

REPAIR ESTIMATE*

10/04/21

CHIANG/ NTUC

Twp 49N 97W 49S 40E
 WP 13/4/2102pm
 c/s Resurvey after report
 township 41thantown 4.
 2 days

Date/Time: 13.04.2021 11:26

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO:305463591

STOMER

MS COMFORT TRANSPORTATION PTE LTD
 STOMER NO. 7010045
 DRESS 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 (R) 65508755 (O)
 (P)

COUNT CARD NO.

REGN NO.:

SHB4148B

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I40

12.04.2021 14:40

YR OF MANU.

29.10.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU080207

COMPLETION DATE/TIME:

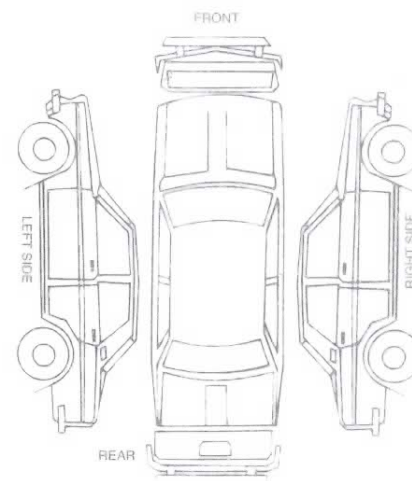
JOB DESCRIPTION

Accident Date: 10.04.2021
 NATURE: 3P 10.04.2021

S/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.: SHB4148B CHIANG

Vehicle No.: SHB4148B

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard

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 Submission	11/04/2021 22:19 (SGT)
Date of Accident	10/04/2021 21:25 (SGT)
Exact Location of Accident	Punggol Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4148B
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-91005529
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	CHAN HAN LEONG
NRIC No	SXXXX591J

Date Of Birth	05/03/1971
Occupation	Outdoor
Date Of Driving Pass	07/05/2001
Driving experience	19 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91005529
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 678 CHOA CHU KANG CRESCENT #02-620
Address complement	-
Postcode	680678
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PRADEEP
Gender	Female

PASSENGER 2

Name	SHEETAL
Gender	Male

PASSENGER 3

Name	NIKITHA
Gender	Female

PASSENGER 4

Name	MADHURANATH
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 100421 AT AROUND 2125HRS I WAS DRIVING MY VEHICLE A SHB4148B ALONG PUNGGOL WAY ON THE 3RD LANE. I SLOWLY CAME TO A HALT AS THE TRAFFIC LIGHT WAS RED IN MY DIRECTION. THERE WERE SEVERAL VEHICLES IN FRONT OF ME. I HAD STOPPED FOR LESS THAN 3 SECONDS WHEN SUDDENLY VEHICLE B SLX111U REAR ENDED MY VEHICLE. THERE WAS SLIGHT DAMAGE ON MY REAR BUMPER. MY PASSENGER SUFFERED FROM SOME NECK PAIN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX111U
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SHB4148B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	CHAN HAN LEONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, BACK AND SHOULDER (4 DAYS MC)
Injured person in which vehicle?	SHB4148B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 willful 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 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.
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 involved 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.

Policyholder's Signature / Date & time

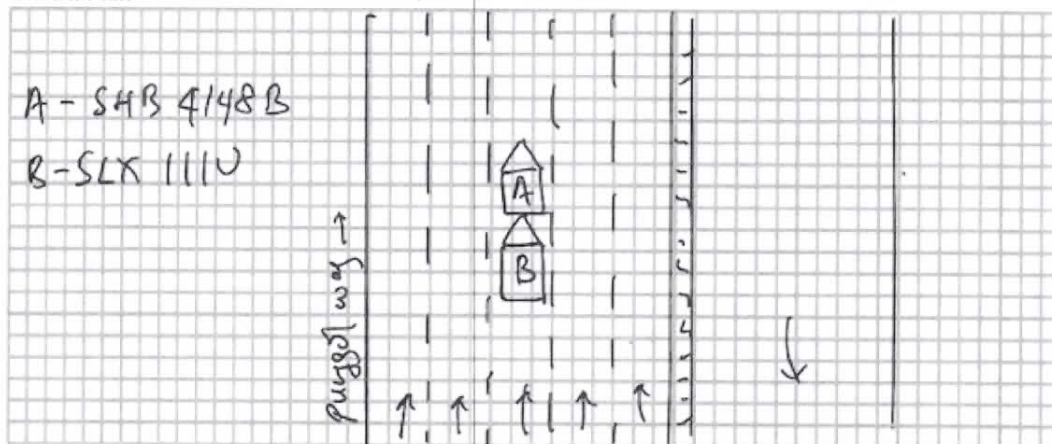
Sketch Plan

Driver's Signature (if driver is not the policyholder)/ Date & Time

10/4/21 2300

Witnessed by Reporting Personnel

K4M1



Describe Circumstances of the Accident

[illegible]

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

10/4/21 2300

Witnessed by Reporting Personnel

KHAN



SINGAPORE POLICE FORCE



T/20210411/2014

1 of 3

Report No. T/20210411/2014

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2021 07:28	Vide Report No.:	Station Diary No.: 22
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHAN HAN LEONG			Address: APT BLK 678 CHOA CHU KANG CRESCENT #02-620 SINGAPORE 680678		
ID Type / ID No.: NRIC NO / S7108591J			Contact No.: Home/Office: Mobile: 91005529		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 05/03/1971	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 Hit and Run	Drink Drive: No	Date/Time of Accident: 10/04/2021 21:25	Type of Location: Straight Road
Location: PUNGGOL WAY Lamp Post Number: 15				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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	No of Passenger
SHB4148B	Car				Slightly Damaged	3
SLX111U	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210411/2014

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20210411/2014

CONTINUATION OF REPORT

Driver				
Name	CHAN HAN LEONG		ID No.	S7108591J
Related Vehicle	NIL		Contact No.	91005529
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
Passenger				
Name	Unknown Passenger		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
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.

I was driving along Punggol Way towards Punggol Field direction. I stopped at the center lane when the traffic light turned red. My taxi was stopped 50 meters away from the traffic light. When my taxi stopped for about 2 seconds, SLX111U bang my taxi from the rear. One of my passengers complained of neck pain from the impact. The ambulance did come to attend to her, but she refused to follow the ambulance to the hospital.

I went down to check on the other driver. However, the driver denied the accident while I was trying take photos of the damages. I informed him that someone was injured. I called for the police. The other driver went to approach the passenger, but I am not sure of what transpired between them. The other driver left before police arrival. The husband of the passenger have provided me with the names of the passengers who were onboard my taxi.

The names are as follows:
Pradeep Subbarao
Madhuranath
Nikitha Pradeep
Sheetal Bhanu
Contact number: 91270041/96728910



**SINGAPORE
POLICE FORCE**



T/20210411/2014

3 of 3

Report No. T/20210411/2014



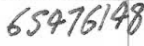

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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: J / Sgt 2 KAM YAN MIN, REUBEN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/04/2021 07:28
Officer In Charge Of Case: TP / HRT / Insp GOH GEOK LYE Contact No.: 65476148 	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	

