

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	19/08/2019 07:21
Date Of Accident	17/08/2019 22:45
Exact Location Of Accident	AIRPORT BOULEVARD TOWARDS TERMINAL 123.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7793Z
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD (CO
Co Reg No	199303821R
Email Address	FLEETSATY@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	NO
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	TOH KOK KUENG
NRIC No	S7714008E
Date Of Birth	25/05/1977
Occupation	OUTDOOR
Date Of Driving Pass	26/06/2002
Driving Experience	17 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96881510
Fax Number	
Contact Number	
EMail Address	RICHARDTOH77@GMAIL.COM

Address	601B 07-610 PUNGGOL CENTRAL
Postcode	822601
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 (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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTACH.

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

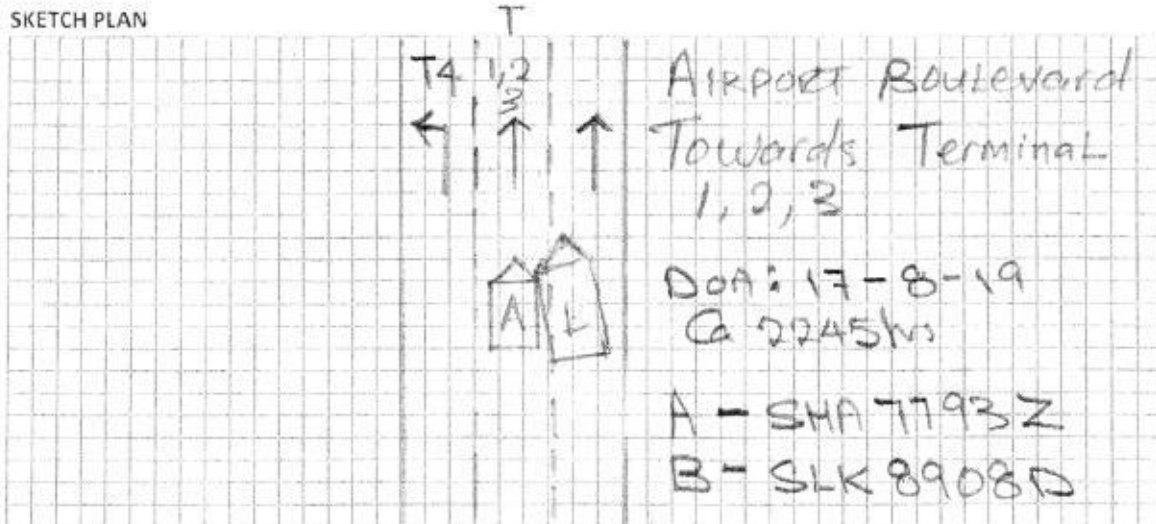
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK8908D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW CHIN TAI
NRIC/Passport Number	S1793406F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TOH KOK KUENG
Approximate Age	42
Injuries Sustain	NECK,SHOULDER
Injured person in which vehicle?	SHA7793Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17-8-19 @ 2245hrs, I was driving along Airport Boulevard towards Terminal 1,2,3 on Centre Lane.

Suddenly Vehicle (B) SLK 8908D on my Extreme right lane the Vehicle Crossing toward my lane and hit my taxi Right front portion Cause damaged.

There is Video Footage on the Scene.
No Pax on board at my taxi.

DECLARATION

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

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

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.:

GRANDPRAIRER 2018

IMPORTANT NOTICE

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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: 180303821R

Policyholder's Signature
Date & Time:

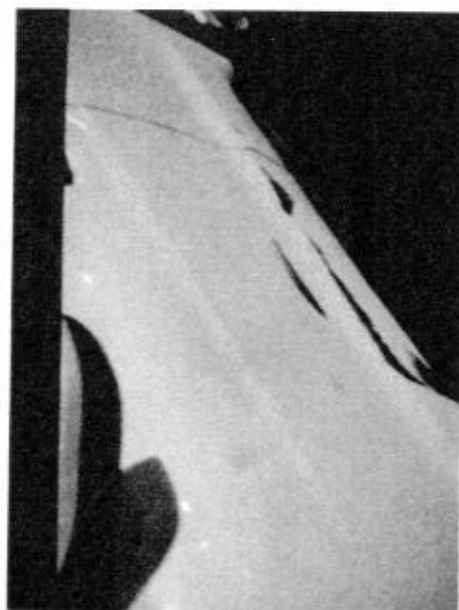
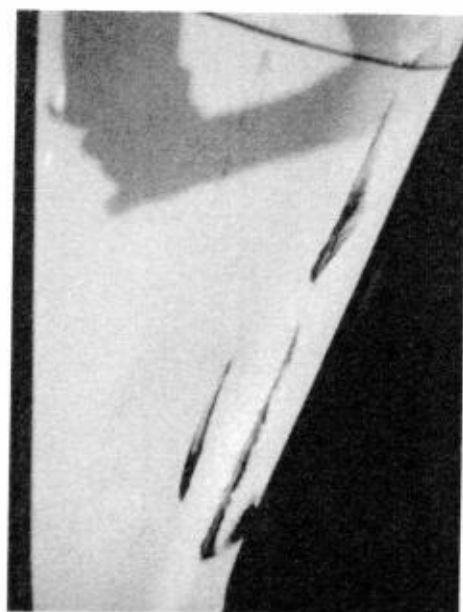
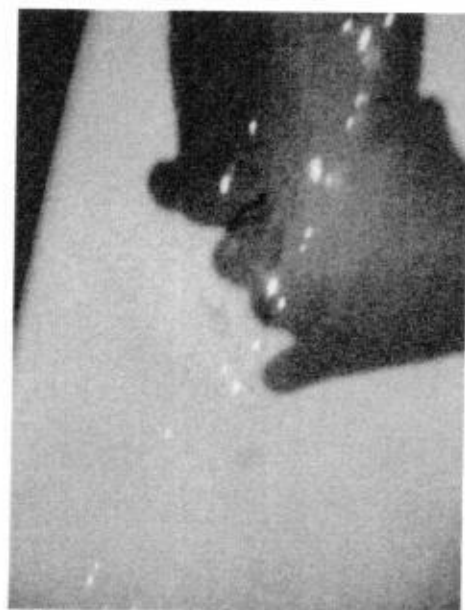
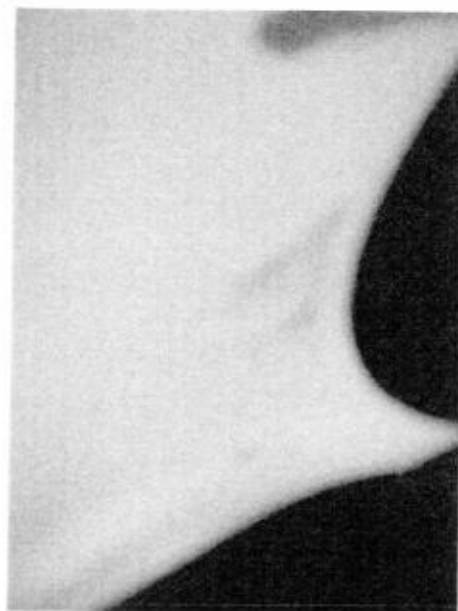
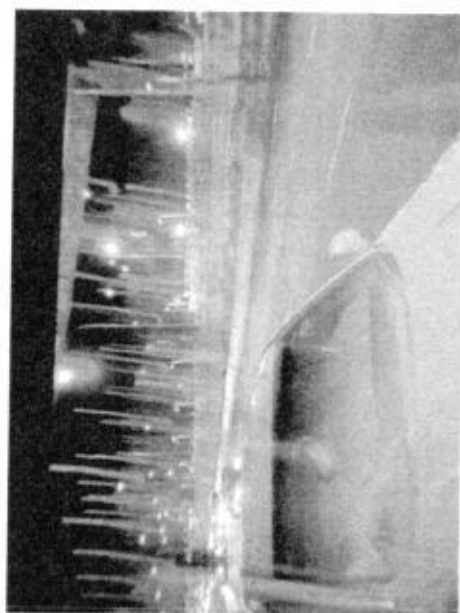
Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/08/19 1100hrs.

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

18/08/2019 11:00hrs









JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: <u>17/8/19</u> Time Received: <u>2340</u>		3. Vehicle Type:	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis		<input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	
Name of Customer: <u>TOH KOK KUEN</u>			
Contact No.: <u>96881510</u>			
Vehicle No.: <u>SHA7793Z</u>		5. Nature of Service:	
Make / Model / Colour: <u>i40</u>		<input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	
Email: _____		6. Parts Replaced/Remarks:	
7. Location: <u>601B Punggol Central</u>		8. Vehicle Tow - In Workshop:	
9. Preferred Workshop:		<input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
<input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____			
10. Odometer Reading: _____		11. Radio / CD Player	
Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		<input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
Job Attended			
12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS			
Name of Driver: <u>TH</u>		TOWING	
Vehicle No.: <u>GBE2073B</u>			
Time Dispatch: <u>2340</u>			
Time of Arrival: <u>0005</u>			
Time Completed: <u>0035</u>			
		# : Cracked X : De / : Scatched O : Missing Signature of Customer	

Cash Invoice Details (if applicable)

13. Cash Invoice No. _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

17/8/19

Date

0005

Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY

Team: ARC Repair TP(CLS0)1		JOB CARD		Sales Order:		JC NO.: 305325504	
TOMER				REGN NO: SHA7793Z		MILEAGE	
AS COMFORT TRANSPORTATION PTE LTD				MAKE: HYUNDAI		FUEL	
7010045				MODEL I-40		E.....1/2.....F	
TOMER NO. 383 SIN MING DRIVE				YR OF MANU 30.06.2015		DATE/TIME IN 17.08.2019 23:40	
RESS Singapore SINGAPORE 575717				CHASSIS CODE KMHLB41UMGU075077		COMPLETION DATE/TIME:	
65508755 (R) (P) (O)							
OUNT CARD NO.							

Accident Date: 17.08.2019
NATURE: 3P 17.08.19/C

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		WESTLAKE

BOOKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip No.: SHA7793Z JU TOKIO		Exit Pass Vehicle No.: SHA7793Z	
f Service Advisor Signature/Date		Name of Service Advisor Date	
Returned to Service Reception upon collection		To be kept by Security Guard	

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)
 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

TP INSURER: **Tokio Marine Insurance Singapore Ltd (HQ)**
CTPL

Singapore

PARTICULARS OF CLAIM			
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Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	17/08/2019
Vehicle Reg. No.:	SHA7793Z	Driveable?	YES
Party At Fault:	UNKNOWN		

Make/Model:	HYUNDAI I40, 1.7 GDI (A)	Vehicle Reg. Date:	30/06/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDEU495481	Chassis No:	KMHLB41UMGU075077
Odometer:	0 KM		

Paint Type:	
List Item Discount:	20.00 %
Total Loss?	NO
Est. Duration of Repair (day)	4

Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)
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COST OF CLAIMS	Amount
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Parts	1,498.09
Miscellaneous Items	11.00
Labour	1,660.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,169.09
+ GST 7.00% (S\$)	221.84
Nett Amount (S\$)	3,390.93

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** (Last Synchronised: 19 Aug 2019)**Parts:** N/A HYUNDAI I40 1.7 GDi (A) (Model not available in database)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHA7793Z/19/08/2019 09:14**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk *.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRT BUMPER ASSY <i>X repair</i>	20.00	0.00	*1,052.20 FL
2	1		*FRT BUMPER BRACKET TOP RH <i>X see</i>	20.00	0.00	*22.40 FL
3	1		*FRT BUMPER BRACKET RH <i>X see</i>	20.00	0.00	*24.60 FL
4	1		*FRT FENDER RH <i>X repair</i>	20.00	0.00	*566.31 FL
5	1		*FRT WHEEL HUP CAP <i>braked</i>	20.00	0.00	*107.10 FL
6	1		*FRT DOOR COMFORTDELGRO LOGO <i>see</i>	0.00	0.00	*80.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	1,852.61
- List Item Discount on L Items (S\$)	354.52
Total Parts (S\$)	1,498.09

ComfortDelGro Engineering Pte Ltd/SHA7793Z/19/08/2019 09:14. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	600.00 200
2	SPRAYPAINT	New	800.00 600
3	WIRING	New	50.00 X
4	TUFF KOTE	New	50.00 X
5	ADJUST FRT WHEEL ALIGNMENT	New	100.00 X
6	TOWING FEE	New	60.00 X
Gross Labour Cost (S\$)			1,660.00

ComfortDelGro Engineering Pte Ltd/SHA7793Z/19/08/2019 09:14. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Ka Lim / Lila

19/8/19 11:52

20/8

L/S

After Repair p/h

Acknowledged by Repairer
Signature:
Date:

Our Job Ref No 305325504

Date : 20/08/2019

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHA7793Z

Date of Accident : 17/08/2019

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: TOKIO --- SLK8908D
2. The finalized amount shall be:
(a) Spare Parts after List discount
(b) Labour Charges ###
Total for Part-By-Part Repair Cost
(c.) Lumpsum Repair (if applicable) N
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost \$800.00

3. Estimated normal period for repairs: 2 working days
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature :
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature :
Name : Kalvin
Date : 21/8/19

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/TMI19014488/K1SF3N2

Date: 22/08/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MK000575
Claimant Vehicle No :	SHA7793Z	Insured Vehicle No :	SLK8908D
Date of Loss:	17/08/2019	Nature of Claim:	TP
		Claim No:	M1906343

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA7793Z	Engine No:	D4FDEU495481
Make & Model:	HYUNDAI I40, 1.7 GDI (A)	Chassis No:	KMHLB41UMGU075077
Reg. Date:	30/06/2015 (Man. Year: 2015)	Odometer:	662800 km
Colour:	Blue		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Average

CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	1,498.09	165.68	1,332.41	88.94
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,660.00	800.00	860.00	51.81
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,169.09	976.68	2,192.41	69.18
Approved Total (Overridden) (S\$)		800.00		
(S\$)	3,169.09	800.00	2,369.09	74.76
+ GST 7.00/7.00% (S\$)	221.84	56.00	165.84	74.76
Nett Amount (S\$)	3,390.93	856.00	2,534.93	74.76

INSPECTION

Date of Assignment:	20/08/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	19/08/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days		

Adjuster: KALVIN ANG WEI KUN

Manager: Hiew May Fung

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference		
Part Source:	(Last Synchronised: 22 Aug 2019)	
Parts:	N/A	HYUNDAI I40 1.7 GDi (A) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHA7793Z)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRT BUMPER ASSY	Repair	1,052.20 FL	*- FL
2	1		*FRT BUMPER BRACKET TOP RH	Serviceable	22.40 FL	*- FL
3	1		*FRT BUMPER BRACKET RH	Serviceable	24.60 FL	*- FL
4	1		*FRT FENDER RH	Repair	566.31 FL	*- FL
5	1		*FRT WHEEL HUP CAP	Grazed	107.10 FL	*107.10 FL
6	1		*FRT DOOR COMFORTDELGRO LOGO	Necessary	80.00 F	*80.00 FS
					Sub Total (S\$)	1,852.61
					- List Item Discount on L Items 20.00/20.00% (S\$)	354.52
					Total Parts (S\$)	1,498.09
						187.10
						21.42
						165.68

F=Franchise part. S=SpcNett. L=ListItemDisc.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
Miscellaneous Items				
1	1	OD/TP Case (Insurer)	11.00	11.00
Sub Total (\$\$)			11.00	11.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	600.00	200.00
2	SPRAYPAINT	New	800.00	600.00
3	WIRING	New	50.00	0.00
4	TUFF KOTE	New	50.00	0.00
5	ADJUST FRT WHEEL ALIGNMENT	New	100.00	0.00
6	TOWING FEE	New	60.00	0.00
Gross Labour Cost (\$\$)			1,660.00	800.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >