

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5906083

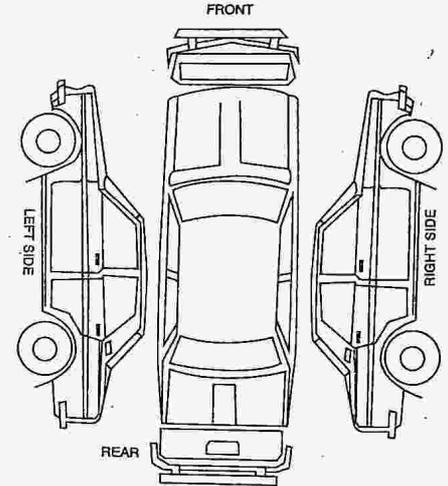
JC NO305562307

CUSTOMER IR/MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL (R) 65508755 (P) (O) DISCOUNT CARD NO.	REGN NO: SHB6359X	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: IONIQ(G3)	DATE/TIME IN 29.07.2023 13:15
	YR OF MANU. 07.11.2019	TARGET DATE
	CHASSIS CODE: KMHC851CVLU188006	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 29.07.2023
NATURE: 3P 29.07.2023

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR _____

CUSTOMER'S SIGNATURE _____

Knowledge Slip
 Name: _____
 No.: _____
 Vehicle No.: **SHB6359X** **CHIANG**
 Name of Service Advisor _____
 Signature/Date _____
 To be returned to Service Reception upon collection

Exit Pass
 Vehicle No.: **SHB6359X**
 Name of Service Advisor _____
 Date _____
 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 Actual 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 First Submission 31/07/2023 08:54 (SGT)
Reported by Actual Driver
Date of Accident 29/07/2023 13:15 (SGT)
Exact Location of Accident 201 Clementi Ave 6, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB6359X

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) +65-91000723
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 HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number VFX/P2419138

DRIVER

Name of Driver LEE SOON WAH
NRIC No SXXXX756D
Date Of Birth 06/08/1965
Occupation Outdoor

Driving experience 25/10/2012
 Gender 10 YEARS AND 9 MONTHS
 Mobile Number Male
 Alt. Phone Number (Phone) +65-91000723
 Email Address fleetsafety@cdgtaxi.com.sg
 Address 605 WOODLANDS DRIVE 42 #07-105
 Address complement -
 Postcode 730605
 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
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

PASSENGER 1

Name UNKNOWN
 Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Woodlands East Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18007679999
 Police Station Address 3 Woodlands Drive 63 Singapore 737890
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT: T/20230729/2083

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 NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	FBR9442E
Vehicle Manufacturer	Yamaha
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	FBR9442E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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

Sketch Plan

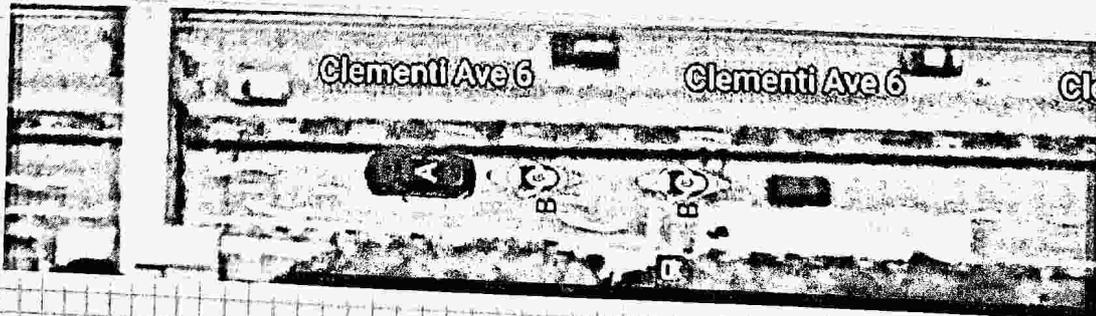
Driver's Signature (If driver is not the policyholder) / Date & Time

29/07/2023 1940hrs

Witnessed by Reporting Centre Personnel

A - SHB6359X

B - FBR9442E



201 CLEMENTI AVENUE 6 TOWARDS PIE

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT: T/20230729/2083

Declaration

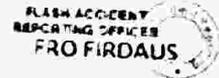
I/We declare the foregoing particulars are true to the best of my/our knowledge

Policyholder's Signature Date & Time

Director's Signature (If different to the policyholder) Date & Time

29/07/2023

1940hrs



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230729/2083

1 of 3

Report No. T/20230729/2083

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2023 17:15	Vide Report No.: D/20230729/0076	Station Diary No.: 127
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Informant's Particulars			
Name of Informant: LEE SOON WAH		Address: APT BLK 605 WOODLANDS DRIVE 42 #07-105 SINGAPORE 730605	
ID Type / ID No.: NRIC NO / S1711756D		Contact No.:	Mobile: 90030185
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 06/08/1965	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: Taxi driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/07/2023 13:15	Type of Location: Straight Road
Location: CLEMENTI AVENUE 6				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR9442E	Motorcycle	YAMAHA		Black	Seriously Damaged	0
SHB6359X	Taxi	HYUNDAI	Ionic	Blue	Seriously Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20230729/2083

2 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20230729/2083

CONTINUATION OF REPORT

Driver			
Name	LEE SOON WAH	ID No.	S1711756D
Related Vehicle	NIL	Contact No.	90030185
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/07/23 at around 1315hrs, I was driving my blue Hyundai Ionic taxi SHB6359X along Clementi Ave 6 L/P 60A towards PIE. It was a merging lane and I slowed down to a complete stop. When I was about to move off, a black Yamaha motorcycle FBR9442E rear ended my taxi causing the rider to fly over my taxi.

The rider was conveyed by the ambulance.

TP was at scene vide D/20230729/0076 and had seized one Samsung 128GB Evo Plus SD Card of my in-car camera.

My taxi rear bumper was dislodged causing my rear number plate to drop off. There were dents and scratches on the rear of my taxi as well.

I am unsure of the motorcycle's damages, but the rear plate number had dropped off.



**SINGAPORE
POLICE FORCE**



T/20230729/2083

3 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20230729/2083

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

L /
SGT 2 MUHAMMAD MISRAN
AZRY BIN KAMIS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/07/2023 17:15

Officer In Charge Of Case:

TP / GIT /
SGT 3 MUHAMMAD SYAKIR BIN ADANAN
Contact No.: 65476236

Classification Of Case:

NP168