209/2014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20181209/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2018 07:57		Vide Report No.: G/20181209/0061		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEOW BUCK SIN			Address: APT BLK 277 YISHUN STREET 22 #06-290 SINGAPORE 760277		
ID Type / ID No.: NRIC NO / S1563370J			Contact No.: Home/Office: Mobile: 97328411		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 17/04/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/12/2018 05:20	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY TPE X PIE TWDS AIRPORT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SH7113U	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue		3
SJL1547B	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver		0



SINGAPORE
POLICE FORCE



T/20181209/2014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20181209/2014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEOW BUCK SIN	ID No.	S1563370J
Related Vehicle	NIL	Contact No.	97328411
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION, I WAS DRIVING OF (SH7113U) AT THE SAID LOCATION. I WAS AT THE CENTER LANE OF 5 LANES GOING TOWARDS AIRPORT. WHEN SUDDENLY A VEHICLE FROM THE 2ND LANE ON MY RIGHT CUT INTO MY LANE RESULTING OF HIS VEHICLE TO HIT ONTO MY RIGHT SIDE FRONT AND THE DRIVER DID NOT STOP AND JUST DROVE OFF, EVENTHOUGH I DID HIGH BEAM AND HORN AT HIM A FEW TIMES. THE VEHICLE OF (SJL1547B) DID NOT ON THE FRONT AND REAR LIGHT. SO I GAVE THE CAR A CHASE TOWARDS THE SLIP ROAD NEAR TERMINAL 4 BEND, WHEN THE VEHICLE OF (SJL1547B) SUDDENLY STOP AT THE LANE, SO I STOP BEHIND THE CAR LIKE ONE CAR LENGTH. WHEN SUDDENLY THIS SAID VEHICLE MAKE A FAST REVERSE AND COLLIDED ONTO MY FRONT BUMPER. THAT'S ALL.



SINGAPORE
POLICE FORCE



T/20181209/2014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20181209/2014

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:
TP /
MUHAMMAD HAZIQ BIN SAIFUDDIN

Signature Of Informant:

Mai

Signature Of Interpreter:
Not applicable

Date/Time:
09/12/2018 07:57

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt ESTHER CHONG
Contact No.: 65476368

Classification Of Case:

Authentication Stamp
NP168

