

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

VEHICLE NO  
SHB2993R

INV. NO/DATE  
91586196 13.08.2021

MAKE  
HYUNDAI

JOB NO.  
305481529

MODEL  
IONIQ(G2)

ODOMETER READING

DATE OF REG  
06.08.2019

DATE/TIME IN  
04.08.2021 22:25

CHASSIS CODE  
KMH851CVKU165087

Description : 3P 04.08.2021

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	28-01-0104-2029	VEHICLE NUMBER PLATE REAR	1	55.00	0.00	55.00
0002	04-01-0104-2256	PANEL ASSY-TAIL GATE#	1	2,480.40	20.00	1,984.32
0003	04-01-0104-2270	EMBLEM-HYBRID	1	24.30	20.00	19.44
0004	04-01-0104-2271	EMBLEM-IONIQ	1	31.30	20.00	25.04
0005	04-01-0104-2397	LAMP ASSY-REAR COMB INSIDE LH#	1	794.40	20.00	635.52
0006	04-01-0104-2282	COVER-RR BUMPER#	1	459.40	20.00	367.52
0007	04-01-0104-2533	MOULDING ASSY-RR BUMPER CTR	1	451.25	20.00	361.00
0008	04-01-0104-2545	MOULDING-REAR BUMPER LWR CTR	1	155.00	20.00	124.00
0009	04-01-0101-0111	BUMPER COVER CLIP REAR	10	2.20	20.00	17.60

omfortDelGro Engineering Pte Ltd  
member of COMFORTDELGRO

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	91586196	6,735.99	

GST REG. NO. M2-8921817-3

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COMPANY REG. NO.: 199506048W  
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SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
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CONTACT NO: 62222366

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04.08.2021 22:25

CHASSIS CODE  
KMHCB51CVKU165087

S/No	Part No.		Qty	Unit Price	%Disc	Net
0010	28-01-0103-0009	REAR BOOT LOGO CCTPL	1	35.00	0.00	35.00
0011	28-01-0103-0010	REAR BOOT TEL NUMBER CCTPL	1	35.00	0.00	35.00
0012	09-01-9999-0068	REVERSE SENSOR ASSY*	1	180.00	0.00	180.00
0013	05-01-0199-0032	WINDSCREEN AHESIVE-310MLCART*	2	46.00	0.00	92.00
0014	09-01-0104-2133	ANTENNA ASSY-SMARTKEY	1	40.50	20.00	32.40
0015	04-01-0104-2288	BEAM-RR BUMPER	1	394.80	20.00	315.84
0016	04-01-0104-3819	STAY-RR BUMPER LH	1	138.10	20.00	110.48
0017	04-01-0104-3919	STAY-RR BUMPER RH	1	138.10	20.00	110.48
0018	04-01-0104-2370	LAMP ASSY-REAR FOG	1	201.50	20.00	161.20
0019	04-01-0104-2454	THIRD BRAKE LIGHT	1	385.60	20.00	308.48
SUB-TOTAL			:			4,970.32

omfortDelGro Engineering Pte Ltd  
member of COMFORTDELGRO

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205 Braddell Road  
Singapore 579701

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Page: 3

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CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SHB2993R

MAKE  
HYUNDAI

MODEL  
IONIQ(G2)

DATE OF REG  
06.08.2019

CHASSIS CODE  
KMHCB851CVKU165087

INV. NO/DATE  
91586196 13.08.2021

JOB NO.  
305481529

ODOMETER READING

DATE/TIME IN  
04.08.2021 22:25

S/No	Part No.		Qty	Unit Price	%Disc	Net
JOB NATURE						
0001	PB	PANEL BEATING-SHB2993R		525.00		525.00
0002	SP	SPRAYPAINT CHARGE		500.00		500.00
0003	L	R/I Both Up & Lwr Glasses.		180.00		180.00
0004	20-00	TUFF COAT ON AFFECTED PARTS.		30.00		30.00
0005	17-01	CHECK ALL LIGHTING		30.00		30.00
0006	L	R/I REVERSE SENSOR		60.00		60.00
SUB-TOTAL				:		1,325.00

omfortDelGro Engineering Pte Ltd  
member of COMFORTDELGRO

Head Office:  
205 Braddell Road  
Singapore 579701

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ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91586196	6,735.99	

GST REG. NO. M2-8921817-3

## TAX INVOICE

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CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SHB2993R

MAKE  
HYUNDAI

MODEL  
IONIQ(G2)

DATE OF REG  
06.08.2019

CHASSIS CODE  
KMHC851CVKU165087

INV. NO/DATE  
91586196 13.08.2021

JOB NO.  
305481529

ODOMETER READING

DATE/TIME IN  
04.08.2021 22:25

Items total		6,295.32
Add GST @	7.000 %	440.67
Invoice amount		6,735.99

Issued by : CHEWBEELENG 13.08.2021 13:55:51  
Repair type : CFSO/57/57  
Payment Type/Term: /Credit 30 days

omfortDelGro Engineering Pte Ltd  
member of COMFORTDELGRO

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	91586196	6,735.99	

Our Ref: CC0821/SHB2993R/CK(st)  
Date: 19.08.2021

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

**ComfortDelGro Engineering Pte Ltd**  
205 Braddell Road Singapore 579701

Attn : Motor Claims Department

**Without Prejudice**

Mainline +65 6383 6280  
Facsimile +65 6280 9755

Dear Sir/Madam

www.cdge.com.sg

Company Registration No: 199506048W

**ACCIDENT ON 04.08.2021 INVOLVING SHB2993R & GBG5253T ALONG AIRPORT RD TWDS  
EUNOS LINK**

**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

We are the authorised repair workshop for CityCab Pte Ltd , the owner of vehicle No SHB2993R, which was involved in the captioned accident with your insured vehicle No GBG5253T.

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\$	6,735.99
2. Loss of Rental	7.5 days x S\$ 128.40	S\$	963.00
3. Survey Report Fee		S\$	0.00
4. LTA Search Fee		S\$	7.49
5. GIA / Police Report Fee		S\$	0.00
6. Others		S\$	0.00

**Hirer's Claim :**

1. Loss of Income	7.5 days x S\$ 80.00	S\$	600.00
2. Others		S\$	0.00

[E&OE]      **Total Claims**      S\$      **8,306.48**

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: CC21080044



Date: 12 August 2021

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	04/08/2021 @ 21:15 hrs
ALONG	AIRPORT SLIP RD TWDS EUNOS LINK
INVOLVING	GBG5253T

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHB2993R** (the "Taxi"). The Taxi was hired to **CHOO YONG SEAH SIMON IC NO SXXXX843G** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$128.40** 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.



**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****Hyundai Ioniq SHB2993R , GBG5253T  
AIRPORT SLIP RD TWDS EUNOS LINK****ON 04-Aug-21 21:15**

I / We

**CHOO YONG SEAH SIM...** (Hirer) NRIC No.: **SXXXX843G**

and/or

**YEO HOCK KIM** (Relief) NRIC No.: **SXXXX081G**

Taxi Number

**SHB2993R**

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

**05-Aug-2021**

Name of Hirer

**CHOO YONG SEAH SIMON**

Hirer NRIC

**SXXXX843G**

Signature :

Address

**670A EDGEFIELD PLAINS #03-606  
821670**

Contact No.

**98773723**

Name of Relief

**YEO HOCK KIM**

Relief NRIC

**SXXXX081G**

Signature :

Address

**128A PUNGGOL FIELD WALK 05-345  
821128**

Contact No.

**91790720**



## Enquire Vehicle-Related Transaction History

### Transaction History Details

Log Date/Time:	05 Aug 2021 / 09:47:14		
Asset Type:	Vehicle	Transaction Amount:	\$7.49
Asset ID:	GBG5253T		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ECENGCC0 - GOH CHENG CHUAN ANDREW CORNELIUS	Business Transaction Reference No.:	20210805094714950896
Search Date / Time:	04 Aug 2021 21:15:00		
Insurance Company:	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD		

Information displayed is correct as at the log date and time.

Enquire Related Logs

OK



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048581  
 Tel (65) 6724 0010 Fax (65) 6724 0010  
 Operating Hours: Monday to Friday, 09:00 - 17:00  
 UEN: S66000065 / GST Reg. No.: M400017715

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SJ042185000B Vehicle Registration No: SHB2993R  
 Name (as shown in NRIC): CityCab Pte Ltd NRIC/FIN/Passport No: 1XXXXX839G  
 (\*Vehicle Driver/ Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 04/08/2021 Time of Accident: 21:15  
 Place of Accident: Airport Rd, Singapore  
 Insurance Company: AXA Insurance Singapore Pte Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- Upload Police Report



Policyholder/Insurer's Signature  
 Date:

SUBIA

Reporting Centre Personnel's Signature  
 Name: SUBIA  
 NRIC/FIN No.:  
 Date: 7/08/2021

Date Of Birth	12/11/1959
Occupation	Outdoor
Date Of Driving Pass	16/09/1991
Driving experience	29 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91790720
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 128A PUNGGOL FIELD WALK #05-345
Address complement	-
Postcode	821128
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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?	No
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	KAMARIAH BTE YUSOFF
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kampong Ubi Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007479999
Alt. Police Station Phone No	(Fax) +65-67453410
Police Station Address	Blk 9 Eunos Crescent #01-2687 Singapore 400009
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 04/08/2021 AT ABOUT 2115HRS I WAS DRIVING MY VEHICLE A SHB2993R FROM AIRPORT ROAD TURNING LEFT ONTO EUNOS LINK. AT THE SLIP ROAD I STOP MY VEHICLE A TO CHECK ON TRAFFIC. VEHICLE B GBG5253T THEN REAR ENDED MY STATIONARY VEHICLE A. MY FEMALE PASSENGER HIT THE BACK OF HER HEAD DUE TO THE IMPACT. AS FOR ME I FEEL PAIN ON MY SHOULDER AND BACK.  
PARTICULARS EXCHANGED

#### 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	GBG5253T
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	CHINNU MOHAN
Passport No/FIN	GXXXX503P
Contact Number	(Phone) +65-85448322
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	KAMARIAH BTE YUSOFF
Gender	Female
Phone No	(Phone) +65-81293356
Address	BLK 53 MARINE TERRACE #06-239
Address Complement	
Post Code	440053
Approximate Age Years Old	50
Injuries Sustained	HIT THE BACK OF HER HAED
Injured person in which vehicle?	SHB2993R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	YEO HOCK KIM
Gender	Male
Phone No	(Phone) +65-9179072
Address	APT BLK 128A PUNGGOL FIELD WALK #05-345
Address Complement	
Post Code	821128
Approximate Age Years Old	62
Injuries Sustained	PAIN ON MY SHOULDER AND BACK
Injured person in which vehicle?	SHB2993R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



**SINGAPORE  
POLICE FORCE**



T/20210805/2023

1 of 4

Report No. T/20210805/2023

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunus Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/08/2021 12:47	Vide Report No.:	Station Diary No.: 8
--	------------------	-------------------------

**Informant's Particulars**

Name of Informant: YEO HOCK KIM	Address: APT BLK 128A PUNGGOL FIELD WALK #05-345 SINGAPORE 821128		
ID Type / ID No.: NRIC NO / S1357081G	Contact No.: Home/Office: Mobile: 91790720		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 61	Date of Birth: 12/11/1959	Type of Informant: Driver
Race: Chinese	Language: Mandarin	Institution / School Name:	
Occupation: Taxi driver	Driving Licence Information: Class: 3,4	Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/08/2021 21:15	Type of Location: Filter lane
Location:  AIRPORT ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	No.	No.	No.	No.	No.
GBG5253T	Lorry					0
SHB2993R	Taxi					1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210805/2023

2 of 4

Report No. T/20210805/2023

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	Chinnu Mohan	ID No.	G7271503P
Related Vehicle	GBG5253T (Lorry)	Contact No.	85448322
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
<b>Driver</b>			
Name	YEO HOCK KIM	ID No.	S1357081G
Related Vehicle	SHB2993R (Taxi)	Contact No.	91790720
Hospital/Clinic	BEO CRESCENT CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	05/08/2021	Date Discharge	05/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Passenger</b>			
Name	Kamariah Bte Yusoff	ID No.	S0110263F
Related Vehicle	SHB2993R (Taxi)	Contact No.	81293356
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 04 August 2021 at about 2115hrs I was driving my taxi SHB2993R along Airport Road at the filter lane turning left into Eunos Link. My taxi was stationary at the stop line of the filter lane as I was looking out for traffic. Suddenly I felt a collision from the rear. I made a check and a lorry GBG5253T front portion had knocked onto my taxi's rear. I made a check and my rear bonnet cover dented, rear bumper cracked and number plate dislodged. The lorry front portion above the lorry logo and left front bumper dented.

We exchanged particulars at scene and took some photos of the vehicle damage and left scene. I left pain on my right shoulder and rear of my neck thus I proceeded to a clinic for medical treatment. I was given 3 days MC for whiplash injury. My passenger also informed that due to the collision her head had knocked onto the headrest. I advised my passenger to seek medical treatment too and she acknowledged.





**SINGAPORE  
POLICE FORCE**



T/20210805/2023

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

3 of 4

Report No. T/20210805/2023

**CONTINUATION OF REPORT**

There was no government property damage in this accident.

Particulars of my passenger:  
Kamariah Bte Yusoff  
S0110263F  
Blk 53 Marine Terrace #06-239 S(440053)  
hp:81293356



**SINGAPORE  
POLICE FORCE**



T/20210805/2023

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

4 of 4

Report No: T/20210805/2023

**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 /  
Sr Staff Sgt LOI JUN FENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/08/2021 12:47

Officer In Charge Of Case:

TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP165



**Beo Crescent Clinic & Surgery**  
Blk 40 Beo Crescent #01-02, Singapore 160040  
Tel: 6275 0269  
Co Reg No: 201213224R

**MEDICAL CERTIFICATE**

MC No: OD00000003375

NAME: YEO HOCK KIM

NRIC: S1357081G

This is to certify that the above patient name is Unfit for Work for a period of 3 day/s  
from **05-08-2021** to **07-08-2021** inclusive.

Diagnosis: Whiplash injury

Note: This certificate is not valid for absence from court or other judicial proceedings.

Dr Tan Wee Kiat  
MBBS (S'pore)  
Grad Dip Family Med (S'pore)  
Grad Dip Acupuncture (S'pore)  
MCR No: 12496F

Tan Wee Kiat

Issued by

Signature

05/08/2021

Date

SHB 2993R

( SHB 2993R Doc: 4181-11 )  
**RECEIVED**  
06 AUG 2021  
Beo Crescent Clinic & Surgery  
Blk 40 Beo Crescent #01-02, Singapore 160040  
Tel: 6275 0269  
Co Reg No: 201213224R

BY:  .....

Provider: Tan Wee Kiat

Invoice No. TP161794  
Invoice Date: 05/08/2021

YEO HOCK KIM

Ref ID :52442

BLK 128A PUNGGOL FIELD WALK #05-345 SINGAPORE 821128

Item Name	Quantity	UOM	Unit Price	DISC	Total Price
CONSULTATION	1	EA	28.00		28.00
ANAREX TABLETS	20	TABS	0.50		10.00
DICLOFENAC 50mg	20	TABS	0.60		12.00
MUSCALAX CREAM	1	TUBE	10.00		10.00

Subtotal : \$60.00  
0% GST : \$0.00  
Total : \$60.00  
Amount Paid : \$36.50  
O/S Balance : \$23.50

Receipt No.	Payment Date	Paid Amount	Payment Mode	Company	Status
RT001045	05/08/2021	36.50	CASH		Completed

All cheques should be crossed & made payable to  
"Tristanex Pte Ltd"

For Safety reason medication sold are non refundable and non exchangeable

Beo Crescent Clinic & Surgery  
Blk 40 Beo Crescent #01-02  
Singapore 160040  
Tel: 6275 0269 Fax: 6275 0062

# 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	05/08/2021 22:25 (SGT)
Date of Accident	04/08/2021 21:15 (SGT)
Exact Location of Accident	Airport Rd, Singapore
Additional Location Information	TURNING LEFT ONTO EUNOS LINK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2993R
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-91790720
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/P2419140
Cover Note Number	-

### DRIVER

Name of Driver	YEO HOCK KIM
NRIC No	SXXXX081G

Date Of Birth	12/11/1959
Occupation	Outdoor
Date Of Driving Pass	16/09/1991
Driving experience	29 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91790720
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 128A PUNGGOL FIELD WALK #05-345
Address complement	-
Postcode	821128
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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?	No
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	KAMARIAH BTE YUSOFF
Gender	Female

#### DETAILS OF POLICE ACTION

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

#### CIRCUMSTANCES OF ACCIDENT

ON 04/08/2021 AT ABOUT 2115HRS I WAS DRIVING MY VEHICLE A SHB2993R FROM AIRPORT ROAD TURNING LEFT ONTO EUNOS LINK. AT THE SLIP ROAD I STOP MY VEHICLE A TO CHECK ON TRAFFIC. VEHICLE B GBG5253T THEN REAR ENDED MY STATIONARY VEHICLE A. MY FEMALE PASSENGER HIT THE BACK OF HER HEAD DUE TO THE IMPACT. AS FOR ME I FEEL PAIN ON MY SHOULDER AND BACK.  
PARTICULARS EXCHANGED

#### 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	GBG5253T
Vehicle Manufacturer	Toyota



Vehicle Model	Dyna
Vehicle Variant	
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	CHINNU MOHAN
Passport No/FIN	GXXXX503P
Contact Number	(Phone) +65-85448322
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	KAMARIAH BTE YUSOFF
Gender	Female
Phone No	(Phone) +65-81293356
Address	BLK 53 MARINE TERRACE #06-239
Address Complement	
Post Code	440053
Approximate Age Years Old	50
Injuries Sustained	HIT THE BACK OF HER HAED
Injured person in which vehicle?	SHB2993R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	YEO HOCK KIM
Gender	Male
Phone No	(Phone) +65-9179072
Address	APT BLK 128A PUNGGOL FIELD WALK #05-345
Address Complement	
Post Code	821128
Approximate Age Years Old	62
Injuries Sustained	PAIN ON MY SHOULDER AND BACK
Injured person in which vehicle?	SHB2993R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## SKETCH PLAN

### IMPORTANT NOTICE

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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**.
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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 :

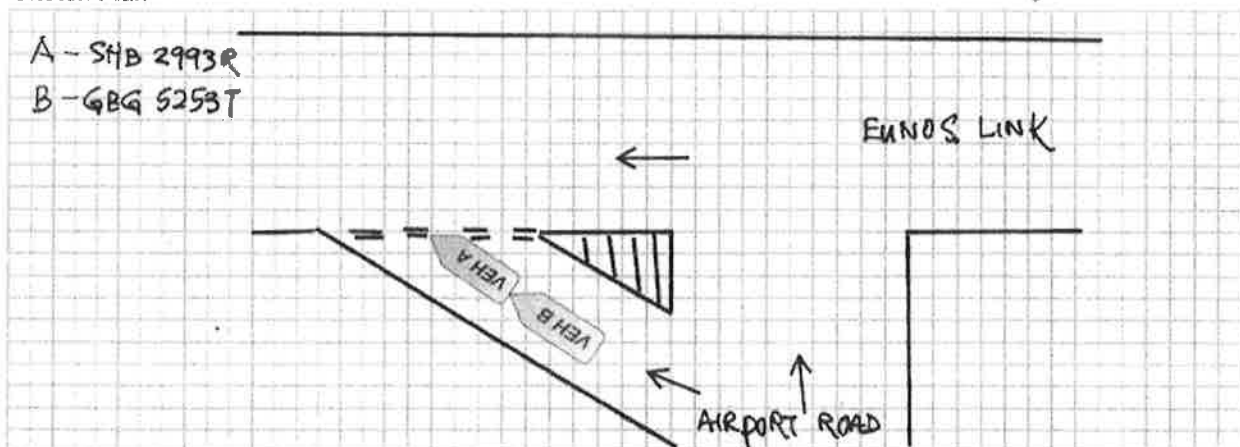
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

Witnessed by Reporting Centre Personnel

### Sketch Plan




## Describe Circumstances of the Accident


ON 04/08/2021 AT ABOUT 2115HRS I WAS DRIVING MY VEHICLE A SHB2993R FROM AIRPORT ROAD TURNING LEFT ONTO EUNOS LINK. AT THE SLIP ROAD I STOP MY VEHICLE A TO CHECK ON TRAFFIC. VEHICLE B GBG5253T THEN REAR ENDED MY STATIONARY VEHICLE A. MY FEMALE PASSENGER HIT THE BACK OF HER HEAD DUE TO THE IMPACT. AS FOR ME I FEEL PAIN ON MY SHOULDER AND BACK. PARTICULARS EXCHANGED

## 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 05.08.2021 1000HRS

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel Kyan Yong