

Surveyor Taufik

REF: CS3/FCI 19005463 / 71145^{SV}-1

Special Instruction:

Ins: \$35,000.00

ASSIGNMENT (Office)

From (Person): Motor claims of FCI Date/Time: 31/7/19

Third Parties:

Estimated Cost: Bill to:

Claimant:

OD TP Re-inspection / Evaluation

Surveyor: AEGN Auto Consultant

Workshop: Euro Asia Motorsports

To Inspect Vehicle No: SLK 350P Insured: SHD 7068T
at Workshop m/s: Euro Asia Motorsports Tel: 98269998 (David)
of: 56 Joyney way # 04-04

Policy No: Claim No: D19002030MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 22/03/2019

(Client's Record)

13/02/20 @ 11am ✓

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig _____, _____ days (Red \$ _____ / _____ %; Original 14 days)

Date/Time: 17/2/2020 Submit Final Fig 19200, 12 days (Red \$ 1500 / 45 %; Original 14 days)

Date/Time	Action/Instruction
	SLK 350P - CS3 / FCI 19005463 / KICd 352 D.O.A - 22/03/2019
	SHD 7068T - CS3 / FCI 19005463 / KICd 352 D.O.A - 22/03/2019
16/1/19	Pending for RI Appointment.
1/8/19	Pending Insured CIA Report.
RECEIVED 17 FEB 2020	

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

25 X 15 = 375
375 + 170 = 545

Market Value : _____

Salvage Value : _____

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Date:

Basic & Add
Transport
Photos
Others
Total

545
50
156
751

1) Date/Time 17/2/2020 File Pass to Typist

2) Date/Time File Return to

3) Date/Time File Pass to

4) Date/Time File Return to

5) Date/Time File Pass to

6) Date/Time File Return to

ASS. REC. BY:

REF: C93/FCL/9005463/K/cd3⁵²

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Eileen Lee of FCI Date/Time: 27/3/19

Estimated Cost: Bill to:

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

To inspect Vehicle No: SLK 350P Insured: SHD 70687

at Workshop m/s: EURO ASIA MOTORSPORTS PL Tel: 99269978 / 210 654

of 56 LOYANG WAY #01-02 LOYANG ENTERPRISE BUILDING

Policy No: Claim No: D190203012154

Sum Insured: Excess:

Make of Veh: D.O.A. 27/3/19

(Client's Record)

CA / REV / REP. / REV 24 HRS YRS H.O.D. Endorsement:

Date/Time: Person Contacted: Vehicle IN/OUT

Date/Time	Action/Instruction () Estimate
	SLK 350P x
	SHD 70687 x

Nivitha (LKK Auto)

From: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Wednesday, 31 July 2019 12:33 PM
To: winnie@yoga-legal.com
Cc: assignments@lkkauto.com; Eileen Lee; CWS Motor Claims
Subject: Ref: D19002030MFSH , Request for re-inspection SLK350P accident involving with SHD7068T on 22-03-2019

Without Prejudice

Dear Sirs,

RE-INSPECTION: THIRD PARTY VEHICLE NO: SLK350P

We refer to the above matter.

Please note that we wish to carry out a re-inspection. Please advise the date, time, venue and person to contact at least 7 working days in advance of the appointment.

Thank you.

Yours Faithfully,

Motor Claims Department

First Capital Insurance Ltd

cwsmotorclaims@msfirstcapital.com.sg

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 Report	22/03/2019 16:07
Date Of Accident	22/03/2019 10:55
Exact Location Of Accident	PIE TO CHANGI BEFORE THOMSON EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK350P
Insured/Policyholder	
Name Of Registered Owner	CHRIS GOH SIANG KEE
NRIC No	S7511852Z
Email Address	CGOH1975@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90495000
Alternative Phone No	OFFICE-90495000

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	SLK350

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 PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA110602
Cover Note Number	

Driver

Name of Driver	CHRIS GOH SIANG KEE
NRIC No	S7511852Z
Date Of Birth	04/04/1975
Occupation	INDOOR
Date Of Driving Pass	04/08/2000
Driving Experience	18 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90495000
Fax Number	
Contact Number	OFFICE-90495000
Email Address	CGOH1975@GMAIL.COM

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

General Information of the Accident

Type Of Accident CHAIN COLLISION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 5
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 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

FRONT VEHICLE STOP, I ALSO STOP IN TIM. SUDDENLY, VEHICLE B HIT MY VEHICLE FROM BEHIND, PUSH MY VEHICLE FORWARD AND HIT VEHICLE C.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD7068T
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMD2538C Renault Scenic N 1.5L

Vehicle Make/Model/Colour
Details Of Properties VEHICLE C
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJW1174K
Vehicle Make/Model/Colour
Details Of Properties VEHICLE D
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SGN2052E
Vehicle Make/Model/Colour
Details Of Properties VEHICLE E
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 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.



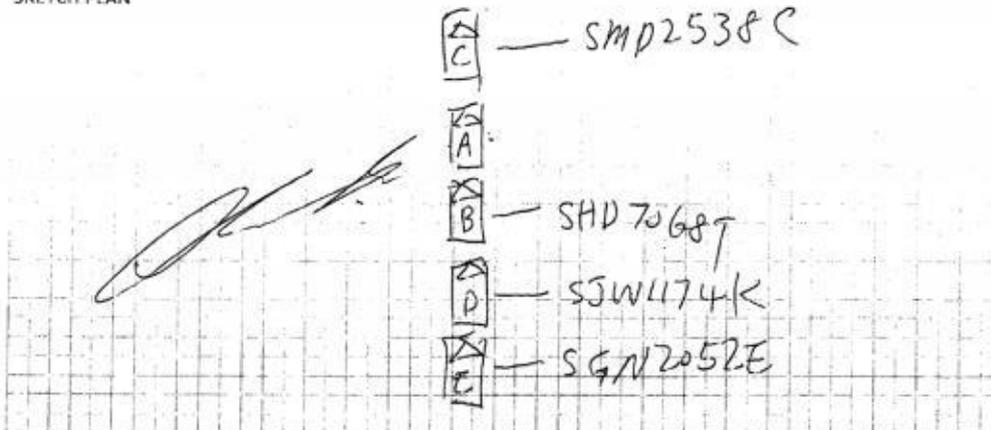
Policyholder's Signature
Date & Time:

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

22/3/19 2.25 PM
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

front veh stop, I also stop intance, suddenly veh
B hit my veh from behind, push my veh forward
& hit veh C.

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:

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1852Z
Vehicle Details	
Vehicle No.:	SLK350P
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Mar 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	SLK350
Primary Colour:	White
Manufacturing Year:	2006
Engine No.:	27296330367544
Chassis No.:	WDB1714562F128813
Maximum Power Output:	200.0 kW (268 bhp)
Open Market Value:	\$63,613.00
Original Registration Date:	22 Jun 2006
First Registration Date:	22 Jun 2006
Transfer Count:	5
Actual ARF Paid:	\$69,975.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	21 Jun 2026
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$48,479.00
COE Rebate Amount:	\$35,065.00
Total Rebate Amount:	\$35,065.00

The information contained herein is correct as at 28 Mar 2019

OK

7-3

LETTER OF UNDERTAKING

I/We, CHRIS BOH SANG FEB, the owner of vehicle no. 3LF 350P

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:



.....
Nric no. & signature of policyholder

.....
Company stamp

22/08/2019
.....
Date



redefining / insurance

AXA Insurance Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

Certificate of Insurance

Account Number
 03811

Third Parties (Third Party Risks and Compensation Act (Chapter 159) - Motor Vehicles) (Third Party Risks and Compensation Act, 1997 - Road Transport Act, 1987) (Malaysia)
 Motor Vehicles (Third Party Risks - Rules, 1998) (Malaysia)

Policy details

Policyholder name	CHRIS GOH SIANG KEE (WU XIANGZHI)	Certificate number	6A110602 / 1
Cover	Comprehensive	Chassis number	WGB1714562F128613
Plan name	For Her	Engine number	27296330367544
NCD applicable	50%		
Vehicle registration number	SLK360P		
Period of insurance	from 22/06/2018 to 21/06/2019 (both dates inclusive)		
Finance loan company	Nil		

Persons or classes of persons entitled to drive*

- a. The Policyholder
- b. Any Named Driver as stated in the Policy:
 L CHIA HAN JENG FRANCOIS
- c. Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so licensed and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitation as to use*

- a. Use only for social, domestic and pleasure purposes and for the Policyholder's business.
- b. Policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, - racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.
- c. Liability incurred inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, Chapter 159 and Section 95 of the Road Transport Act, 1987 (Malaysia) shall not be included under these headings.

EXCESS Windscreen Excess Not Applicable

- Additional Excess is applicable as follows:
 - 1. \$5500 for unnamed Authorized Driver
 - 2. \$8500 for declared Young and Inexperienced Driver
 - 3. \$85,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$82,500 if you have chosen AXA Risk rating 'sporadic'.

Additional clauses & endorsements to your policy

We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 159) and Part IV of the Road Transport Act, 1987 (Malaysia)

AXA Insurance Pte Ltd

Authorized signature

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 159).
 The Statutory Warranty Clause requires the premium to be paid in full within a stipulated period being when there could be an adverse claim. The policyholder is advised to read the conditions.

AXA Insurance Pte Ltd (199903512M)
 230 Orchard Road #24-01 AXA Tower
 Singapore 238811
 Customer Centre: #81-01

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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ACCIDENT STATEMENT

Date Of Report	22/03/2019 16:21
Date Of Accident	22/03/2019 11:00
Exact Location Of Accident	PIE TWDS AIRPORT BEFORE THOMSON EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7068T
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	HYUNDAI
Model	I40
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	KEE LEK KEONG
NRIC No	S7013088B
Date Of Birth	18/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1994
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	+65-90289796
Fax Number	
Contact Number	
Email Address	KENNETH.K6871@YAHOO.COM.SG

Address	BLK 292A COMPASSVALE STREET #14-228
Postcode	541292
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	5
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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	SJW1174K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KAI SHENG
NRIC/Passport Number	S9345981D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR AND FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLK350P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage REAR AND FRT
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMD2538C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage REAR
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SGN2052E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage FRT
No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

PORT TRANSPORTATION PTE LTD
REG. NO. 198303821R

Policyholder's Signature
Date & Time:



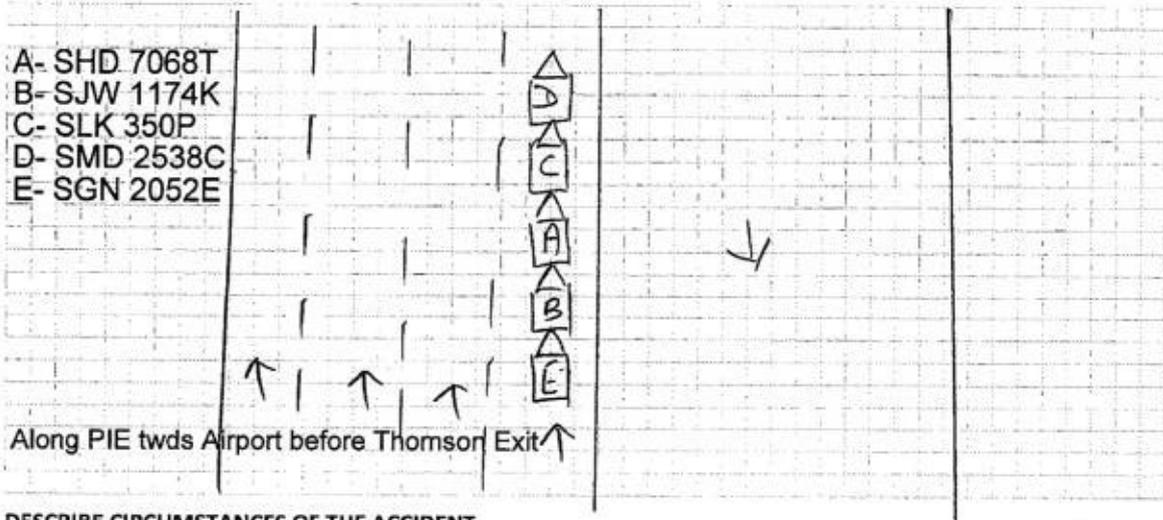
Driver's Signature
(If driver is not the policyholder)
Date & Time: 22.03.2019@1430HRS



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22.03.2019 @ 1100hrs I was travelling along PIE twds Airport before Thomson Exit with 1 male passenger onboard.
As I was travelling straight suddenly veh(C) SLK 350P stopped and I tried to stop in time but could not stop in time.
There were 5 vehicles in this accident.
I have company video and photos at scene to support my claims.
No injury in this accident.
Veh(B) SJW 1174K MR Kai Sheng S9345981D
Veh(C) SLK 350P
Veh(D) SMD 2538C
Veh(E) SGN 2052E

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 COMFORT TRANSPORTATION PTE LTD
 CO. REG. NO. 199303821R

Policyholder's Signature
 Date & Time:

Driver's Signature
 (if driver is not the policyholder)
 Date & Time: 22.03.2019@1430HRS

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

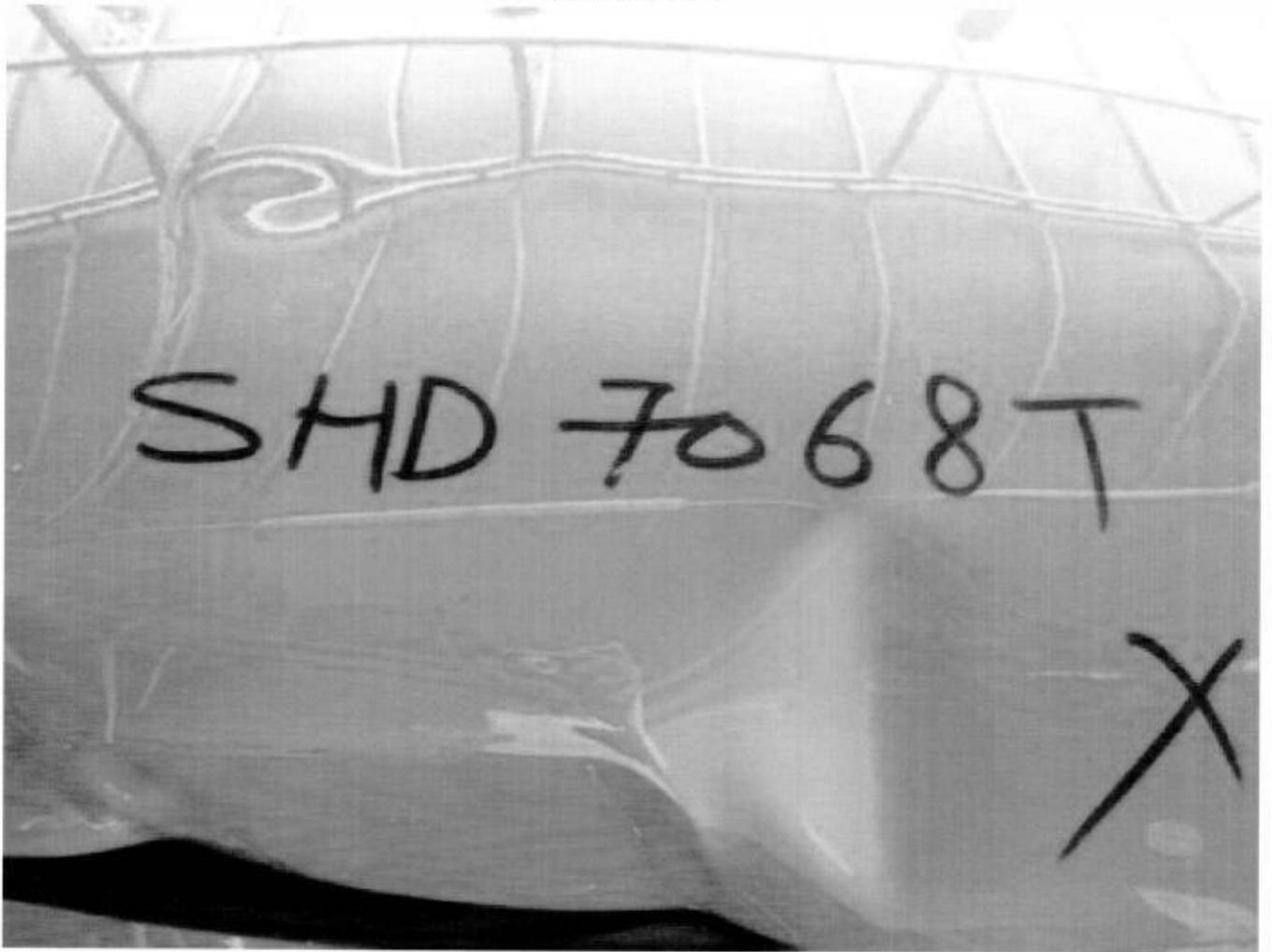
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

