





# 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	01/02/2022 14:42 (SGT)
Date of Accident	31/01/2022 11:35 (SGT)
Exact Location of Accident	Yishun Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7160J
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-97434433
Alternative Phone No	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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	1685

### 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	TAN BOON THIAM
NRIC No	SXXXX154D



Occupation	Outdoor
Date Of Driving Pass	16/05/1985
Driving experience	36 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97434433
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 795 YISHUN RING ROAD #12-3402
Address complement	-
Postcode	760795
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 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
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON THE 31/01/2022 AT AROUND 1135HRS. I VEHICLE A(SHD7160J) WAS TRAVELLING ALONG YISHUN AVENUE 2 ON THE RIGHT LANE WITH A PASSENGER ON BOARD. AS I WAS DRIVING, TRAFFIC LIGHT TURNED RED AND I STOP. SHORTLY AFTER, I FELT AN IMPACT AND REALISED THAT VEHICLE B(PC5314G) HAD REAR ENDED ME. NO ONE WAS INJURED AT THAT POINT OF TIME.

#### 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	PC5314G
Vehicle Manufacturer	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
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



# SKETCH PLAN

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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.

*[Signature]*

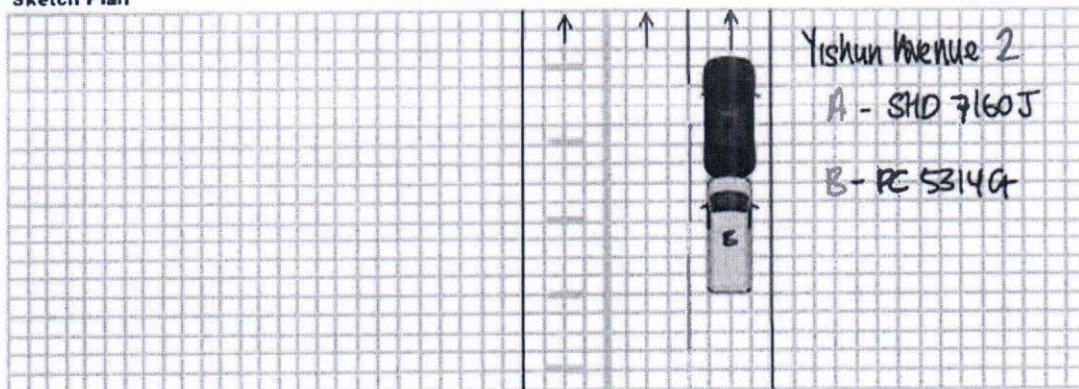
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Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 31/01/2022 1400

Witnessed by Reporting Centre Personnel

Sketch Plan




## Describe Circumstances of the Accident

ON THE 31/01/2022 AT AROUND 1135HRS. I VEHICLE A(SHD7160J) WAS TRAVELLING ALONG YISHUN AVENUE 2 ON THE RIGHT LANE WITH A PASSENGER ON BOARD. AS I WAS DRIVING, TRAFFIC LIGHT TURNED RED AND I STOP. SHORTLY AFTER, I FELT AN IMPACT AND REALISED THAT VEHICLE B(PC5314G) HAD REAR ENDED ME. NO ONE WAS INJURED AT THAT POINT OF TIME.

## 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 31/01/2022 1400

Witnessed by Reporting Centre Personnel



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## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition		
1. Date: <u>310122</u> Time Received: <u>1407</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)
2. <input checked="" type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>TAN</u> Contact No. : <u>97434433</u> Vehicle No. : <u>SAD7160J</u> Make / Model / Colour : <u>111940</u> Email : _____		4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____
7. Location: <u>792 YOUNG RING RD</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____		<p>FRONT REAR LEFT SIDE RIGHT SIDE</p> <p># : Cracked X : Dented / : Scatched O : Missing</p> <p>Signature of Customer _____</p>
10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		
11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> OTHERS Name of Driver : <u>STEVEN</u> Vehicle No. : <u>1407</u> Time Dispatch : <u>1510</u> Time of Arrival : <u>1610</u> Time Completed : _____		

### Cash Invoice Details (if applicable)

13. Cash Invoice No. : \_\_\_\_\_

### Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

\_\_\_\_\_  
Date Time Signature of Customer

### 14. WORKSHOP

\_\_\_\_\_  
Name of Attending Staff/Guard Date & Time of Arrival Signature of Attending Staff/Guard

CUSTOMER'S COPY

Date/Time: 03.02.2022 11:24

Page : 1

Job: ARC Repair TP(CLSO)1

**JOB CARD**

Sales Order: 4170115

JC NO: 305503444

Customer: COMFORT TRANSPORTATION PTE LTD  
Customer NO. 7010045  
Address: 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)  
(P)

REGN NO.: <b>SHD7160J</b>	MILEAGE
MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
MODEL <b>I-40</b>	DATE/TIME IN <b>31.01.2022 14:07</b>
YR OF MANU. <b>17.11.2016</b>	TARGET DATE
CHASSIS CODE <b>KMHLB41UMHU096364</b>	COMPLETION DATE/TIME:

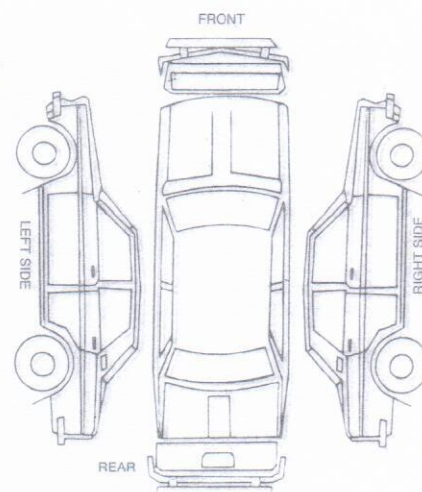
OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 31.01.2022  
Accident Time: 3P 31.01.2022

Job NO: 00010  
LABOR CODE: PB

DESCRIPTION:  
PANEL BEATING-SHD7160J



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

Vehicle No.: SHD7160J

LIMITS

Vehicle No.:

SHD7160J

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

Effective Date: 1 Nov 2020

REPAIR ESTIMATEDATE: 3-Feb-22MODEL: Hyundai i40VEHICLE NO.: SHD7160JINSURANCE: NTUC CL(S)MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper	1		\$553.00 / cut
	Rear Bumper Under Cover	1		\$228.00 / scu
	Rear Bumper Clips	10	\$2.20	\$22.00 / nec
	<b>SUB TOTAL</b>			\$803.00
	<b>LESS 20%</b>			\$160.60
	<b>DISCOUNTED TOTAL</b>			<b>\$642.40</b>
	Rear Fender Adv. Sticker RH / LH	2	\$100.00	\$200.00 / nec
	Reverse Sensors	1		\$135.70 / cut
	Rear Bumper Mat	1		\$50.00 / nec
	<b>NETT TOTAL</b>			<b>\$385.70</b>
	<b>SPARE PARTS TOTAL</b>			<b>\$1,028.10</b>
	<u>Labour Charge</u>			
	Panel Beating			\$300.00 286
	Spray Painting Charge			\$300.00 250
	R/I Reverse Sensors			\$120.00 30
	Towing Fee			NIL
	<b>TOTAL LABOUR</b>			<b>\$720.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$1,748.10</b>

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Thevanalra auto. len

872 35769

3/2/22 17800

2/5 after repair photo  
2 days up

LKK Auto Consultants hence notify 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: