



## 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	23/04/2021 15:16 (SGT)
Date of Accident	23/04/2021 08:40 (SGT)
Exact Location of Accident	W Coast Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7258L
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#### 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) +65-96638535
Alternative Phone No	(Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ioniq
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	PEH CHENG SIONG
NRIC No	SXXXX330F



Date Of Birth	05/03/1964
Occupation	Outdoor
Date Of Driving Pass	22/09/1984
Driving experience	36 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96638535
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 404 ADMIRALTY LINK #13-46
Address complement	-
Postcode	750404
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

I INVOLVED IN HEAD TO REAR COLLISION WITH A MOTORCYCLE. NO INJURIES AND VIDEO FOOTAGE CAPTURED THE INCIDENT HAPPENED AT WEST COAST LINK.

#### 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 WORKSHOP
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBR2333H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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) .....	-



**SKETCH PLAN****IMPORTANT NOTICE**

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**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' law yers/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")

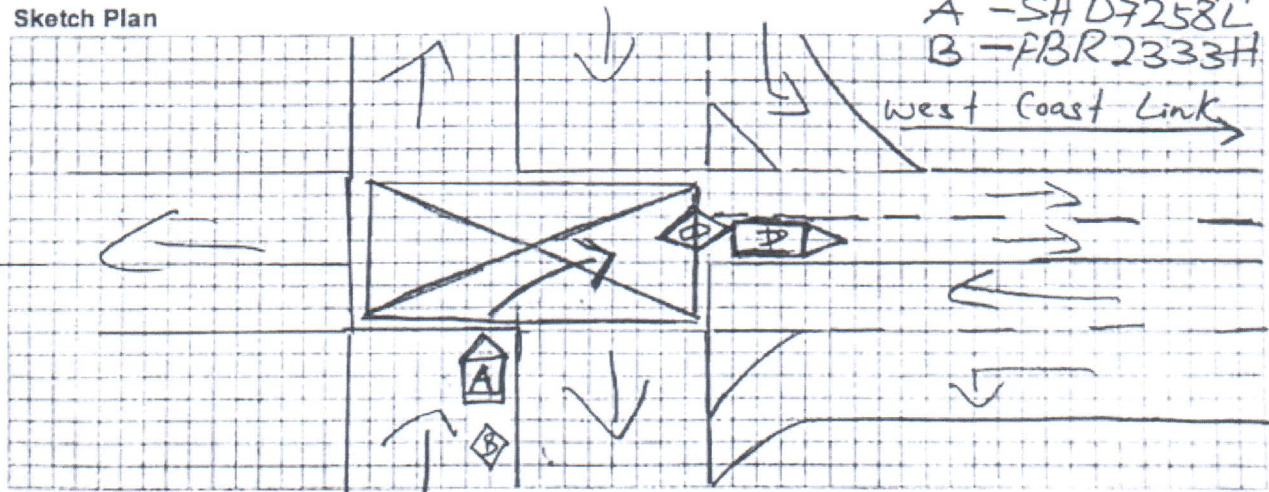
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 & Time

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

Witnessed by Reporting Centre Personnel *Ed Hashim 23/4/21 12pm*

**Sketch Plan**

Describe Circumstances of the Accident

I involved in head to rear collision with a motorcycle. No injuries and video footage captured the incident happened at West Coast Link.

*[Signature]*

Declaration

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

Witnessed by Reporting Centre Personnel *[Signature]*  
23/4/21 12pm



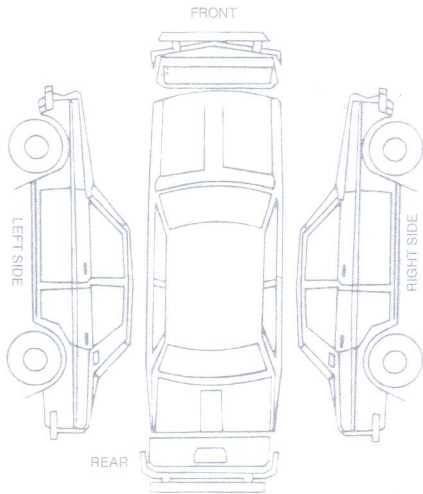
Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: *cfri* JC NO.:305465156

OWNER	REGN NO.: SHD7258L	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL
OWNER NO. 7010045	MODEL IONIQ(G2)	E.....1/2.....F
ADDRESS 383 SIN MING DRIVE	YR OF MANU. 22.11.2018	DATE/TIME IN 23.04.2021 12:00
Singapore SINGAPORE 575717	CHASSIS CODE KMHC851CVKU121902	TARGET DATE
(R) 65508755 (O)		COMPLETION DATE/TIME:
(P)		
DUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 23.04.2021  
Nature: 3P 23.04.2021

/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR \_\_\_\_\_ CUSTOMER'S SIGNATURE \_\_\_\_\_

Signature Slip

Exit Pass

Vehicle No.: SHD7258L LIMITS

Vehicle No.: SHD7258L

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

REPAIR ESTIMATE

NTUC-LIS  
LKK-

Date: 23.04.2021

Time: 16:13:00

Page: 1

(Fn)

TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010045  
 ADDRESS : COMFORT TRANSPORTATION PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65508755

JOB NO : 305465156  
 REGN NO : SHD7258L  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : IONIQ(G2)  
 DATE OF REGN : 22.11.2018  
 DATE/TIME IN : 23.04.2021 12:00  
 ACCIDENT DATE : 23.04.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0104-2282-G	REAR BUMPER	1	459.40 20.00 367.52 / DEF
0002	04-01-0104-2533-G	REAR BUMPER CTR MOULDING	1	451.25 20.00 361.00 / SCR
0003	04-01-0104-0851-G	REAR BUMPER REFLECTOR LH	1	41.45 20.00 33.16 / SCR
0004	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00 20.00 17.60 / NEL

SUB-TOTAL : 779.28

## JOB NATURE

0000 PB	PANEL BEATING	<del>400.00</del> 350
0001 SP	SPRAYPAINT CHARGE	<del>300.00</del> 250
0002 L	R/I REVERSE SENSOR	<del>120.00</del> 30

SUB-TOTAL : 820.00

TOTAL : 1,599.28

MVA NAME & SIGNATURE  
 DATE :

Lmf

NAZ LKK 26/4/2021 1200  
 LIS  
 2 DAYS

AFTER PAINT PHOTOS

SURVEYOR NAME & SIGNATURE  
 DATE :

AUTHORISED : YES / NO

LKK Auto Consultancy hence notify  
 the Repairer of the following:

- To resurvey held after spray painting
- To display damaged parts during resurvey
- Parts proper repair and confirmation
- Third party survey is the "Workshop" and does not
- The design of the car is not to be changed
- The car is not to be used for any other purpose
- The car is not to be used for any other purpose

Date:

Date: