

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 7113U

DATE 10/12/2018 14:52

MAKE :

MODEL : HYUNDAI i40

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|--|----------------------------------|------|------------|--------------------|
| | Radiator Grille | | | \$ 251.00 |
| | Radiator Grille H Emblem | | | \$ 27.50 |
| | Front Bumper Cover | | | \$ 544.50 |
| | Front Bumper Sponge | | | \$ 99.20 |
| | Front Bumper Reinforcement | | | \$ 402.10 |
| | Front Bumper Grille (RH) | | | \$ 41.60 |
| | Front Bumper Centre Grille | | | \$ 178.60 |
| | Front Bumper Bracket Top (LH/RH) | | \$ 22.40 | \$ 44.80 |
| | Front Bumper Bracket (LH/RH) | | \$ 24.60 | \$ 49.20 |
| | SUB TOTAL | | | \$ 1,638.50 |
| | LESS 20% | | | \$ 327.70 |
| | DISCOUNTED TOTAL | | | \$ 1,310.80 |
| | Front Number Plate | | | \$ 25.00 |
| | Front No Plate Trim Cover | | | \$ 30.00 |
| | | | | \$ 55.00 |
| | Labour Charge | | | |
| | Panel Beating | | | \$ 400.00 |
| | Spray Painting Charge | | | \$ 600.00 |
| | Wiring | | | \$ 50.00 |
| | Tuff Kote | | | \$ 50.00 |
| | Towing Fee | | | \$ 50.00 |
| | TOTAL LABOUR | | | \$ 1,150.00 |
| | ESTIMATE TOTAL | | | \$ 2,515.80 |
| 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. | | | | |

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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 15:33 |
| Date Of Accident | 09/12/2018 05:30 |
| Exact Location Of Accident | CHANGI AIRPORT T4 SLIP RD TOWARDS T1 & T2 |
| 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 | |
| EMail 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 | COLLISION - HEAD TO REAR |
| 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 / Type Of Accident : 3P REVERSE

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

REAR

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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.
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.

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

Policyholder's Signature
Date & Time:

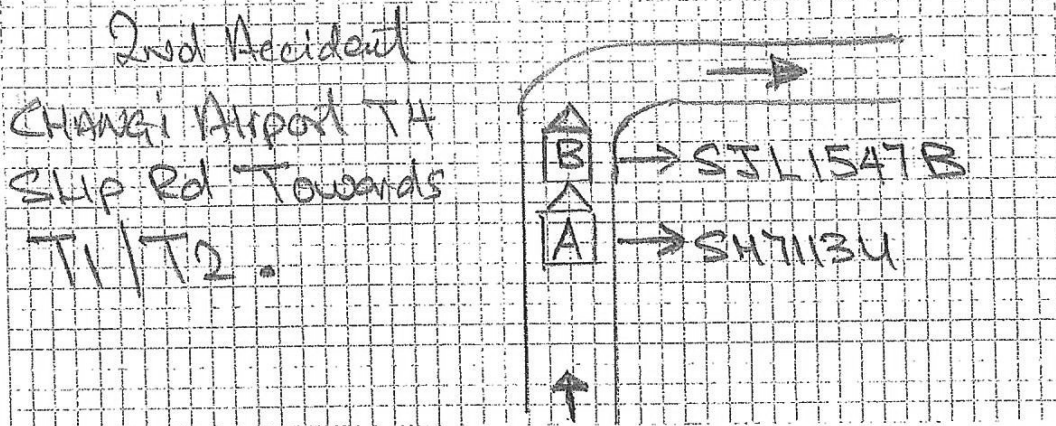
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/IMC SketchPlanForm_V3

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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date and Time: 9/12/18 @ 0530hrs,

Vehicle (B) SJL1547B reversed and hit Vehicle (A) SH7113U front portion. Cause damaged.

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

There is Video Footage On 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.:



**SINGAPORE
POLICE FORCE**



T/20181209/2014

1 of 3

Report No. T/20181209/2014

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

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:

[Handwritten Signature]

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

