

QUOTATION FOR VEHICLE SHF 1583 B

PARTS			
1	1	REAR BUMPER	\$ 996.72
2	1	REAR BUMPER CENTRE GRILLE	\$ 199.63
3	2	REAR BUMPER SENSOR	\$ 210.62
4	2	REAR BUMPER SENSOR BRACKET	\$ 36.80
5	1	REAR BUMPER REINFORCEMENT	\$ 605.22
6	2	REAR BUMPER REINFORCEMENT BRACKET(RH/LH)	\$ 360.00
7	1	REAR BUMPER SIDE REFLECTOR (RH)(RED)	\$ 43.20
8	1	REAR BUMPER SIDE REFLECTOR CHROME (RH)	\$ 16.20
9	1	REAR END PANEL	\$ 1,151.95
		SUB TOTAL	\$ 3,620.34
		LESS 10%	\$ 362.03
		DISCOUNTED SUB TOTAL	\$ 3,258.31
S/NETT			
1	1	REAR BUMPER ADVERTISEMENT LOGO	\$ 100.00
		SUB TOTAL	\$ 100.00
LABOUR			
1		PANEL BEATING	\$ 700.00
2		SPRAYPAINTING CHARGES	\$ 500.00
3		WIRING CHARGES	\$ 40.00
4		TUFF KOTE	\$ 100.00
5		REMOVE/REFIX REAR BUMPER SENSOR	\$ 80.00
		SUB TOTAL	\$ 1,420.00
		GRAND TOTAL	<u>\$ 4,778.31</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 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	08/05/2019 15:36
Date Of Accident	08/05/2019 08:55
Exact Location Of Accident	AYE TOWARD CLEMENTI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF1583B
Insured/Policyholder	
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
Vehicle Particulars	
Manufacturer	BYD
Model	E6H-(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
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-18091940MFSH/78
Cover Note Number	
Driver	
Name of Driver	TAN SUAN KWEE
NRIC No	S1085524A
Date Of Birth	14/06/1944
Occupation	OUTDOOR
Date Of Driving Pass	21/02/1983
Driving Experience	36 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92388788
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 403C FERNVALE LANE #04-157
Postcode	793403
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	2
Passenger 1	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	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
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?	YES
Remarks/ Reasons:	FILE TYPE NOT SUPPORTED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK855L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 INJURED PERSON 1

Name TAN SUAN KWEE
Approximate Age 74
Injuries Sustain
Injured person in which vehicle? SHF1583B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address BLK 403C FERNVALE LANE #04-157
Postcode 793403

SKETCH PLAN

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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.



Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time: 08/25/19 1510h

[Signature]



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

SKETCH PLAN

SEE ATTACHMENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SEE POLICE REPORT

DECLARATION

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

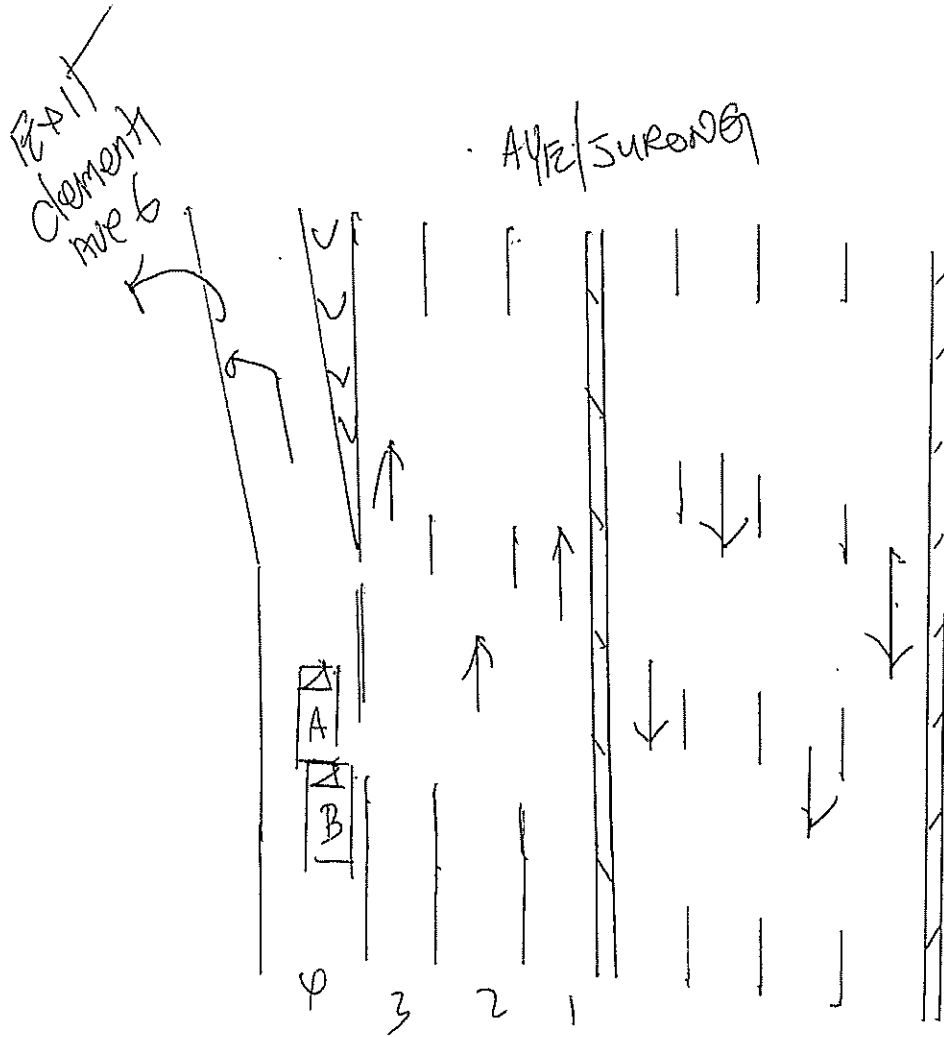
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 08/05/19 1510 hr.

Reporting Centre Personnel's Signature

Name: CHRIS LIM
NRIC/FIN No.:



POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190508/2072

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 5

Report No. T/20190508/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2019 12:56		Video Report No.:		Station Diary No.: 15	
Informant's Particulars					
Name of Informant: TAN SUAN KWEE			Address: APT BLK 403C FERNVALE LANE #04-157 SINGAPORE 793403		
ID Type / ID No.: NRIC NO / S1085524A			Contact No.: Home/Office: Mobile: 92388792		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 74	Date of Birth: 14/06/1944	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:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/05/2019 08:55	Type of Location:
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE/Jurong towards Clementi Ave 6 exit				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	Number of Passengers
SHF1583B	Taxi				Slightly Damaged	1
SKK855L	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190508/2072

Police Station Of Origin:

Changkat NPP

109 Tampines Street 11 #01-261

SINGAPORE 521109

Tel No: 1800-7819999

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Report No. T/20190508/2072

CONTINUATION OF REPORT

Driver:			
Name	TAN SUAN KWEE		ID No. S1085524A
Related Vehicle	SHF1583B (Taxi)		Contact No. 92388788
Hospital/Clinic	Y M CHAN CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 2 Date of Expiry: NIL
Date Treatment	08/05/2019	Date Discharge	08/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver:			
Name	IIDA MOTOKI		ID No. G6261741T
Related Vehicle	NIL		Contact No. 91250563
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/05/2019 at about 0855hrs, I was driving my taxi along AYE/Jurong towards Clementi Ave 6 exit on lane 4 when a car (SKK855L) suddenly hit onto the rear of my car. We then stopped our vehicles to make a check and to exchange particulars. My taxi rear right bumper is damaged due to the accident. I sustained a neck and back pain from the impact of the accident.

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20190508/2072

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3

Report No. T/20190508/2072

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:

G /

Sgt 2 SHAHIZWAN BIN SHAH BUDIN

Signature Of Informant:

[Handwritten signature]

Signature Of Interpreter:

Not applicable

Date/Time:

08/05/2019 12:56

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-19-072646

Date of Request: 08/05/2019

Your Ref No:

Online Purchase

Soon Hock Motor Pte Ltd
Blk 10 Ang Mo Kio Industrial Park 2A
#01-05/06 AMK Autopoint
Singapore 568047

Dear Sir/Madam,

Enquiry Date 08/05/2019
Enquiry By Chris Lim Gan Koon
TP Vehicle No. SKK855L
Accident Date 08/05/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKK855L	AIG Asia Pacific Insurance Pte. Ltd.	26/04/2019-25/04/2020	65-6419-3000

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-072646

Date of Request: 08/05/2019

Your Ref No: Online Purchase

Soon Hock Motor Pte Ltd
Blk 10 Ang Mo Kio Industrial Park 2A
#01-05/06 AMK Autopoint
Singapore 568047

Dear Sir/Madam,

Enquiry Date 08/05/2019
Enquiry By Chris Lim Gan Koon
TP Vehicle No. SKK855L
Accident Date 08/05/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque

CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy. : TAXIS - FLEET
Type of Cover. : Comprehensive
Certificate No. : D-18091940MFSH/78
Vehicle No / Chassis No : SHF1583B / LC0CE4DB9H1012676
Name of Insured : HDT SINGAPORE TAXI PTE. LTD.
Period Of Insurance : 15.09.2018 To 14.09.2019
Insured Estimated Value : Market Value At Time Of Loss
Financial Institution : N.A

Excess :

SGD3,000.00 ALL CLAIMS EACH AND EVERY LOSS

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

- a) Any licensed taxi driver driving on the Insured's order or with their permission.
b) Any person provided he is in the Insured's employ and is driving on their order or with their 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.

Limitations as to use*

Use as a taxi. Use for social, domestic and pleasure purposes.

The Policy does not cover

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

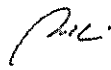
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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)

MS First Capital Insurance Limited
(Approved Insurers)

SUSAN/D0063/MZ400A

Issued at Singapore on 09.10.2018



Authorised Signature