

Our Ref : T 1217 / SHC8026M /CL(st)
Your Ref :
Date : 19-Dec-17

AIG ASIA PACIFIC INSURANCE PTE LTD
CHARTIS Buliding
78 Shenton Way
#07-16
Singapore 079120

Attn : Motor Claims Department **WITHOUT PREJUDICE**

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHC8026M YOUR INSURED SGG8577E
AND OTHER ON 04.12.17

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHC8026M** which was involved in the captioned accident with your insured vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving **SGG8577E** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 856.00
2	3 days Loss of Rental @ \$ 179.57 per day	\$ 538.71
3	Survey Report Fees	\$ -
4	GIA / LTA Search Fees	\$ 5.35
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation	\$ -
Sub Total :		\$ 1,400.06

HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 1,640.06

We enclosed herewith the following documents to support the claims :-

- a) Original repair bill and photocopies of photographs : 5 pcs.
b) LTA search slip/s of : SGG8577E
c) GIA / Police report/s of : SHC8026M
d) Letter of authority from owner / hirer / operator
(X) Photograph/s of Accident Scene () Certificate of Insurance
() Witness statement/s (x) Downtime/Mileage record

Kindly look into the matter and let us hear from you on the settlement of the said 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 faithfully
Cecilia Lee

Executive
CDGE Claims Department
Tel : 6214 8354 Fax: 6214 1843 Email : ceciliale@sparkcarcare.com

This is a computer generated letter. No signature is required.

CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
Singapore 508969

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 109506048W

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

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
501 Yishun Industrial Park A
Singapore 768732

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****MERCEDES E220 SHC8026M , SGG8577E ON 04-Dec-17 06:45
TERMINAL 3 TAXI QUEUE TWDS PICK-UP POINT**

I / We

LIM CHING HONG(Hirer) NRIC No.: **S1746156G**

and/or

(Relief) NRIC No.:

Taxi Number

SHC8026M

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of income, 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

04-Dec-2017Name of Hirer
Hirer NRIC**LIM CHING HONG
S1746156G**

Signature :



Address

**36 SEA BREEZE AVENUE
487555**

Contact No.

87422278

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

#08-16 78 SHENTON WAY, CHARTIS BUILD
SINGAPORE SG 079120

CONTACT NO: 64193000 3225094

VEHICLE NO
SHC8026M

MAKE
MERCEDES BENZ

MODEL
K220CDI (K6)

DATE OF REG
06.05.2015

CHASSIS CODE
WDD21200128159044

INV. NO/DATE
91346789 18.12.2017

JOB NO.
305094408

ODOMETER READING

DATE/TIME IN
04.12.2017 09:50

Description : 3P 04.12.2017

S/No Part No.

Qty Unit Price %Disc Net

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

S/No	Part No.	Description	Qty	Unit Price	%Disc	Net
0001	L	PANKI BEATING	400.00			400.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	400.00			400.00
SUB-TOTAL :						800.00

Items total	800.00
Add GST @ 7.000 %	56.00
Invoice amount	856.00

ComfortDelGro Engineering Pte Ltd
A 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.
8010004	91346789	856.00	

GST REG. NO. M2-8921817-3

TAX INVOICE

(COMPANY REG. NO.: 199506048W
Page: 2

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

#08-16 78 SHENTON WAY, CHARTIS BUILD
SINGAPORE SG 079120

CONTACT NO: 64193000 3225094

VEHICLE NO
SHC8026M

MAKE
MERCEDES BENZ

MODEL
R220CDI (K6)

DATE OF REG
06.05.2015

CHASSIS CODE
WDD2120012B159044

INV. NO/DATE
91346789 18.12.2017

JOB NO.
305094408

ODOMETER READING

DATE/TIME IN
04.12.2017 09:50

Issued by : KATHERINETAN 18.12.2017 16:29:01
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

ComfortDelGro Engineering Pte Ltd
A 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.
8010004	91346789	856.00	

Our Ref: CT17120078

Date: 18 December 2017



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON
ALONG
INVOLVING

04/12/2017 @ 06:45 hrs
TERMINAL 3 TAXI QUEUE TWDS PICK-UP POINT
SGG8577E

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC8026M** (the "Taxi"). The Taxi was hired to **LIM CHING HONG IC NO S1746156G** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate \$179.57 per day (inclusive of GST).

Please be advised that the Taxi was insured with **First Capital Insurance 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

Christine Tay
Executive, Fleet Safety

This is a computer generated letter. No signature is required.

[illegible]

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SGG8577E	04 Dec 2017 / 06:45:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

[Previous](#)[OK](#)

SHC8026M

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 : MCD617159407 Vehicle Registration No: SHC8026M
Name(as shown in NRIC) : LIM CHING HONG NRIC/FIN/Passport No : S1746156G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 36 SEA BREEZE AVENUE Singapore(487555)
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 04/12/2017 Time of Accident : 06:45
Place of Accident : TERMINAL 3 TAXI QUEUE TWDS PICK-UP POINT
Insurance Company: First Capital Insurance 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:

Submit Police Report : T/20171204/2136

On MC 5 days.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: xiao yan
NRIC/FIN No.:
Date: 06.12.2017

Address	36 SEA BREEZE AVENUE
Postcode	487555
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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 [OTHER]	CHANGI N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT: T/20171204/2136

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGG8577E
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MOHD YAZID BIN JAAFAR
NRIC/Passport Number	S1425779I
Contact Number	86156384
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	LIM CHING HONG
Approximate Age	51
Injuries Sustain	PAIN TO NECK AND RIGHT SHOULDER. ON 5 DAYS MC.
Injured person in which vehicle?	SHC8026M
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



**SINGAPORE
POLICE FORCE**

RECEIVED
06 DEC 2017
BY: M



T/20171204/2136

1 of 3

Report No. T/20171204/2136

Police Station Of Origin:

Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2017 17:43	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars

Name of Informant: LIM CHING HONG			Address: 36 SEA BREEZE AVENUE SINGAPORE 487555	
ID Type / ID No.: NRIC NO / S1746156G			Contact No.: Home/Office:	Mobile: 84722278
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 51	Date of Birth: 20/02/1966	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/12/2017 06:45	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD				
Changi Airport 3 Taxi Queue towards pick up point				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGG8577E	Car	BMW	740LI 3.0L A/T ABS D/AB 2WD 4DR HID SR	Silver	Slightly Damaged	0
SHC8026M	Taxi	MERCEDES BENZ	E220 BLUETEC	White	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171204/2136

2 of 3

Report No. T/20171204/2136

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

CONTINUATION OF REPORT

Driver Name		LIM CHING HONG	ID No.	S1746156G
Related Vehicle		SHC8026M (Taxi)	Contact No.	84722278 74 21
Hospital/Clinic		NOVENA MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment		04/12/2017	Date Discharge	04/12/2017
No. of Days granted Medical Leave		05	Degree of Injury	Slight
Driver Name		MOHD YAZID BIN JAAFAR	ID No.	S1425779I
Related Vehicle		NIL	Contact No.	86156384 34
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 04/12/2017 at about 0645hrs the traffic volume was very heavy hence the traffic flow was very slow moving at times it grinds to a halt. Due to traffic condition of the road along terminal 3 taxi queue my taxi came to a stop on the extreme left of the driveway. Shortly after I felt an impact coming from the right hand side rear of my stationary taxi following by another impact. Later I stepped out to make a check and found out car SGG8577E had come from my immediate right drive on chevron lines between my taxi and another taxi on my right squeezed through a small gap. As a result of the drivers fault to keep a proper lookout for my taxi caused this accident to happen. In the process left hand side front of the car hit and grazed the right hand side rear towards the right hand side front including the right hand side wing mirror of my taxi thus damaging them.

No passenger on board on my taxi and no injury at the point of the accident. However after the accident I feel pain neck and right shoulder. I already consult doctor at novena Medical Centre and was giving 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20171204/2136

3 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20171204/2136

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 /
Sgt 2 MUHAMMAD RAIHAN BIN SUHAIMI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/12/2017 17:43

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 YEO KIA HUAT
Contact No.: 65476325

Classification Of Case:

SN 16U

Authentication Stamp
NP168



Signature:

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	04/12/2017 11:57
Date Of Accident	04/12/2017 06:45
Exact Location Of Accident	TERMINAL 3 TAXI QUEUE TWDS PICK-UP POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8026M
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E220

Exact Purpose for which vehicle was being used at time of accident

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-1572701MFSH
Cover Note Number	

Driver

Name of Driver	LIM CHING HONG
NRIC No	S1746156G
Date Of Birth	20/02/1966
Occupation	OUTDOOR
Date Of Driving Pass	30/06/1995
Driving Experience	22 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	JAYLIMO@EMAIL.COM

Address	36 SEA BREEZE AVENUE
Postcode	487555
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGG8577E
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MOHD YAZID BIN JAAFAR
NRIC/Passport Number	S1425779I
Contact Number	86156384
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	LIM CHING HONG
------	----------------

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.
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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 192303321R

Policyholder's Signature
Date & Time:

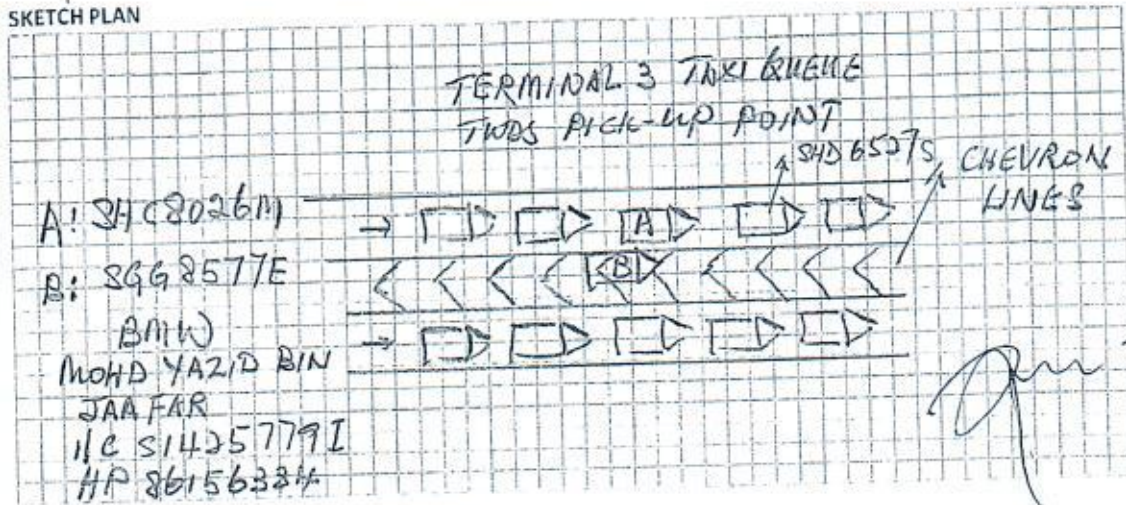
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

WATERLOO PHOTOGRAPHY



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 193203321R

Policyholder's Signature
Date & Time:

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

04/12/17
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Describe Circumstances of the Accident
On 04 Dec 2017 at about 06:45 hrs the traffic volume was very heavy hence the traffic flow
was very slow moving at times it grinds to a halt. Due to the traffic condition of the road
along Terminal 3 taxi queue my taxi came to a stop on the extreme left of the driveway.
Shortly after I felt an impact coming from the right hand side rear of my stationary taxi
followed by another impact.
Later I stepped out to check. Found that a BMW car SGG8577E had come from my immediate
right drive on the Chevron Lines between my taxi and another taxi on my right squeezed
through a small gap. As a result of the driver's failure to keep a proper lookout for my taxi
caused this accident to happen. In the process the left hand side front of the car hit and
grazed the right hand side rear towards the right hand side front including the right hand side
wing mirror of my taxi thus damaging them.
No passenger on board my taxi. No injury at the point of the accident. However after the
accident I felt pain neck and right shoulder. If the pain still persist I will see a Doctor later on.
Enclosed is my video footage and the witness footage(SHD8849A) to support my claims.

Declaration

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 193202321R

Policyholder's Signature/Date &
Time


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


Witnessed by Reporting
Centre Personnel

