

ASS. REC. BY:

REF: CS/EG1/7018807/71962

Special Instruction:

SUN/2/07

Tau Likh

ASSIGNMENT (Office)

From (Person):

Yee pei Li

of

Ergo

Date/Time:

2/10/17 9.58am

Estimated Cost:

Bill to:

OD / ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SHB 1166 T

Insured:

GBB 2739E

at Workshop m/s

SMRT

Tel:

6866 2671

of

60 woodlands Ind Park E4, 7577 05

Policy No:

Claim No:

PSMCV1707398

Sum Insured:

Excess:

Make of Veh:

D.O.A.

25/9/17

(Client's Record)

CA / REV / REP. / REV 24 HRS

'wp'

H.O.D. Endorsement:

Date/Time:

2/10/17 10.25am

Person Contacted:

Shanti

Vehicle:

☒ IN ☐ OUT

Date/Time

Action/Instruction (✓) Estimate

SHB 1166T-CC4 / 17011044 / K1yg3q2-D.O.A.: 3/6/17

GBB 2739E-x

03/10/17 @ 5.29pm revised to Pei Li by email.

30/11/17 @ 4.26pm confirmed with Poh Suan LG \$23850, 15 days by email.

(Red \$ 41825.86, 64%)

Surveyor: Tan JH

REF:

ERG0

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

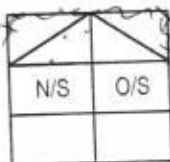
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 15 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHB 1166T Yr Regn: 2014 May

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.c. 1798

Colour: Maroon A/C: Insured / Std / NI / NA

Sp. Reading: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STDKN 364905741594

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 25/9/17

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

ERG0 TAX 07/17/2152

6862739E

RECEIVED 01 DEC 2017

Date/Time, File Pass to?

1) 30/11/17 Tan JH

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format :

Lump Sum / I.B.I: (\$) 23850

Days Of Repair: 15

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

____ S + RS ____ SI

Photos

Others

TOTAL

370

370



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

ERGO INSURANCE PTE LTD

Ref : CS/EGI17018807/T1qb

5 TEMASEK BOULEVARD
#04-01 SUNTEC TOWER FIVE
SINGAPORE 038985

Date : 02-10-2017



Code : EGI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBB 2739E	Veh. Inspected	SHB 1166T
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	YEE PEI LEE	Assign Date	02/10/2017

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--

5. General Information

Accident Date	25/09/2017	Inspection Date	02/10/2017
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

SAB 1166T

Case Handler

Typist

(1) Office Assign Form

[illegible]

(1) Assignment Form

Handwriting practice sheet with two columns of lined paper. The left column contains cursive letters 's', 'z', and 'v' repeated multiple times. The right column is empty.

C Damaged Vehicle Photographs Uploaded

N	ALL Parts condition
C	Market Value for OD cases
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)
C	Days of repair
C	Finalised Amount
C	Re-inspection Cases to Finalize within 5 Days

C Resurvey photo Uploaded

Case Handler 30/11/17 Date

21/05/201

Nivitha (LKK Auto)

From: Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>
Sent: Monday, 2 October, 2017 9:58 AM
To: 'admin-d@lkkauto.com'
Subject: OI : GBB2739E / TP : SHB1166T/LKK / DOA : 25.09.2017
Attachments: GBB2739E - SAS.pdf; SHD1166T - SAS.pdf; SHD1166T - ESTIMATE.pdf

Dear Catherine,

In compliance with "State Courts Practice Directions Amendment No.1 of 2016" in regards to the Pre Repair Survey, both TP repairer and ERGO Insurance Pte Ltd have agreed on your company **LKK AUTO CONSULTANTS PTE LTD** to be the "Single Joint Expert".

Please assist to conduct this survey from **SMRT AUTOMOTIVE SERVICES PTE LTD**,

ADDRESS : WOODLANDS SMRT DEPOT
60 WOODLANDS INDUSTRIAL PARK E4
SINGAPORE 757705

PERSON TO CONTACT : SHANTI @ 6866 2671/2

ERGO OFFICER-IN-CHARGE : STEVE LIM

Note: To survey on without prejudice basis. Please advise the consistency of damages to third party vehicle that you are require to conduct a re-survey before vehicle is returned to claimant. They are to contact your office directly. Please do keep us in the loop.

Please fill up the necessary on ERGO PRS Form from workshop and return to us together on your update of the survey status via Survey.Report@ergo.com.sg.

Attached are estimate, insured and third party SAS (note: reports not to be released to any Third Party).

Kindly acknowledge receipt of this email.

Thank you.

Best Regards

Yee Pei Li
Claims Assistant (Motor)
ERGO Insurance Pte. Ltd.
5 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038985
Tel : 65 6829 9199 / DID: 65 6829 9194
Fax: 65 6829 9247
Website: www.ergo.com.sg

Shiau Chan (LKKAUTO)

From: Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>
Sent: Saturday, 14 October, 2017 1:53 PM
To: Shiau Chan (LKKAUTO); Admin-D (LKKAUTO)
Cc: SUR; assignments
Subject: RE: GBB2739E / TP : SHB1166T/LKK / DOA : 25.09.2017

DSMCV1702398

From: Shiau Chan (LKKAUTO) [mailto:siewsc@lkkauto.com]
Sent: Tuesday, 3 October, 2017 5:29 PM
To: Admin-D (LKKAUTO); Survey Report (ERGO Insurance Pte. Ltd.)
Cc: SUR; assignments
Subject: RE: GBB2739E / TP : SHB1166T/LKK / DOA : 25.09.2017

Dear Pei Li,

Enclosed herewith preliminary advice of SHB 1166T.
Kindly provide us the claim number.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAUTO)
Sent: Monday, 2 October, 2017 11:49 AM
To: 'Survey Report (ERGO Insurance Pte. Ltd.)' <Survey.Report@ergo.com.sg>
Cc: SUR <sur@lkkauto.com>; assignments <assignments@lkkauto.com>
Subject: RE: GBB2739E / TP : SHB1166T/LKK / DOA : 25.09.2017

Dear Pei Li,

Thank you for the assignment.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Survey Report (ERGO Insurance Pte. Ltd.) [mailto:Survey.Report@ergo.com.sg]
Sent: Monday, 2 October, 2017 9:58 AM
To: 'admin-d@lkkauto.com' <admin-d@lkkauto.com>
Subject: OI : GBB2739E / TP : SHB1166T/LKK / DOA : 25.09.2017

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Thursday, 30 November, 2017 4:26 PM
To: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC); SUR
Subject: RE: SHB1166T

Dear Poh Suan,

Confirm Lump Sum \$23,850.00 before GST and 15 repair days.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25
| S(408933)

-----Original Message-----

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC) [<mailto:YeoPohsuan@smrt.com.sg>]
Sent: Monday, 20 November, 2017 4:00 PM
To: SUR <sur@lkkauto.com>
Subject: FW: SHB1166T

-----Original Message-----

From: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC)
Sent: 23 October 2017 08:25
To: 'Taufikh (LKK Auto)'
Cc: 'Celine Fong (LKKAuto)'
Subject: SHB1166T

Hi Taufikh,

Attached herewith the repair estimate of SHB 1166T having Case No: TAX/09/17/2152.

There is no change to the approved amount of \$23,850 @ 15 working days under lump sum repair.

Cost of Repair invoice will be generated as approved.

Please finalize with me within 7 working day, thanks.

Aside Kwong,

Please provide the after paint photos as per surveyor's request.

Thanks & Regards
Poh Suan

-----Original Message-----

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Tuesday, 3 October, 2017 5:29 PM
To: Admin-D (LKKAUTO); 'Survey Report (ERGO Insurance Pte. Ltd.)'
Cc: SUR; assignments
Subject: RE: GBB2739E / TP : SHB1166T/LKK / DOA : 25.09.2017
Attachments: CSEGI17018807T1qb.pdf

Dear Pei Li,

Enclosed herewith preliminary advice of SHB 1166T.
Kindly provide us the claim number.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAUTO)
Sent: Monday, 2 October, 2017 11:49 AM
To: 'Survey Report (ERGO Insurance Pte. Ltd.)' <Survey.Report@ergo.com.sg>
Cc: SUR <sur@lkkauto.com>; assignments <assignments@lkkauto.com>
Subject: RE: GBB2739E / TP : SHB1166T/LKK / DOA : 25.09.2017

Dear Pei Li,

Thank you for the assignment.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Survey Report (ERGO Insurance Pte. Ltd.) [<mailto:Survey.Report@ergo.com.sg>]
Sent: Monday, 2 October, 2017 9:58 AM
To: 'admin-d@lkkauto.com' <admin-d@lkkauto.com>
Subject: OI : GBB2739E / TP : SHB1166T/LKK / DOA : 25.09.2017

Dear Catherine,

In compliance with "State Courts Practice Directions Amendment No.1 of 2016" in regards to the Pre Repair Survey, both TP repairer and ERGO Insurance Pte Ltd have agreed on your company **LKK AUTO CONSULTANTS PTE LTD** to be the "Single Joint Expert".

Please assist to conduct this survey from **SMRT AUTOMOTIVE SERVICES PTE LTD**.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: TBA

Date: 03rd October 2017

Our Ref: CS/EG117018807/T1qb

Without Prejudice

The Motor Claims Department
ERGO Insurance Pte Ltd

Attn: Pei Li

Dear Sirs/Mdm

PRELIMINARY ADVICE OF VEHICLE NO. SHB 1166T

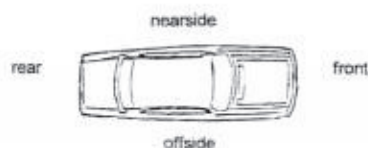
We thank you for the instruction on 02/10/2017.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 02/10/2017 at the premises of M/s SMRT and have the following to report:-

Workshop Estimate Amount	: S\$ <u>65,675.86</u>
Revised Estimate Amount	: S\$ <u>9,256.52</u>
"Check" Items Amount	: S\$ <u>33,744.31</u>
Market Value	: S\$ <u>-</u>
Salvage Value	: S\$ <u>-</u>
Nett Value	: S\$ <u>-</u>

Description of Damage:

The vehicle sustained damages at the front n/s, front and front o/s portion.



Comments/ Present Status:

Damages consistent.

Days of repair: 9 days.

We have NOT authorise repair.

Yours faithfully

Taufikh
Automotive Assessor

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 ability.
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 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 Report 27/09/2017 11:22
Date Of Accident 25/09/2017 21:40
Exact Location Of Accident HENDERSON ROAD / TELOK BLANGAH WAY
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB1166T
Insured/Policyholder
Name Of Registered Owner SMRT TAXIS PTE LTD
Co Reg No 198905369K
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-80000000

Vehicle Particulars

Manufacturer TOYOTA
Model PRIUS TAXI-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle? NO
If No, Please state action to be taken THIRD PARTY
Vehicle Category TAXI

Insurance Company

Name of Insurance Company FIRST CAPITAL INSURANCE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy YES
Policy Number D-17087562MFSH
Cover Note Number

Driver

Name of Driver KHOO HOCK LIONG
NRIC No S1775050Z
Date Of Birth 16/07/1966
Occupation OUTDOOR
Date Of Driving Pass 29/09/1986
Driving Experience 30 YEARS AND 11 MONTHS
Gender MALE
Mobile Number
Fax Number
Contact Number
Email Address NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? YES
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: NO. 92 BOON LAY WAY, POSTCODE: 609962, COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20170927/2027 On 25/09/2017 @2140hrs, I was driving my taxi SHB1166T along Henderson Road and when the green light was on at the traffic junction of Telok Blangah Way as I am turning right into Telok Blangah Way, a silver colour van GBB2739E never slow down and bang onto my left side of my taxi causing my left side seriously damaged. I was giddy at that time and I called for Police. ambulance then conveyed me to SGH. I was admitted and warded for that night. I do not know what happened to the van driver, the van driver gave me his particular.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera? YES
Remarks/ Reasons: FILE TOO BIG
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBB2739E
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver KOH CHIN KEONG
NRIC/Passport Number S73090701
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

KHOO HOCK LIONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHB1166T

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

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 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. 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' law yers/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' law yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



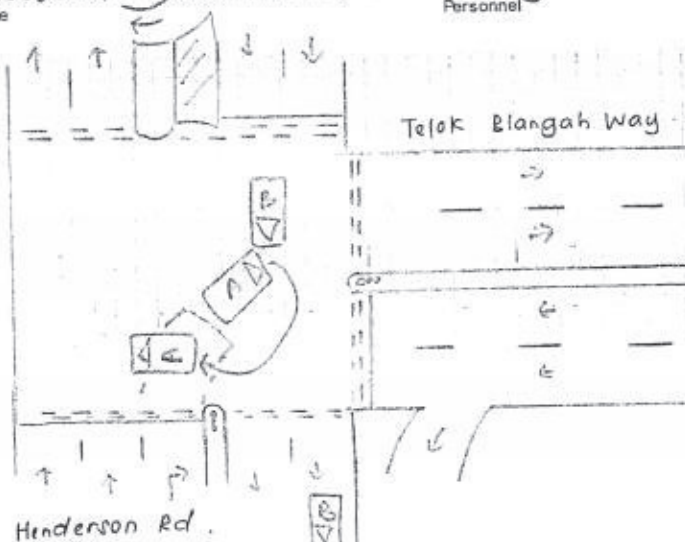
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A-3HB1166T
B-6BB2739E



[illegible]

(We declare the foregoing particulars are true in every respect.



Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20170927/2027

1 of 3

Report No. T/20170927/2027

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/09/2017 09:44	Vide Report No.:	Station Diary No.: 16
--	------------------	--------------------------

Informant's Particulars

Name of Informant: KHOO HOCK LIONG			Address: APT BLK 484 CHOA CHU KANG AVENUE 5 #04-02 SINGAPORE 680484	
ID Type / ID No.: NRIC NO / S1775050Z			Contact No.: Home/Office:	Mobile: 81591308
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 51	Date of Birth: 16/07/1966	Type of Informant: Driver	
Race: Chinese			Language: Mandarin	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

General Information of the Accident				Type of Location:
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/09/2017 21:40	X-Junction
Location: Along Road 1 HENDERSON ROAD TELOK BLANGAH WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB2739E	Van	TOYOTA	Hiace Auto 3.0	Silver	Slightly Damaged	4
SHB1166T	Taxi	TOYOTA	Prius	Maroon	Seriously Damaged	0

Details of Person Involved

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