

ASS. REC. BY: NazREF: NS/NC21005225/NYCJUMARNI PIP**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD (TP) WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SSL 564 H

Policy No. _____

Claims No. MT/1129411-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S
LMS	RMS

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SH 8260 X Yr Regn: 22 OCT 2019Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) Prime Mover /

Truck / Trailer or _____

Make: HYUNDAI IONIQ G3 (C.C.) 1,580Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 173,667 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH C851CV L4186504Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / Rim orTyre Size: F: 195 / 65 R15R: 11BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / tyre brandsTOYO / YOKO or WESTLAK (CF), MO220CR

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 4 mmL/Bal. 5 mm L/Bal. 4 mmD.O.A. 24/4/2021 D.O.I. 27/4/2021Survey held at (DGE LOYANG)Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop orFRONT OFFSIDE NEARSIDE

The U/C / Chassis frame / Body Structure affected due to collision.

INC PIP

Date / Time Action / Instruction

3/5/21 Naz confirmed \$3595.76 (Red 2466.04, 41%)

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2) 4/5/21-Typist

Report Format : TP

Lump Sum / I.B.I.: (\$3595.76)

Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

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	26/04/2021 15:35 (SGT)
Date of Accident	24/04/2021 11:45 (SGT)
Exact Location of Accident	E Coast Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8260X
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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) +65-92271393
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae 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	1580

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	LOU TEE SENG
NRIC No	SXXXX491E

Date Of Birth	05/09/1966
Occupation	Outdoor
Date Of Driving Pass	17/10/1988
Driving experience	32 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92271393
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 388 BUKIT BATOK WEST AVENUE 5 #10-366
Address complement	-
Postcode	650388
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	Raining
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	YEW YU HUI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

- REFER TO POLICE REPORT -

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	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL564H
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Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WANG SHI JUN
NRIC No	SXXXX951D
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	LOU TEE SENG
Address	BLK 388 BUKIT BATOK WEST AVENUE 5 #10-366
Address Complement	-
Post Code	650388
Approximate Age Years Old	54
Injuries Sustained	NECK AND RIGHT KNEE. GIVEN 3 DAYS MC.
Injured person in which vehicle?	SH8260X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	YEW YU HUI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	GIVEN 3 DAYS
Injured person in which vehicle?	SH8260X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT 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. 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 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.

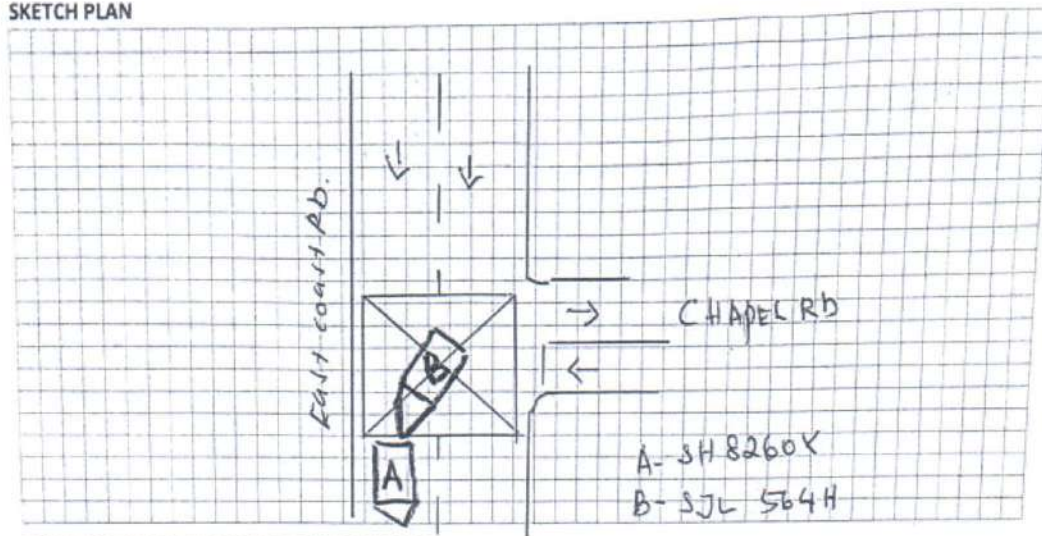
Policyholder's Signature
Date & Time:

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

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

26/4/2021
14:20 #

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- REFER TO POLICE REPORT -

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: 26/4/21-1420

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



**SINGAPORE
POLICE FORCE**



T/20210424/2066

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20210424/2066

CONTINUATION OF REPORT

Driver			
Name	LOU TEE SENG	ID No.	S1748491E
Related Vehicle	SH8260X (Car)	Contact No.	92271393
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	24/04/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	WANG SHI JUN	ID No.	S8334951D
Related Vehicle	SJL564H (Car)	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.

On 24/04/2021 at about 1140hrs, I was driving my company's (Comfort Delgro) taxi (registration number: SH8260X) along East Coast Road towards Mountbatten Road and was driving along the right lane. When I was at the junction of East Coast Road and Chapel Road, a car from behind that was driving on the second lane suddenly knocked into the left side of my vehicle.

Both the other driver and I immediately alighted our vehicles and exchanged particulars with each other. The other driver is namely, Wang Shi Jun (NRIC: S8334951D) and was driving a blue Toyota car (registration number: SJL564H). I then asked if my passenger and Mr Wang were injured and they said no. After exchanging particulars and taking pictures of the incident, I then dropped my passenger off.

As I felt slight pain in my neck and right knee, I decided to go to a clinic to have a check. I went to a clinic namely "Our Family Physician Clinic & Surgery" which is located at 829 Tampines St 81 #01-292. The doctor conducted a check on me and issued me with a 3 days Medical Certificate.

I wish to state that there are cameras installed at the front and rear of my vehicle.



Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20210424/2066

CONTINUATION OF REPORT

Driver			
Name	LOU TEE SENG	ID No.	S1748491E
Related Vehicle	SH8260X (Car)	Contact No.	92271393
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Date Treatment	24/04/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	WANG SHI JUN	ID No.	S8334951D
Related Vehicle	SJL564H (Car)	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

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SINGAPORE
POLICE FORCE



T/20210424/2066

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

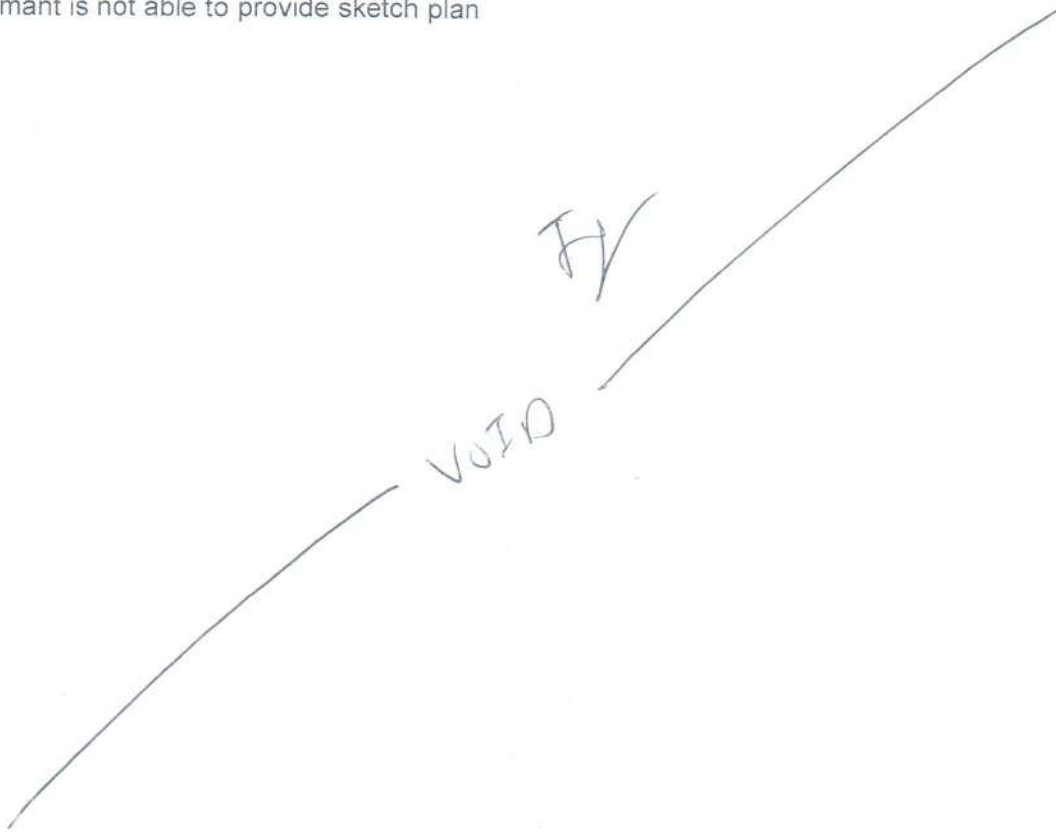
3 of 3

Report No. T/20210424/2066

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:

D /
SCSGT(1) CHEONG JUNG HAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/04/2021 16:14

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476179

Classification Of Case:



SN 37

Authentication Stamp
NP168

SIGNATURE



**SINGAPORE
POLICE FORCE**



D/20210426/2021

1 of 1

POLICE REPORT (NP299)

Report No. D/20210426/2021

Police Station Of Origin
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Date/Time Report Made 26/04/2021 11:22	Vide Report No. T/20210424/2066	Station Diary No. 56
Name Of Informant LOU TEE SENG	Address APT BLK 388 BUKIT BATOK WEST AVENUE 5 #10-366 SINGAPORE 650388	
ID Type / ID No. NRIC NO / S1748491E	Contact No. Home/Office Mobile 92271393	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Taxi driver	Sex Male	Age 54
	Date of Birth 05/09/1966	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 24/04/2021 11:40	Location Of Incident EAST COAST ROAD	

Brief details.

I am lodging this report to add on that my passenger namely Yew Yu Hui (S9835610Z) was given 3 days of medical leave due to the accident.

Signature Of Officer Recording The Report:

D / Sgt 3 TAN WEN HONG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
TRAFFIC POLICE IO
SSI TAY CHUN KEEN
Contact No.: 65476179

 SINGAPORE
POLICE FORCE
Authentication Stamp

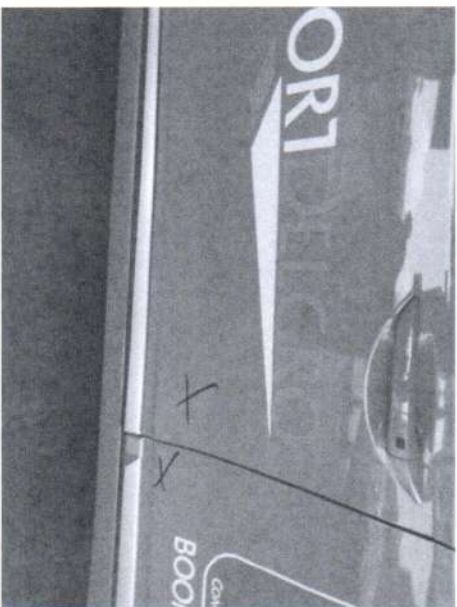
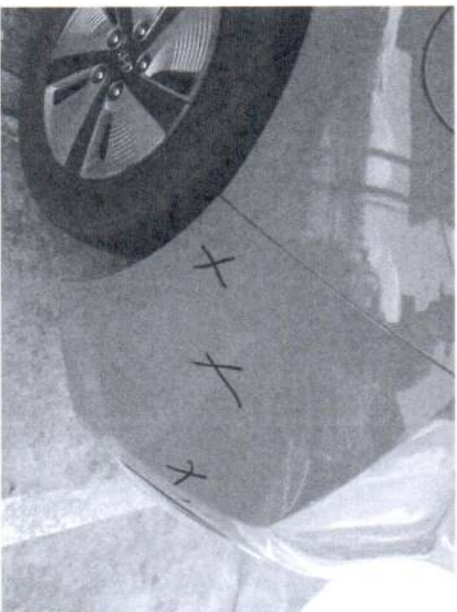
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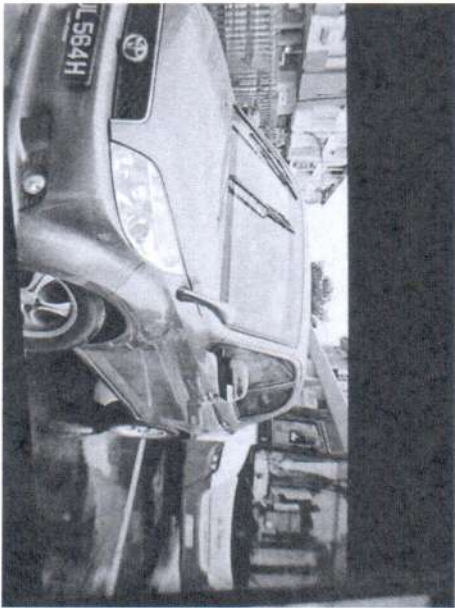
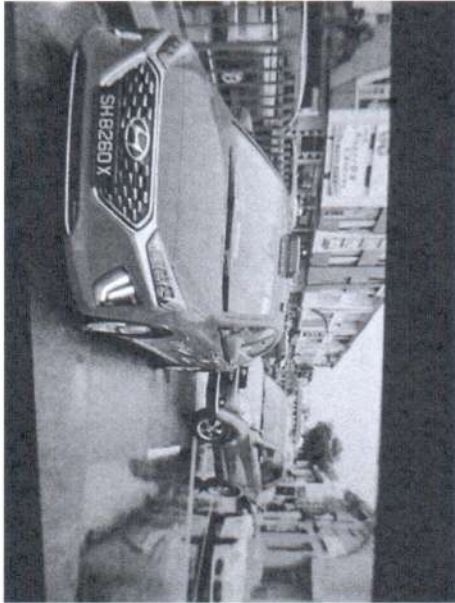
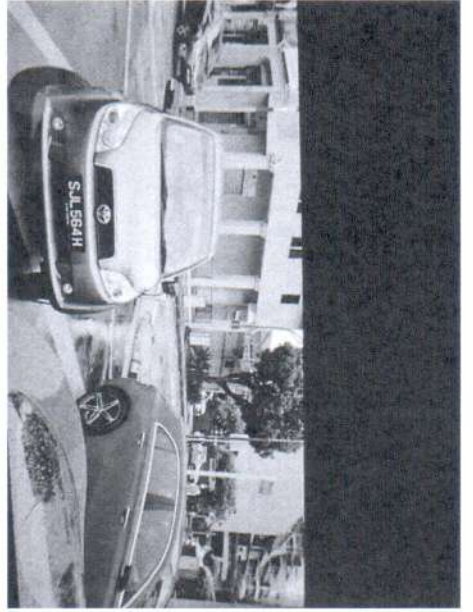
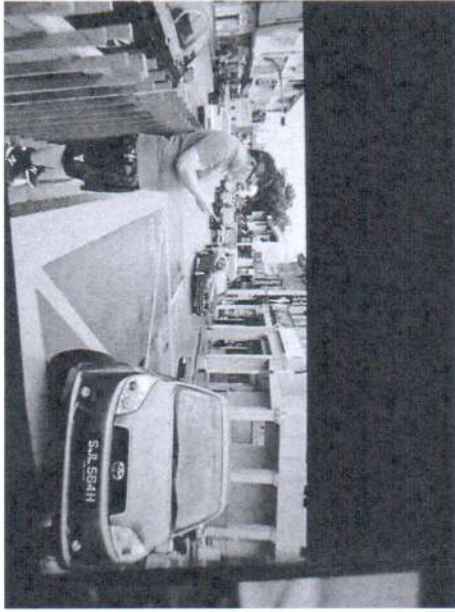
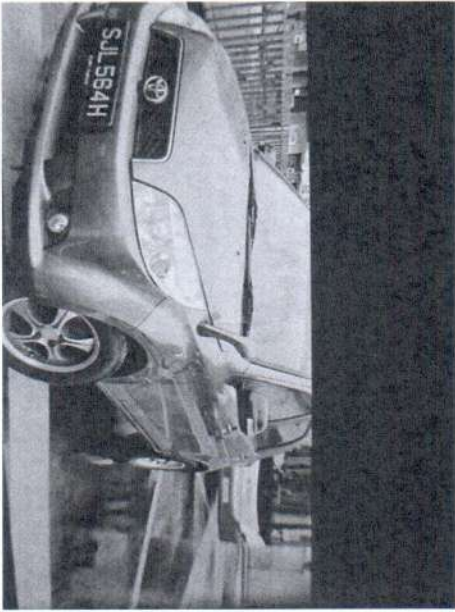
SIGNATURE

Signature Of Informant:

Date/Time:
26/04/2021 11:22

Classification Of Case:





Date/Time: 26.04.2021 16:01 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305465516

COMER

IS COMFORT TRANSPORTATION PTE LTD

COMER NO. 7010045

RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755 (O)

(P)

OUNT CARD NO.

REGN NO.:

SH 8260X

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

IONIQ(G3)

24.04.2021 17:15

DATE/TIME IN

YR OF MANU.

22.10.2019

TARGET DATE

CHASSIS CODE

KMHC851CVLU186504

COMPLETION DATE/TIME:

JOB DESCRIPTION

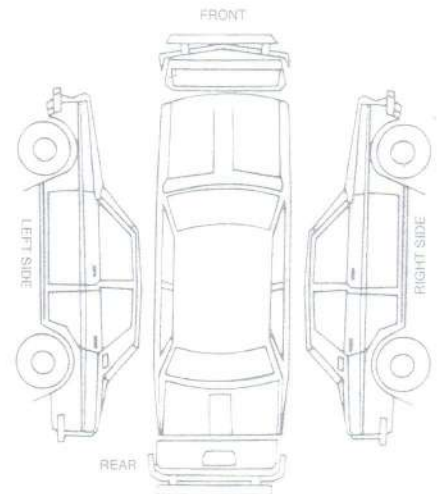
Accident Date: 24.04.2021

ATURE: 3P 24.4.2021

/NO

LABOR CODE

DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SH 8260X

JU NTUC LKK

Vehicle No.:

SH 8260X

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

Date: 26.04.21

Insurance: NTUC

MVA: JUMANI

NR2 LKK
27/4/2021 1510
P/P
3 DAYS
BY PAINT & PHOTOS

Acknowledged by Repairer
Signature: _____
Date: _____