

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

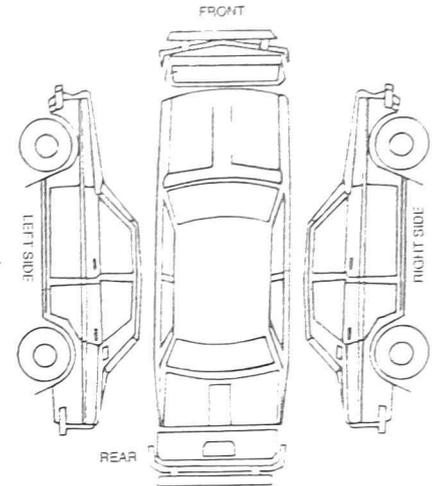
JC NO.305514654

CUSTOMER VMS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 Tel (R) 65508755 (O) (P) ACCOUNT CARD NO	REGN NO.: SHA1082G	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL PRIUS HYBRID(G4)02	DATE/TIME IN 05.2022 15:50
	YR OF MANU. 29.06.2017	TARGET DATE
	CHASSIS CODE JTDKB3FU903560984	COMPLETION DATE/TIME:
	(Empty)	(Empty)

JOB DESCRIPTION

Accident Date: 02.05.2022
 NATURE: 3P 02.05.2022

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA1082G**

Vehicle No.: **SHA1082G**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

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	04/05/2022 11:47 (SGT)
Date of Accident	02/05/2022 15:50 (SGT)
Exact Location of Accident	Bukit Panjang Ring Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1082G
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) +65-93363739
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	CHUA ENG LEOENG
NRIC No	SXXXX250A

Date Of Birth	16/07/1957
Occupation	Outdoor
Date Of Driving Pass	24/01/1978
Driving experience	44 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93363739
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	221 YISHUN STREET 21 #09-427
Address complement	-
Postcode	760221
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)	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

ON THE 02/05/2022 AT ABOUT 1550 HOURS, I WAS DRIVING VEHICLE A (SHA1082G) ON LANE 2 ALONG BUKIT PANJANG RING ROAD WHEN SUDDENLY VEHICLE B (XE6846B) REAR ENDED ME WHEN BOTH OF US ARE IN MOTION. VEHICLE B WANTED TO LANE CHANGE TO LANE 1 FROM LANE AFTER EXITING A MINOR ROAD AND SAID THAT I WAS IN HIS BLINDSPOT WHEN HE WAS LANE CHANGING HENCE RESULTING IN THE COLLISION ONTO THE REAR RIGHT PORTION OF MY TAXI. THERE ARE DAMAGES TO MY REAR RIGHT TAIL LIGHT, BUMPER AND MY BOOT IS UNABLE TO OPEN. NOBODY IS INJURED.

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	XE6846B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	SHAIFUL LE ROSLI
NRIC No	SXXXX435J
Contact Number	(Phone) +65-85883996
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident in respect of the motor insurance.
- 2. This form must be completed by the Policyholder and/or the Authorized 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 or the cost of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be free order to the insurers of the Road Traffic Management Corporation established by the General Insurance Association of Singapore (GIA) for archiving and for the purpose of this report will for a fee be made available upon application by interested parties.
- 7. It is the judgement of this report to the insurers, who hereby consent to the archiving of this report at the parties and to release of this report being made available elsewhere.
- 8. Consent under the Personal Data Protection Act (PDPA)
 - (a) I understand and hereby agree and consent that
 - (b) I, the insurer, my broker and the General Insurance Association of Singapore (GIA), may be 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 processed by me, in connection with the "Personal Information" and disclose and transfer such Personal Information to all member(s) who have insured vehicles involved in this accident (all insurers, or to have insured vehicles involved in the accident shall be collectively referred to as the "Insurers"); the Insurers' law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes of
 - (c) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (d) investigating the accident and/or my claims;
 - (e) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (f) administering my claims (including the mailing of correspondence, statements, notices, 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
 - (g) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively, the "Purposes");
 - (b) all insurers, who have insured vehicles involved in this accident and the Insurers' 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 firms/law firms), which may be sited outside of Singapore for one or more of the above Purposes.

Chew

Bobbi

Policyholder's Signature / Date & Time

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

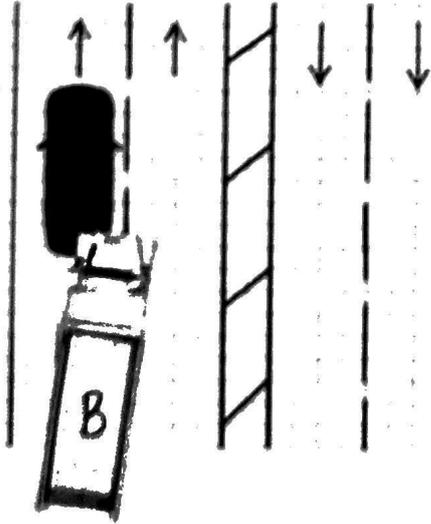
Witnessed by Reporting Centre Personnel

Sketch Plan

02/05/22

1620

↑ BMT
PUSKAS RING
ROAD



A - SHAI0826
B - XE6846B

Describe Circumstances of the Accident

ON THE 02/05/2022 AT ABOUT 1550 HOURS, I WAS DRIVING VEHICLE A (SHA1082G) ON LANE 2 ALONG BUKIT PANJANG RING ROAD WHEN SUDDENLY VEHICLE B (XE6846B) REAR ENDED ME WHEN BOTH OF US ARE IN MOTION. VEHICLE B WANTED TO LANE CHANGE TO LANE 1 FROM LANE AFTER EXITING A MINOR ROAD AND SAID THAT I WAS IN HIS BLINDSPOT WHEN HE WAS LANE CHANGING HENCE RESULTING IN THE COLLISION ONTO THE REAR RIGHT PORTION OF MY TAXI. THERE ARE DAMAGES TO MY REAR RIGHT TAIL LIGHT, BUMPER AND MY BOOT IS UNABLE TO OPEN. NOBODY IS INJURED.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Chwey -

Driver's Signature (If driver is not the policyholder) / Date & Time
02/05/22 1620

Badi

Witnessed by Reporting Centre Personnel