NS/INC21005128/T1qc

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COMFORTDELGRO PTE LTD

REPAIR ESTIMATE*

VEHICLE NO

SHA2096K

21/04/21

MAKE

MODEL

HYU-140

CHIANG/ NTUC

IODEL	HTU-140			CHIANG, NICC		_
Qty	Parts Description/ Lab	our	Туре	Unit Price	Amount] ,
1	REAR BUMPER COVER				\$1,106.00	de.
2	REAR BUMPER BRACKET SIDE LI	I/RH		\$35.60	片 从 \$71.20	TH.
10	REAR BUMPER CLIPS			\$2.20	\$22.00	ner_
1	REAR BOOTLID COVER				\$2,609.80	66
2	NUMBER PLATE LAMP LH/RH			\$56.10	\$112.20	dis.
1	REAR BUMPER REFLECTOR LH /	RH		\$32.00	\$64.00	×
1	REAR BUMPER REINFORCEMEN	Т			\$428.40	7
1	REAR BUMPER UNDER COVER				\$228.00	×
1	BOOTLID MOULDING				\$85.00	?
1	BOOTLID EMBLEM CRDI				\$52.40	ner-
1	BOOTLID H EMBLEM				\$63.10	ul
1	BOOTLID EMBLEM 140				\$52.40	ne
					\$4,894.50	
		25.00%			\$978.90	
	DISC	OUNTED TOTAL			\$3,915.60	
1	BOOTID COMFORT & TEL NUMI	BER STICKER			\$60.00	guy
1	REAR NUMBER PLATE W/HOLD	ER			\$50.00	
1	REVERSE SENSOR	10%			\$135.70	w.
					\$226.13	1
						1
	Labour Charge				(~ .	
	Panel Beating			7	\$900.00	
	Spray Painting Charge			7"	\$800.00	
	Remove/refix rear windscreen			pluyla	\$80.00	
	Remove/refix rear upholstery				# 0 \$80.00	
	Remove/refix reverse sensor				\$ \$60.00	
	Check lighting				\$60.00	1
	Tuff Kote				\$90.00)
		TOTAL LABOUR	:		\$2,070.00)
		STIMATE TOTAL			\$3,474.13	3
	This is an initial estimate based on a v	isual inspection of th	le above ve	hicle. The final repair o	uantum will	+

Tanfin 9749774 (

UP' 22/4/718 440

LIS Norm of report

fentin ellihonto un. the Repairer of the following:

• To resurvey before/after spray painting

- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mamline = 65 6383 6280 Facsimile = 65 6280 9755

Workshops 205 Braddell Road Singapore 579701 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717

Date/Time: 22.04.2021 08:51 Page: 1

JOB CARD Sales Order: JC NO.: 305464983 ARC Repair TP(CLSO)1 Team: REGN NO.: SHA2096K MILEAGE STOMER COMFORT TRANSPORTATION PTE LTD MAKE: VMS HYUNDAI 7010045 STOMER NO. 383 SIN MING DRIVE E.....F 21.04.2021 11:25 MODEL T-40 Singapore SINGAPORE 575717 65508755 TARGET DATE YR OF MANU. 24.11.2016 _ (R) (P) CHASSIS CODE KMHLB41UMHU096557 COMPLETION DATE/TIME: SCOUNT CARD NO.

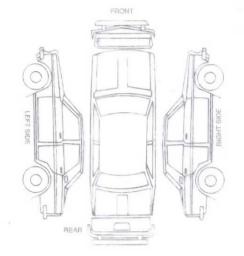
Accident Date: 21.04.2021 NATURE: 3P 21.04.2021

S/NO

LABOR CODE

JOB DESCRIPTION





CUSTOMER'S SIGNATURE
096K
Date

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process
- 2. This Form must be <u>completed</u> 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.
- . 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

21/04/2021 19:08 (SGT) 21/04/2021 08:00 (SGT) PIE, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHA2096K

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) +65-96267144 (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 1685

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 SJ04214L000R

LOO KIM POH SXXXX332F

Page 1 of 21

Date Of Birth Occupation Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

No Hirer

470113

01/09/1959 Outdoor

04/09/1979

41 YEARS AND 7 MONTHS

fleetsafety@cdgtaxi.com.sg

BLK 113 BEDOK RESEVOIR ROAD #03-250

(Phone) +65-96267144

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear

Clear Dry

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 No 2

Yes

Yes

Yes

3

No

UNKNOWN

Female

UNKNOWN

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?

Yes

Bedok North Neighbourhood Police Centre (Phone) +65-18002449999 (Fax) +65-62447258

30 Bedok North Road Singapore 469676

No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210421/2031

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 SEIZED BY TRAFFIC POLICE

No

DETAILS OF OTHER VEHICLE PROPERTY 1

FBK7893L Vehicle Registration Number Vehicle Manufacturer

Vehicle Model

Vehicle Variant Vehicle Colour

Motorcycle Vehicle Category

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 RIDER 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?

ABRASIONS ON RIGHT LEG

FBK7893L

Yes

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3, Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to repudiate.policyllability.
- 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)

Lunderstand, 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 linsurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers" he house insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers" he house insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers" he house insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers" he house insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers" has perfectly any personal information 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:
- (i) investigating the accident and/or my claims;
- (ii) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Tirre

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Tirre

Personnel Driver's Signature (If driver is not the policyholder) / Date & Tirre

Personnel Driver's Signature (If driver is not the policyholder) / Date & Tirre

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Personnel Driver's Signature (If driver is not the policyholder) / Date & T

Describe Circumsta	nces of th	ne Accident	0	T
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		20,000		

Declaration

IWe declare the foregoing particulars are true in every respect

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

12:15pm 21/4





T/20210421/2031

Date of Expiry:

1 of 4

Report No. T/20210421/2031

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

REPORT OF A TRAFFIC ACCIDENT

Chinese Occupation:

Taxi driver

21/04/2021	And the second second	ade: 	G/20210421/0054		40
Informant'	s Particul	ars			
Name of Informant: LOO KIM POH			Address: APT BLK 113 BEDOK I SINGAPORE 470113	RESERVOIR ROAI	D #03-250
ID Type / ID No.: NRIC NO / S1364332F			Contact No.: Home/Office:	Mobile: 96	267144
Nationality: SINGAPOR		N	Email:		
Sex: Age: Date of Birth: Male 61 01/09/1959			Type of Informant: Driver		
Race:			Language:	Institution	/ School Name:

Driving Licence Information:

Class: 2B,3,4,5

General Infor	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/04/2021 08:00	Type of Location: Straight Road
Location:				
PAN-ISLAND	EXPRESSWAY			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage	Way	Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Re		ear		Anyone conveyed by ambulance: Yes

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBK7893L	Motorcycle			White		0
SHA2096K	Car	HYUNDAI	140	Blue	Slightly Damaged	2

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





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Report No. T/20210421/2031

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

CONTINUATION OF REPORT

Driver				5917		
Name	LOO KIM POH			ID No		S1364332F
Related Vehicle	SHA2096K (Car)			Conta	ct No.	96267144
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Disc		narge	NIL	
No. of Days granted Medical Leave		NIL	Degree of	Injury	NIL	

Brief Details.

On 21/04/21 at about 7.45am, I was driving a taxi bearing registration plate number SHA2096K and picked up 2 passengers along Bedok Reservoir Road to No 9 Loyang Way. Everything is in order.

At about 8am on the same day, while driving along the left most lane of PIE towards Changi, the traffic was super heavy and there was intermittent stop in between. While stopping along the left most lane of PIE, suddenly there was a collision felt at the back of my taxi. I came down and noticed that one motorcycle bearing registration plate number FBK7893L, lying on the ground, with the rider seen on the left side of my vehicle. I noticed that after the collision, I saw the rider flew up and over my taxi, and landed on the left side of the my taxi, on the ground. Passerby vehicle noticed the accident and stop by the road shoulder and called for Police and Ambulance. I made a check on both of my passengers (Female, Malay, HP:97939311, Male, Malay, HP:90019226) that was seated in the rear passengers and they informed that they were fine. There was no visible injuries seen on them. I noticed there was some abrasions seen on the right leg of the rider.

Ambulance arrived at scene and conveyed the rider to hospital. Traffic Police arrived at scene and asked on the facts of the case reference to G/20210421/0054. However I wished to lodge a complain against the traffic police officer, SGT T170241 Fizzi (Male, Malay). I wished to state that there was no courtesy shown on the traffic Police Officer. There was one question on how long I have stopped before the accident, I replied that I could not remember the exact timing and he just replied and keep insisted me to say a time. There was another time when lodge a police report at any police station I apologized to the traffic Police for the time wasted. The traffic Police Officer then shouted at me by saying "Say sorry for what". I felt disheartened by this and left the place. I wished to state that I find that the officer was rude and does not have the heart to help me throughout the incident. Prior to leaving, Traffic Police issued me with a acknowledgement slip for taking one Micro SD Card 128GB EVO Samsung Red/white.

I wished to state that as of now, there was no injuries on me. I am lodging this report as requested by Traffic police and for Comfort Delgro.



Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999



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Report No. T/20210421/2031

CONTINUATION OF REPORT





T/20210421/2031

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Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

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 3 GOH JIAN WEI	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	21/04/2021 10:54
Officer In Charge Of Case:	Classification Of Case:
Sgt 2 PHUA TIAK YEE	
Contact No.: 65472077	
Authentication Stamp	

