ASS. REC. BY: Tample ASS.	
AS	SSIGNMENT
From: Date:	Veh No: SIB4/48 Yr Regn: 2015 1 Oct.  Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi) / Prime Mover /
Estimated Cost:	
OD ITP WS ITP RES I OD RES I EVA I INV I MY	Truck / Trailer or
To Inspect Vehicle No:	Make: Hyurola: 140 c.c 1685  Colour Blue A/C: Insured/Std/NI/NA
at Workshop m/s	The state of the s
of	Sp.Reading T/Radio: Insured / Std / NI / NA
Insured:	Eng/No: WM HLB4/44994050207.
Policy No.	Onto.
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / SPRIM / STD A/Rim or
	Tyre Size: F: 25/64/16
(Policy Condition)	
Remark: The veh had commenced its  N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYOTYOKO Or Westlahu
Bal, or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No .	R/Bal. R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm U/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. /3/9/2/
Lum Sum: % 3 Val.: Yes or No	Survey held at County
11/1/	Des. of Damages : Frt I Rear OIS I NIS LUIC + Rooftop or
CA / REV / REP. / 24 HRS	IN / OUT
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
	•
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	. Transportation:
	Add Fee:: Site Insp (\$)s+Rssi
	:Interview (\$) Photos
Repetitionner:	:Tech. Invs (\$) Others
Lunsp Sum (I.B.): (F	:Weelfend (\$)
	. TOTAL

# **COMFORTDELGRO PTE LTD**

# **REPAIR ESTIMATE\***

VEHICLE NO SHB4148B

PEHICLE NO STID4140

MAKE :

10/04/21

MODEL	HYU- 140			CHIANG/ NTUC	
Qty	Parts Description/ L	abour	Туре	Unit Price	Amount
	1 REAR BUMPER COVER				\$1,106.00
	2 REAR BUMPER BRACKET SIDE	LH/RH		\$35.60	\$71.20
	10 REAR BUMPER CLIPS			\$2.20	\$22.00
	1 REAR BUMPER REFLECTOR LH	/RH		\$32.00	\$64.00
	1 REAR BUMPER REINFORCEME	NT			\$428.40
	1 REAR BUMPER UNDER COVER				\$228.00
	1 BOOTLID MOULDING				\$85.00
	1 BOOTLID EMBLEM CRDI				\$52.40
	1 BOOTLID H EMBLEM				\$63.10
	1 BOOTLID EMBLEM 140				\$52.40
					\$2,172.50
		25.00%			\$434.50
	DI	SCOUNTED TOTAL			\$1,738.00
	1 BOOTID COMFORT & TEL NUN	IBER STICKER			\$60.00
	1 REAR BUMPER ADVERTISEME	NT			\$50.00
	1 REVERSE SENSOR	10%			\$135.70
	Labour Charge Panel Beating Spray Painting Charge Remove/refix reverse sensor Check lighting Tuff Kote	LKK Auto Consultants the Repairer of the folk To resurvey before/after sy To display damaged part(se Parts prices are subject to Third party survey is on a " No illegal modification(s) is Supplementary item(s) mu is subject to final approval Acknowledged by Repairer Signature: "FOTAL LABOUR	owing: ray painting during resurve confirmation Without Prejude allowed st be resurveye rom Insurance	ce" basis 2	\$226.13 \$700.00 \$600.00 \$60.00 \$90.00 \$1,510.00
		ESTIMATE TOTAL	-		\$3,474.13

taufhi 9749749

WP 13/4/2(07pm

c/5 Resum afformepor

fourfrie althantonon.

2doys

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.



eturned to Service Reception upon collection

# ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Maintine + 65 6383 6280 Facsimile + 65 6280 8755

Maintine + 65 6383 6280 Facsimile + 65 6280 9 Workshops

205 Braddell Road Singapore 5797 59 Lovano Drive Singapore 508969

Date/Time: 13.04.2021 11:26

Page: 1

JOB CARD Sales Order: Team: ARC Repair TP(CLSO)1 JC NO:305463591 REGN NO.: SHB4148B MILEAGE STOMER COMFORT TRANSPORTATION PTE LTD 'MS MAKE : FUEL HYUNDAI 7010045 STOMER NO. 7010032 DRIVE 383 SIN MING DRIVE E.....F MODEL 140 12. 04.2021 14:40 Singapore SINGAPORE 575717 65508755 . (R) YR OF MANU. 29.10.2015 TARGET DATE (P) CHASSIS CODE COMPLETION DATE/TIME: KMHLB41UMGU080207 COUNT CARD NO. JOB DESCRIPTION Accident Date: 10.04.2021 NATURE: 3P 10.04.2021 FRONT LABOR CODE S/NO DESCRIPTION CKED & PASSED OUT BY: SERVICE ADVISOR CUSTOMER'S SIGNATURE wledgement Slip Exit Pass Vehicle No.: CHIANG SHB4148B SHB4148B No. of Service Advisor Signature/Date Name of Service Advisor Date

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.
- 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 witholding 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

11/04/2021 22:19 (SGT) 10/04/2021 21:25 (SGT) Punggol Way, Singapore

Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SHB4148B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No

Alternative Phone No

Yes

COMFORT TRANSPORTATION PTE LTD

1XXXXX821R

fleetsafety@cdgtaxi.com.sg (Phone) +65-91005529 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Model

Variant

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? Vehicle Category Transmission

CC

Hyundai 140

Private hire

No - Claiming third party

Taxi Auto 1598

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

Cover Note Number

AXA Insurance Pte Ltd ThirdPartyFireTheft

Yes

VFX/P2419138

DRIVER

Name of Driver NRIC No

Accident report SJ04214B000P

CHAN HAN LEONG SXXXX591J

Page 1 of 24

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?

Insurance Company of Other Vehicle Owned by Driver

Vehicle Registration Number of Other Vehicle Owned by Driver

05/03/1971 Outdoor 07/05/2001 19 YEARS AND 11 MONTHS Male (Phone) +65-91005529

fleetsafety@cdgtaxi.com.sg BLK 678 CHOA CHU KANG CRESCENT #02-620

680678 No Hirer No

GENERAL INFORMATION OF THE ACCIDENT

# al topics (MACC) the Highligh High Indian Benediate Personal And Committee (MacCommittee Indian Section 1) and the Indian

Type of Accident Weather Conditions Road Surface

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

#### PASSENGER 1

Name Gender

PASSENGER 2

Name Gender PASSENGER 3

Name Gender

PASSENGER 4

Name Gender Clear Dry

Collision - Head to Rear

No 2 Yes No Yes 5

No

PRADEEP Female

SHEETAL Male

NIKITHA Female

MADHURANATH Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Yes

Choa Chu Kang Neighbourhood Police Centre (Phone) +65-18007659999 (Fax) +65-67644104 No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286 No

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? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes Yes

SD CARD WITH TRAFFIC POLICE

# **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)

# **INJURED PERSONS DETAILS**

#### INJURED 1

Name of injured person

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

# INJURED 2

Name of injured person

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

# CHAN HAN LEONG

**NECK PAIN** 

SHB4148B

NECK, BACK AND SHOULDER (4 DAYS MC)

SHB4148B

No

Accident report SJ04214B000P

#### 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 trustful and accurate as possible. Any withit micropresentation 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 thereport 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 (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 tothe 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 isclosure 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
- 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
- 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 (If driver is not the policyholder)/ Date & Time ssed by Reporting Personnel KHAI 10/4/21 2300 Sketch Plan A-SHB 4148B R-SLX IIIV 8 3 Cohn

Describe Circumstances of the A	Accident		
		was driving my vehic	
SHB4148B along p	ounggol way o	on the 3rd lane. I slow	rly came to a
		n my direction. There	
		opped for less than 3	
		1U rear ended my vel	
		rear bumper. My pas	ssanger
sufferered from so	me neck pair	٦.	
eclaration Ve declare the foregoing particu	lars are true in every	respect.	
. 771		/	
			(3
cyholder's Signature / Date & time	Driver's Signature (If driver	r is not the policyholder)/ Date & Time	Witnessed by Reporting Personnel
	10/4/2	1 2300	KHAT





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: Vide Report No.: 11/04/2021 07:28

Station Diary No.:

11/04/202	107.20			22		
Informant	's Particu	lars				
Name of Ir	nformant:		Address:			
CHAN HA	N LEONG		APT BLK 678 CHOA CHU	KANG CRESCENT #02-620		
			SINGAPORE 680678	COURSE OF EAST AND ADDRESS OF THE STATE OF T		
ID Type / I			Contact No.:			
NRIC NO	S710859	1J	Home/Office:	Mobile: 91005529		
Nationality			Email:			
SINGAPO	RE CITIZE	EN				
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	50	05/03/1971	Driver			
Race:			Language:	Institution / School Name:		
Chinese			English			
Occupation:			Driving Licence Information:			
Taxi driver			Class: 2B,3	Date of Expiry:		

General Illioni	ation of the Accident				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/04/2021 21:28	5	Type of Location Straight Road
Location:					
PUNGGOL WA	ΛY				
Lamp Post Nur	nber: 15				
Weather:		Road Surface:		Road	Speed Limit:
Clear		Dry			
Traffic Flow:		Traffic Control:		Traffi	c Volume:
One Way		Traffic Light - Worki	ng	Heav	
Type of Collisio	n:				ne conveyed by
Between Moving Vehicles - Head To Re		ear			ulance:
				No	

Details of Vehicle Involved							
Vehicle No.	Туре	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



Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 T/00310411/0014

2 of 3

Report No. T/20210411/2014

#### CONTINUATION OF REPORT

Driver					39145	
Name	CHAN HAN LEONG			ID No.		S7108591J
Related Vehicle	NIL			Conta	ct No.	91005529
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discl	harge	NIL	
No. of Days gran	NIL	Degree of Injury NIL		NIL		
Passenger						
Name	Unknown Passenger			ID No	•	NIL
Related Vehicle	NIL			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discl	harge	NIL	
No. of Days gran	ted 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 came 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



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



T/20210411/2014

3 of 3 Report No. T/20210411/2014

CONTINUATION OF REPORT

# Sketch Plan

Info	rmant	ic	not	abla	to	provide	akatah	nlar
Into	rmant	IS	not	apie	IO	provide	sketch	ı bıar

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.: 65 148 GAPORE POLICE FORCE	Classification Of Case:
Authentication Stamp  NP168  Signature  Signature	









