

Our Ref : T 1119 / SH 6535S /KS(st)  
Your Ref: \_\_\_\_\_  
Date : 27-Nov-19

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

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mainline +65 6383 6280  
Facsimile +65 6280 9755

**AIG ASIA PACIFIC INSURANCE PTE LTD**  
**AIG Building**  
**78 Shenton Way**  
**#07-16**  
**Singapore 079120**

**WITHOUT PREJUDICE**

www.cdge.com.sg  
Company Registration No: 199506048W

**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

**Attn : Motor Claims Department**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SH 6535S YOUR INSURED SMG7486U  
AND OTHER \_\_\_\_\_ ON 20.11.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No SH 6535S 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 SMG7486U we are submitting these claim for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 3,015.13
2	<u>2</u> days Loss of Rental @ \$ 126.47 per day	\$ 252.94
3	Survey Report Fees ( <i>Surveyed by M/s LKK</i> )	\$ -
4	GIA / LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing Fee	\$ -
		<b>\$ 3,275.56</b>

**HIRER'S CLAIM**

7	<u>2</u> days Loss of Income @ \$ 80.00 per days	\$ 160.00
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**Total Claims : \$ 3,435.56**

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

- a) Original repair bill :
- b) LTA search slip/s of : SMG7486U
- c) GIA / Police report/s of : SH 6535S
- d) Letter of authority from owner / hirer / operator
  - ( ) 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  
*Kazali Hj Selahudin*  
CDGE Taxi Claims Department  
Tel : 6214 8736 Fax : 6214 1843 Email : kazali@cdge.com.sg

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

GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 1

8010004  
ATG ASTA PACIFIC INSURANCE PTE LTD  
78 SHENTON WAY, ATG BUILDING #07-16  
SINGAPORE SG 079120  
CONTACT NO: 64193000 3225094

VEHICLE NO  
SH 65358  
INV. NO/DATE  
91480635 26.11.2019

MAKE  
TOYOTA  
JOB NO.  
305350423

MODEL  
PRIUS HYBRID(G4)  
OILMETER READING

DATE OF REG  
07.01.2019  
DATE/TIME IN  
20.11.2019 10:10

CHASSIS CODE  
JTDKB3FU303077765

Description : 3P 20.11.19

S/No	Part No.		Qty	Unit Price	%Disc	Net
<b>PART REQUISITION</b>						
0001	04-01-0302-2346	PRTG4 GARNISH SUB ASSY BACK DOOR OUTSIDE	1	889.70	25.00	667.27
0002	04-01-0302-2282	PRTG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0003	04-01-0302-2287	PRTG4 GUARD-REAR BUMPER CENTRE	1	552.60	25.00	414.45
0004	04-01-0302-2286	PRTG4 COVER REAR BUMPER-POW HOOK COVER	1	82.70	25.00	62.02
0005	04-01-0302-2288	PRTG4 REINFORCEMENT SUB-ASSY REAR BUMPER	1	318.80	25.00	239.10
0006	04-01-0302-2269	PRTG4 ORNAMENT SUB-ASSY BACK DOOR(LOGO)	1	47.00	25.00	35.25
0007	04-01-0302-2271	PRTG4 PLATE-BACK DOOR NAME (PRIUS)	1	52.90	25.00	39.67
0008	28-01-9999-2025	APP LOGO REAR BONNET (TPT)	1	40.00	0.00	40.00

- WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED ON OWNERS' RISK.
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY, NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
- INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (IE AFTER 30 DAYS FROM THE INVOICE DATE) PERIOD OF DEFAULT.
- PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCY WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd

A member of COMFORTDELGRO

Head Office:  
205 Braddell Road  
Singapore 579701

ACCOUNT No.

8010004

INVOICE No.

91480635

AMOUNT

3,015.13

BANK/CHQ No

Kindly note that no receipt shall be issued unless requested.

OFFICE COPY

GST REG. NO. M2-8921817-3

## TAX INVOICE

801.0004

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY, AIG BUILDING #07-16  
SINGAPORE SG 079120

CONTACT NO: 64193000 3225094

VEHICLE NO  
SH 6535S

INV. NO/DATE  
91480635 26.11.2019

MAKE  
TOYOTA

JOB NO.  
305350423

MODEL  
PRIUS HYBRID(G4)

ODMETER READING

DATE OF REG  
07.01.2019

DATE/TIME IN  
20.11.2019 10:10

CHASSIS CODE  
JTDKR3F0303077765

S/No	Part No.		Qty	Unit Price	%Disc	Net
0009	28-01-0302-2015	PRTVC REAR BONNET (COMFORTDELGRO C/P),	1	30.00	0.00	30.00
0010	28-01-0302-0006	PRTVC REAR BOOT 65521111 (C/P),	1	30.00	0.00	30.00
0011	04-01-0302-2267	PRTVC BUMPER PIECE	10	2.20	25.00	16.50
0012	04-01-0302-2270	PRIG4 PLATE-BACK DOOR NAME (HYBRID S)	1	52.90	25.00	39.67
SUB-TOTAL:						1,957.88

### JOB NATURE

0001	PR	PANEL BEATING		480.00		480.00
0002	SP	SPRAYPAINT CHARGE		300.00		300.00
0003	17-01	CHECK ALL LIGHTING		20.00		20.00
0004	20-00	TUFF COAT ON AFFECTED PARTS.		30.00		30.00

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- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON OR IMMEDIATELY AFTER DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY ADVISE THE COMPANY OF ANY COMPLAINTS, OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
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- PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT, IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

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.

OFFICE COPY

ACCOUNT No.

INVOICE No.

AMOUNT

BANK/CHQ No.

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GST REG. NO. M2-8921817-3

## TAX INVOICE

Page: 3

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY, AIG BUILDING #07-16  
SINGAPORE SG 079120

CONTACT NO: 64193000 3225094

VEHICLE NO  
SH 65358

INV. NO/DATE  
91480635 26.11.2019

MAKE  
TOYOTA

JOB NO.  
305350423

MODEL  
PRIUS HYBRID(G4)

ODMETER READING

DATE OF REG  
07.01.2019

DATE/TIME IN  
20.11.2019 10:10

CHASSIS CODE  
JTDKB3FU303077765

S/No	Part No.	Qty	Unit Price	%Disc	Net
0005	L REMOVE/REFIX REVERSE SENSOR		30.00		30.00
SUB-TOTAL					860.00

Items total	2,817.88
Add GST @ 7.000 %	197.25
Invoice amount	3,015.13

Issued by : KATHERINETAN 26.11.2019 10:35:02  
Repair type : CLSO/57/57  
Payment Type/Term: /Credit 30 days

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- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
- INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.
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ComfortDelGro Engineering Pte Ltd  
A member of COMFORTDELGRO

Head Office:  
205 Braddell Road  
Singapore 579701

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010004	91480635	3,015.13	

Kindly note that no receipt shall be issued unless requested.

OFFICE COPY

Our Ref: CT19110475

Date: 26 November 2019



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON 20/11/2019 @ 07:00 hrs  
ALONG SLIP ROAD FROM SERANGOON ROAD TO PIE/CTE  
INVOLVING SMG7486U

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 **SH6535S** (the "Taxi"). The Taxi was hired to **LEONG WENG PIEW IC NO SXXXX610Z** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$126.47** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte 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  
Manager, Fleet Safety

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



**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING TOYOTA PRIUS SH6535S , SMG7486U ON 20-Nov-19 07:00**  
**ALONG SLIP ROAD FROM SERANGOON ROAD TO PIE/CTE**

I / We **LEONG WENG PIEW** (Hirer) NRIC No.: **SXXXX610Z**

and/or **LEONG WENG PIEW** (Relief) NRIC No.: **SXXXX700E**

Taxi Number **SH6535S**

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 **20-Nov-2019**

Name of Hirer **LEONG WENG PIEW**

Hirer NRIC **SXXXX610Z**

Signature :



Address **102 POTONG PASIR AVENUE 1 #05...  
350102**

Contact No. **97536602**

Name of Relief **LEONG WENG PIEW**

Relief NRIC **SXXXX700E**

Signature :



Address **152 RIVERVALE CRESCENT #04-110  
540152**

Contact No. **93519645**

### Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SMG7486U	20 Nov 2019 / 07:00:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

[Previous](#)      [OK](#)

SH 6535S

## 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	20/11/2019 10:55
Date Of Accident	20/11/2019 07:00
Exact Location Of Accident	SLIP ROAD FROM SERANGOON ROAD TO PIE/CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6535S
-----------------------------	---------

#### 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	TOYOTA
Model	PRIUS HYBRID 4G

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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

#### Driver

Name of Driver	LEONG WENG PIEW
NRIC No	S0022700E
Date Of Birth	12/10/1953
Occupation	OUTDOOR
Date Of Driving Pass	23/12/1975
Driving Experience	43 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93519645
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 152 RIVERVALE CRESCENT #04-110
Postcode	540152
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	COLLISION - HEAD TO REAR
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	2
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

REFER 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	SMG7486U
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM GIAG WEI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

**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**.
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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. 199303821R

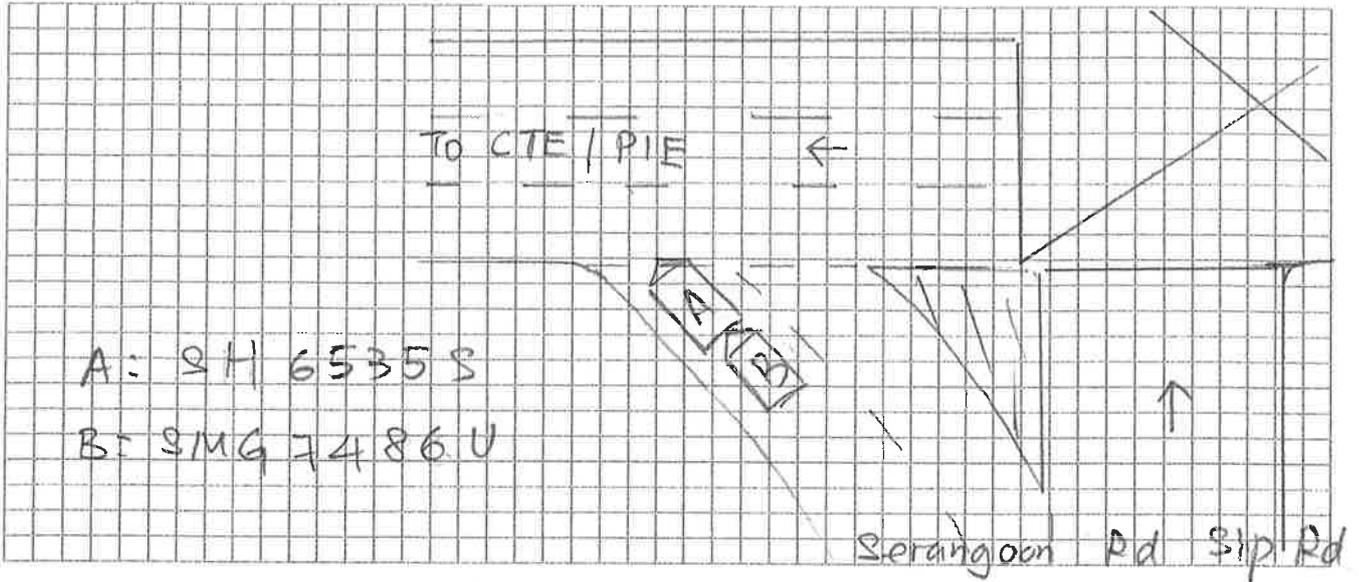
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

 20/11/19  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



SKETCH PLAN



A: SH 6535 S  
 B: SMG 7486 U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/11/19 at about 07:00 hrs, I  
 Veh A was stop at above said slip road  
 to checking traffic. Suddenly an impact came from  
 my taxi behind. I step out to have a check and  
 found Veh B front portion collided onto the  
 rear portion of my stationary taxi. Scene photo  
 taken. we have exchanged particulars. No passenger  
 in my taxi. No injury reported.

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:

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

Loke Wei Yieng



