

GST REG. NO. M2-8921817-3
TAX INVOICE
COMPANY REG. NO.: 199506048W
Page: 1

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER
3 ANSON ROAD #16-00
SINGAPORE SG 079909
CONTACT NO: 62222366
Description : 3P 02.08.2021
VEHICLE NO
SHD4054C
INV. NO/DATE
91591778 01.09.2021
MAKE
TOYOTA
JOB NO.
305481381
MODEL
PRIUS HYBRID(G4A)
ODOMETER READING
DATE OF REG
05.12.2019
DATE/TIME IN
02.08.2021 15:50
CHASSIS CODE
JTDKB3FU103089204

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0302-2710	PANEL SUB-ASSY BACK DOOR	1	1,126.60	25.00	844.95
0002	04-01-0302-2711	GARNISH SUBASSY BACK DR OUTSIDE	1	889.70	25.00	667.27
0003	04-01-0302-2712	COVER REAR BUMPER	1	458.60	25.00	343.95
0004	04-01-0302-2713	GUARD REAR BUMPER CENTER	1	552.60	25.00	414.45
0005	04-01-0302-2269	ORNAMENT SUB-ASSY BACK DOOR	1	60.80	25.00	45.60
0006	04-01-0302-2270	PLATE-BACK DOOR NAME (HYBRID S)	1	52.40	25.00	39.30
0007	04-01-0302-2271	PLATE-BACK DOOR NAME (PRIUS)	1	52.90	25.00	39.67
0008	28-01-0302-0006	REAR BOOT 65521111 CTPL^	1	30.00	0.00	30.00

WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST THEFT OR ACCIDENTAL DAMAGE, THE COMPANY SHALL NOT BE RESPONSIBLE FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLE LEFT UNLOCKED OR UNATTENDED AT OWNERS' RISK.

CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 3 DAYS SIGNIFY TO THE COMPANY IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLE SHALL BE DEEMED TO BE IN GOOD ORDER.

INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT NOT PAID WITHIN 14 DAYS OF RECEIPT.

PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS IN DOCUMENTATION WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THIS INVOICE WILL BE CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd
Head Office:
205 Braddell Road
Singapore 579701
Kindly note that no receipt shall be issued unless requested.
CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91591778	8,924.82	

GST REG. NO. M2-8921817-3
TAX INVOICE
COMPANY REG. NO.: 199506048W
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8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
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INV. NO/DATE
91591778 01.09.2021

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DATE OF REG
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S/No	Part No.		Qty	Unit Price	%Disc	Net
0009	28-01-0302-2015	REAR BONNET COMFORTDELGRO CTPL^	1	30.00	0.00	30.00
0010	28-01-9999-2025	APP LOGO REAR BONNET CTPL	1	40.00	0.00	40.00
0011	04-01-0302-2722	GLASS SUB-ASSY BACK DOOR	1	1,778.30	25.00	1,333.72
0012	04-01-0302-2267	BUMPER PIECE	10	2.20	25.00	16.50
0013	04-01-0302-2715	COVER RR BUMPER -TOW HOOK COVER	1	82.70	25.00	62.02
0014	04-01-0302-2380	LOCK ASSY BACK DOOR	1	457.90	25.00	343.42
0015	04-01-0302-2716	LENS & BODY RR LH UPPER	1	557.90	25.00	418.42
0016	04-01-0302-2718	LENS & BODY RR COMB LH LOWER^	1	548.40	25.00	411.30
0017	04-01-0302-2720	LAMP ON DOOR REAR LH	1	65.30	25.00	48.97
0018	04-01-0302-1150	BUMPER PROTECTOR MAT	1	50.00	0.00	50.00
0019	09-01-0302-2005	REVERSE SENSOR ASSY	1	180.00	0.00	180.00

WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST THEFT OR ACCIDENTAL DAMAGE, THE COMPANY SHALL NOT BE RESPONSIBLE FOR CARS OR OTHER PROPERTY BELONGING TO INDIVIDUALS AND VEHICLES ARE HIRER'S RISK. CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SIGN A RECEIPT. ANY DAMAGE TO THE VEHICLE MUST BE REPORTED TO THE COMPANY IN WRITING TO THE COMPANY OF ANY COMPLAINTS. THE VEHICLE WILL BE RETURNED TO THE HIRER IN GOOD ORDER. INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT PAID AND REMAINING IN THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT. IF AFTER 30 DAYS FROM THE DUE DATE THE CUSTOMER DOES NOT PAY, THE COMPANY WILL TAKE THE NECESSARY ACTION. PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR OMISSIONS WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE INVOICE WILL BE TREATED AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd

Head Office:
205 Braddell Road
Singapore 579701

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GST REG. NO. M2-8921817-3
TAX INVOICE
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8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER
3 ANSON ROAD #16-00
SINGAPORE SG 079909
CONTACT NO: 62222366
VEHICLE NO
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JTDCB3FU103089204

S/No	Part No.		Qty	Unit Price	%Disc	Net
0020	04-01-0302-2288	REINFORCEMENT SUB-ASSY REAR BUMPER	1	318.80	25.00	239.10
0021	28-01-0302-2029	VEHICLE NUMBER PLATE REAR	1	55.00	0.00	55.00
0022	04-01-0302-2257	GLASS BACK WINDOW FIX	1	1,569.75	25.00	1,177.31
SUB-TOTAL			:			6,830.95

JOB NATURE

0001	SP	SPRAYPAINT CHARGE		750.00		750.00
0002	17-01	CHECK ALL LIGHTING		30.00		30.00
0003	20-22	REMOVE/REFIX REVERSE SENSOR		30.00		30.00
0004	PB	PANEL BEATING - SHD4054C		700.00		700.00
SUB-TOTAL			:			1,510.00

WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST THEFT, THEFT OR ACCIDENTAL DAMAGE AND DAMAGE TO THE VEHICLE, THE COMPANY SHALL NOT BE RESPONSIBLE FOR LOSS OF OR DAMAGE TO THE VEHICLE OR ANY OTHER PROPERTY BELONGING TO THE CUSTOMER AND THE CUSTOMER SHALL BE RESPONSIBLE FOR THE VEHICLE AND ANY OTHER PROPERTY BELONGING TO THE CUSTOMER. THE CUSTOMER SHALL BE RESPONSIBLE FOR THE VEHICLE AND ANY OTHER PROPERTY BELONGING TO THE CUSTOMER. THE CUSTOMER SHALL BE RESPONSIBLE FOR THE VEHICLE AND ANY OTHER PROPERTY BELONGING TO THE CUSTOMER.

CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SIGN WRITING TO THE COMPANY OF ANY COMPLAINTS. THE VEHICLE SHALL BE RETURNED TO THE CUSTOMER IN GOOD ORDER.

INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OUTSTANDING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT. IF A CUSTOMER DOES NOT PAY THE AMOUNT DUE ON THE DUE DATE, THE COMPANY WILL BE RESPONSIBLE FOR THE VEHICLE AND ANY OTHER PROPERTY BELONGING TO THE CUSTOMER.

PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY CHANGES TO THE CUSTOMER'S COPY WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS AS A CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd
Head Office:
205 Braddell Road
Singapore 579701
Please note that no receipt shall be issued unless requested.
CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91591778	8,924.82	

Workshops205 Braddell Road Singapore 579701
59 Loryang Drive Singapore 508969
45 Pandan Road Singapore 609286383 Sin Ming Drive Singapore 575717
7 Sungai Kadut Way Singapore 728791
320 Ubi Road 3 Singapore 408649

GST REG. NO. M2-8921817-3

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8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHD4054C**INV. NO/DATE**
91591778 01.09.2021**MAKE**
TOYOTA**JOB NO.**
305481381**MODEL**
PRIUS HYBRID(G4A)**ODOMETER READING****DATE OF REG**
05.12.2019**DATE/TIME IN**
02.08.2021 15:50**CHASSIS CODE**
JTDKB3FU103089204

Items total		8,340.95
Add GST @	7.000 %	583.87
Invoice amount		8,924.82

Issued by : KATHERINETAN 01.09.2021 13:39:42
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST THEFT, LOSS OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BEING STOLEN OR DAMAGED AND VEHICLES ARE THUS AT THE RISK OF OWNERS' RISK.

CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM DATE OF DELIVERY ADVISE THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DAY OF DELIVERY OF THE VEHICLE. IF THE CUSTOMER DOES NOT ADVISE THE COMPANY WITHIN 7 DAYS OF DELIVERY, THE COMPANY WILL BE RESPONSIBLE FOR THE VEHICLE'S CONDITION AT THE TIME OF DELIVERY.

INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND REMAINING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DAY OF DELIVERY OF THE VEHICLE. IF THE CUSTOMER DOES NOT ADVISE THE COMPANY WITHIN 7 DAYS OF DELIVERY, THE COMPANY WILL BE RESPONSIBLE FOR THE VEHICLE'S CONDITION AT THE TIME OF DELIVERY.

PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd

Head Office:
205 Braddell Road
Singapore 579701

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91591778	8,924.82	

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

Our Ref: CT0821/SHD4054C/CK(st)
Date: 02.09.2021

CHINA TAIPING INSURANCE CO (S)PTE L
3 ANSON ROAD #16-00
Singapore 079909

Attn : Motor Claims Department

Without Prejudice

Dear Sir/Madam

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

ACCIDENT ON 02.08.2021 INVOLVING SHD4054C & GX 8368C ALONG PIE

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of vehicle No SHD4054C, which was involved in the captioned accident with your insured vehicle No GX 8368C.

The vehicle owner and the taxi hirer/driver concerned have requested and authorised us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage of the vehicle.

As the accident was caused by the negligent act of your insured driver, we are submitting these claims for your consideration on behalf of the claimants:

Taxi Owner's Claim :

1. Cost of Repairs		S\$	8,924.82
2. Loss of Rental	6 days x S\$ 126.47	S\$	758.82
3. Survey Report Fee		S\$	0.00
4. LTA Search Fee		S\$	0.00
5. GIA / Police Report Fee		S\$	2.00
6. Others		S\$	0.00

Hirer's Claim :

1. Loss of Income	6 days x S\$ 80.00	S\$	480.00
2. Others		S\$	0.00

[E&OE] **Total Claims** **S\$ 10,165.64**

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408649

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

A copy each of the following supporting documents marked [X] is enclosed:

[X] Original Repair Bill	[X] Letter of Authority from Owner/Hirer/Operator
[X] GIA/Police Report(s)	[X] Rental Rate Letter
[X] LTA/GIA Search Slip(s)	[X] Downtime/Mileage Record
[] Survey Report / Bill	[] Witness Statement / Accident Scene Photo(s)
[] Driver's IC/DL/VL / Road Tax / Log Card / Certificate of Insurance	
[] Tow Chit / PIR / Hirer's IRAS / Others :	

Kindly look into the matter and let us hear from you on the settlement of our clients' claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours sincerely

Catherine Koh

CDGE Claims Department

DID: 62148733

FAX: 62141843

Email: catherinekoh@cdge.com.sg

This is a computer-generated letter. No signature is required.

A member of

Our Ref: CT21080017

Date: 31 August 2021



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 02/08/2021 @ 14:15 hrs
ALONG PIE
INVOLVING GX8368C

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHD4054C** (the "Taxi"). The Taxi was hired to **POH JOO TUANG IC NO SXXXX071F** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$126.47** per day (inclusive of GST).

Please be advised that the Taxi was insured with **AXA Insurance Pte Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Philip Chia
Manager, Fleet Safety

This is a computer generated letter. No signature is required.


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

GX8368C

Date of Accident

02/08/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance China Taiping Insurance (Sing...

Period of Insurance 01/10/2020 - 30/09/2021

Requested By Por Moy Juan (COMFORTDELG...

Requested Date 03/08/2021 07:53

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

SND 400PK

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING TOYOTA PRIUS SHD4054C , GX8368C ON 02-Aug-21 14:15
ALONG PIE

I / We **POH JOO TUANG** (Hirer) NRIC No.: **SXXXX071F**

and/or (Relief) NRIC No.: **SXXXX071F**

Taxi Number **SHD4054C**

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of earning (Pending successful recovery), loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of **"ComfortDelGro Engineering Pte Ltd"**.

Date **02-Aug-2021**

Name of Hirer **POH JOO TUANG**

Hirer NRIC **SXXXX071F**

Signature :



Address **122 PAYA LEBAR WAY #07-2891**
381122

Contact No. **90227566**



**SINGAPORE
POLICE FORCE**

RECEIVED
7 AUG 2021
BY: SL



T/20210803/2059

1 of 3

Report No. T/20210803/2059

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2021 16:42		Vide Report No.:		Station Diary No.: 52	
Informant's Particulars					
Name of Informant: POH JOO TUANG			Address: APT BLK 122 PAYA LEBAR WAY #07-2891 SINGAPORE 381122		
ID Type / ID No.: NRIC NO / S0080071F			Contact No.: Home/Office: Mobile: 90227566		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 71	Date of Birth: 11/06/1950	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/08/2021 14:15	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
GX8368C						0
SHD4054C	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20210803/2059

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 3

Report No. T/20210803/2059

CONTINUATION OF REPORT

Driver				
Name	WANG LOCK JENG		ID No.	S1453683C
Related Vehicle	GX8368C		Contact No.	92204006
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
Driver				
Name	POH JOO TUANG		ID No.	S0080071F
Related Vehicle	SHD4054C (Car)		Contact No.	90227566
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/08/2021		Date Discharge	03/08/2021
No. of Days granted Medical Leave	05		Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, I was driving my taxi with a passenger along PIE towards Changi after to Jalan Eunos exit. The traffic was heavy on lane 2 and my vehicle came to a complete stop while waiting for the front car to move on. Suddenly one van from my rear collided into the rear of my vehicle. We exchanged particulars and my passenger complaint of giddiness, as such I called for ambulance and the passenger was conveyed to hospital. Traffic police was at scene and had obtained my in-car camera memory card. Today I felt pain on my neck area, lower waist, left back area and also numbness on my left arm. I seek medical treatment and was given 5 days MC. Vide incident G/20210802/0115.



SINGAPORE
POLICE FORCE



T/20210803/2059

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 3

Report No. T/20210803/2059

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:

E /

Staff Sgt LOCK KANG WEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/08/2021 16:42

Officer In Charge Of Case:

TP / AEIT /



SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168

 <p>SINGAPORE POLICE FORCE SAFEGUARDING EVERY DAY</p>	SN 108
	
SIGNATURE	

UNIHEALTH 24-HR CLINIC (TOA PAYOH)
178 TOA PAYOH CENTRAL #01-218, SINGAPORE 310178
Tel1: 62031639 Fax: 62549938

Medical Certificate

Date : 03 Aug 2021

MC No. : 0000105046

This is to certify that :

Name : POH JOO TUANG

NRIC : S0080071F

is Unfit for Duty for 5 days
from 03 Aug 2021 to 07 Aug 2021 inclusive.

DR DANIEL SOONG
MBBS SINGAPORE

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*



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	04/08/2021 09:53 (SGT)
Date of Accident	02/08/2021 14:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4054C
-----------------------------	----------

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) +65-90227566
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798

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	POH JOO TUANG
NRIC No	SXXXX071F

Date Of Birth	11/06/1950
Occupation	Outdoor
Date Of Driving Pass	02/03/1976
Driving experience	45 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90227566
Alt. Phone Number	
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 122 PAYA LEBAR WAY #07-2891
Address complement	
Postcode	381122
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?	Yes
Was any other vehicle 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	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

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

CIRCUMSTANCES OF ACCIDENT

ON 02/08/2021 AT ABOUT 1415HRS I WAS DRIVING MY VEHICLE (A) SHD4054C ON THE 3RD LANE OF PIE TOWARDS CHANGI. JUST AT THE EUNOS EXIT 9 I STOPPED BEHIND VEHICLE IN FRONT OF NY VEHICLE A. IN A FEW SECONDS VEHICLE (B) GX8368C REAR ENDED MY STATIONARY VEHICLE A. MY FEMALE PASSENGER GOT HEADACHE AND GIDDY. HER LEGS ARE ALSO INJURED. SHE WAS CONVEYED TO CHANGI HOSPITAL. AS FOR MYSELF I FEEL STRAIN ON MY NECK AND BACK. WILL CONSULT A DOCTOR.

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	GX8368C
Vehicle Manufacturer	

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	POH JOO TUANG
Gender	Male
Phone No	(Phone) +65-90227566
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	STRAIN ON NECK AND BACK
Injured person in which vehicle?	SHD4054C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	PASSENGER
Gender	Female
Phone No	(Phone) +65-98745552
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEADACHE , GIDDY AND INJURED ON LEGS
Injured person in which vehicle?	SHD4054C
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 :

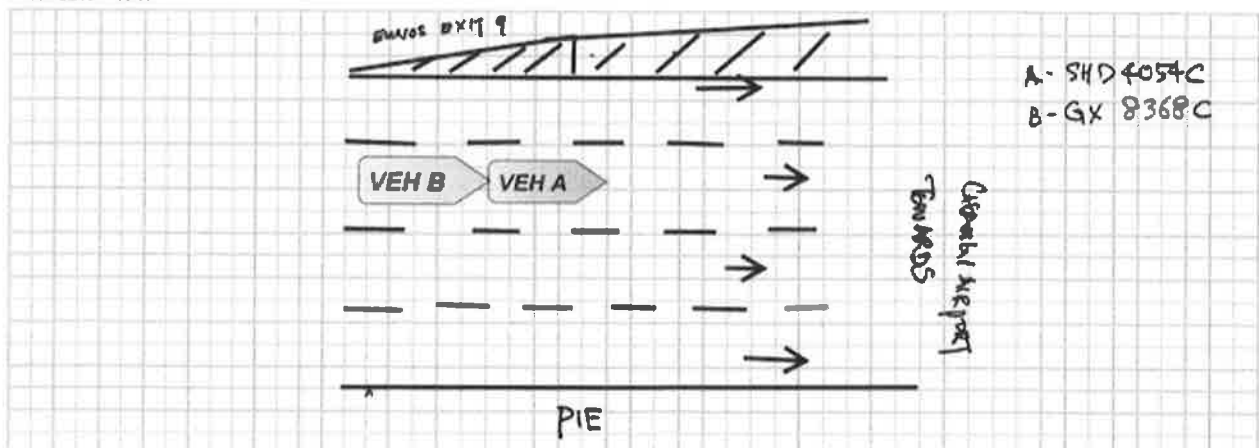
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could 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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 02.08.2021 16:04RS

Witnessed by Reporting Centre Personnel *Kyran Yang*

Sketch Plan



Describe Circumstances of the Accident

ON 02/08/2021 AT ABOUT 1415HRS I WAS DRIVING MY VEHICLE A SHD4054C ON THE 3RD LANE OF PIE TO2A4DS CHANGI. JUST AT THE EUNOS EXIT 9 I STOPPED BEHIND VEHICLE IN FRONT OF NY VEHICLE A. IN A FEW SECONDS VEHICLE B GX8368C REAR ENDED MY STATIONARY VEHICLE A. MY FEMALE PASSENGER GOT HEADACHE AND GIDDY. HER LEGS ARE ALSO INJURED. SHE WAS CONVEYED TO CHANGI HOSPITAL. AS FOR MYSELF I FEEL STRAIN ON MY NECK AND BACK. WILL CONSULT A DOCTOR.

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

Witnessed by Reporting Centre Personnel

02.08.2021

1655 HRS