

Surveyor: fam

REF:

NS/INC20006107/F4F3

**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. 5109281919Claims No. MT/1093461-002

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ 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: SHC 7850G Yr Regn: 6/03/2014

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

Truck / Trailer or \_\_\_\_\_

Make: Hyundai i40 c.c. 1685Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 748425 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHLEBAIUMEU048702Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Haricore

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 7 mmL/Bal. 6 mm L/Bal. 7 mmD.O.A. 29/05/2020 D.O.I. 2/06/2020Survey held at comfortdelglo (loyang)Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

LIS: \$13400/- with 3 repair days (Red: 5685.98;62%)reclaim on 8/6/2020 with LIMITS

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 3

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_) S + RS \_\_\_\_\_ SI☐ : Interview (\$ \_\_\_\_\_) Photos☐ : Tech. Invs (\$ \_\_\_\_\_) Others☐ : Weekend (\$ \_\_\_\_\_)

Report Format : \_\_\_\_\_

Lump Sum / I.B.I: (\$ 3400 l/s)

TOTAL

Survey Fee:
Transportation:
S + RS _____ SI
Photos
Others
TOTAL

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305401939

Date : 05/06/20

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969  
Fax: 6546 8156

## FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHC7850G

Date of Accident : 29-May-20

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

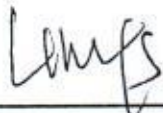
1. The repair job shall bill to: NTUC --- SJN9105E
2. The finalized amount shall be:
  - (a) Spare Parts after List discount
  - (b) Labour Charges
  - Total for Part-By-Part Repair Cost**
  - (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% \$3,400.00  
**Final Lumpsum Repair cost \$3,400.00**

3. Estimated normal period for repairs: 3 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : RAM

Date : 8/6/2020

### For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

\_\_\_\_\_





## COMFORTDELGRO ENGINEERING PTE LTD

Date: 02.06.2020

## REPAIR ESTIMATE

Time: 10:46:29

Page: 1

NTUC-45

LKF-Ram.

COMPANY: THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010070  
 ADDRESS: CITYCAB PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65551188

JOB NO : 305401939  
 REGN NO : SHC7850G  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 06.03.2014  
 DATE/TIME IN : 02.06.2020 10:01  
 ACCIDENT DATE : 29.05.2020

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0103-0578-G	FRT BUMPER	1	544.50	20.00	435.60	era
0002	04-01-0103-2296-A	FRT BUMPER BEAM	1	438.40	20.00	350.72	1 x m
0003	04-01-0103-2294-G	FRT BUMPER SPONGE	1	99.20	20.00	79.36	era
0004	04-01-0103-0654-G	FRT BUMPER GRILLE RH	1	93.60	20.00	74.88	Br
0005	04-01-0103-0638-G	FRT BUMPER UPR BRKT RH	1	22.40	20.00	17.92	Br
0006	04-01-0103-0640-G	FRT BUMPER SIDE BRKT RH	1	24.60	20.00	19.68	x m
0007	04-01-0103-0782-A	HEADLAMP RH	1	1,388.00	20.00	1,110.40	Br
0008	04-01-0103-0641-U	HEADLAMP SUPPORT PANEL	1	907.40	20.00	725.92	x R
0009	04-01-0103-0582-G	RADIATOR GRILLE	1	1,480.00	20.00	1,184.00	x m
0010	04-01-0103-0572-U	BONNET	1	2,265.90	20.00	1,812.72	1 x m
0011	04-01-0103-0652-G	BONNET HINGE RH	1	41.00	20.00	32.80	1 x m
0012	04-01-0103-0573-A	FRT FENDER RH	1	663.00	20.00	530.40	BUC
0013	03-01-0103-0120-G	FRT FENDER SHIELD RH	1	174.90	20.00	139.92	era

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010070  
 ADDRESS : CITYCAB PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65551188

JOB NO : 305401939  
 REGN NO : SHC7850G  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 06.03.2014  
 DATE/TIME IN : 02.06.2020 10:01  
 ACCIDENT DATE : 29.05.2020

JOB / PARTS DESCRIPTION QTY IND UNIT-PRICE DISC% AMOUNT

0014 03-01-0103-0098-U	FRT WHEEL RIM RH	1	650.60	20.00	520.48	<del>520.48</del> 100
0015 04-01-0103-0658-G	FRT WHEEL CAP RH	1	107.10	20.00	85.68	Ref
0016 FNPS	NO PLATE(S)W/TRIM COVER	1 L	55.00	10.00	49.50	nn

SUB-TOTAL : 7,169.98 \$3743.30  
\$2994.64

## JOB NATURE

0000 23-01	TOWING FEE	0.00	xnn
0001 20-05	FRT WHEEL TYRE RH	216.00	xnn
0002 PB	PANEL BEATING	600.00	\$560
0003 SP	SPRAYPAINT CHARGE	750.00	\$600
0004 17-01	CHECK ALL LIGHTING	40.00	\$30
0005 20-00	TUFF COAT ON AFFECTED PARTS.	40.00	

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Ram (LKK)  
 2/6/2020 1510445  
 ram@lkkauto.com  
 88622728  
 3 repair photos

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 02.06.2020

REPAIR ESTIMATE

NTUC-4S  
LKK-Ram

Time: 10:46:29

Page: 3

IS

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010070  
ADDRESS : CITYCAB PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65551188

JOB NO : 305401939  
REGN NO : SHC7850G  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 06.03.2014  
DATE/TIME IN : 02.06.2020 10:01  
ACCIDENT DATE : 29.05.2020

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0006 L	R/I AIR CON CONDITION ETC	150.00		X44		
0007 L	WHEEL ALIGNMENT	120.00		\$80		\$1310
SUB-TOTAL						: 1,916.00
TOTAL						: 9,085.98
MVA NAME & SIGNATURE		AUTHORISED : YES / NO				
DATE :		SURVEYOR NAME & SIGNATURE				
		DATE :				





## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

### Job Requisition

1. Date: <u>29/01/10</u> Time Received: <u>2115</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up					
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>Mr NG</u> Contact No. : <u>9617 5104</u> Vehicle No. : <u>95C 7850 G</u> Make/Model/Colour : <u>140</u> Mail : _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input checked="" type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____					
7. Location: <u>541 Serangoon NTH AVE 3</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi						
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____								
10. Odometer Reading : _____ Fuel Level : <table border="1"><tr><td>F</td><td>1/4</td><td>1/2</td><td>3/4</td><td>E</td></tr></table>		F	1/4	1/2	3/4	E	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
F	1/4	1/2	3/4	E				

### Job Attended

2. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS	 #: Cracked X: Dented /: Scatched O: Missing Signature of Customer: <u>[Signature]</u>
Name of Driver : <u>GUWA</u>	
Vehicle No. : <u>Q3C 8868 K</u>	
Time Dispatch : <u>2115</u>	
Time of Arrival : <u>2145</u>	
Time Completed : <u>2245</u>	

### ash Invoice Details (if applicable)

3. Cash Invoice No. : \_\_\_\_\_

### ustomer Acknowledgement

I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.

I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.

Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

Date

Time

Signature of Customer

### WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

Team: ARC Repair TP(CFSO)1 JOB CARD Sales Order: JC NO.: 305401939

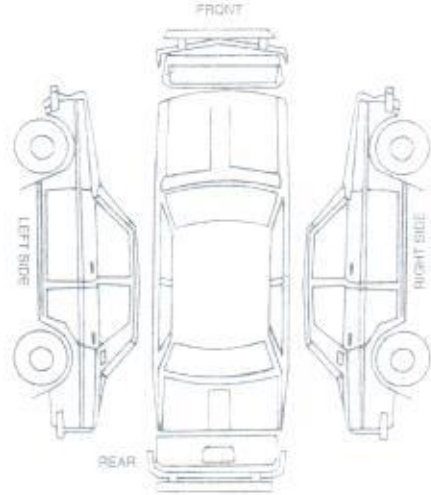
OWNER CITYCAB PTE LTD 95781 OWNER NO 383 SIN MING DRIVE Singapore SINGAPORE 575717 96175184 (R) (P)	REGN NO SHC7850G MAKE HYUNDAI MODEL I-40 YR OF MANU 06.03.2014 CHASSIS CODE KMHLB41UMEU048702	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 02.06.2020 10:01 TARGET DATE COMPLETION DATE/TIME
---	--	---

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 29.05.2020  
NATURE: 3P 29.05.2020

NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Checklist No.: SHC7850G LIMITS Signature/Date turned to Service Reception upon collection	Exit Pass Vehicle No.: SHC7850G Name of Service Advisor 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 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	30/05/2020 11:29
Date Of Accident	29/05/2020 21:00
Exact Location Of Accident	SERANGOON NORTH AVE 3 T JUNCTION CARPARK ENTRANCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7850G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX839G
Email Address	FLEETSAFETY@CDGETAXI.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-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	NG LIANG SENG
NRIC No	SXXXX727G
Date Of Birth	04/08/1956
Occupation	OUTDOOR
Date Of Driving Pass	04/04/1979
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96175184
Fax Number	
Contact Number	
Email Address	RAYMOND.NG777@GMAIL.COM

Address	BLK 125 SERANGOON NORTH AVENUE 1 #06-115
Postcode	550125
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?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20200529/2061 \* TYPE OF ACCIDENT :- HEAD TO SIDE

#### 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	SJN9105E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

FRONT LH

No. Of Passenger (Including Driver)



**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.

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

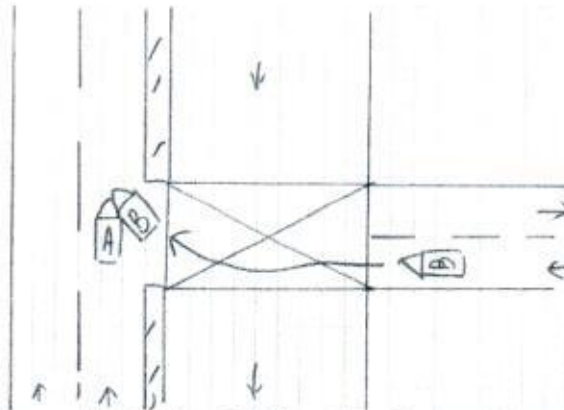
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 30.05.2020  
@ 11:15 hrs

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

## Sketch Plan Pg. 2

### SKETCH PLAN



A - SHC 7850G  
B - SJN9105E

Along Serangoon North Ave 3 T Junction Carpark Entrance

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20200529/2061

## DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 30.05.2020  
@ 11:15 hrs

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



**SINGAPORE  
POLICE FORCE**



T/20200529/2061

1 of 3

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

Report No: T/20200529/2061

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/05/2020 23:06	Vide Report No.:	Station Diary No.: 64
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: NG LIANG SENG			Address: APT BLK 125 SERANGOON NORTH AVENUE 1 #06-115 SINGAPORE 550125	
ID Type / ID No.: NRIC NO / S1184727G			Contact No.:	Mobile: 96175184
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 63	Date of Birth: 04/08/1956	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class:	
			Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/05/2020 21:00	Type of Location: Straight Road
Location: Along Road 1 SERANGOON NORTH AVENUE 3				
along serangoon north avenue 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7850G	Car	HYUNDAI	i40	Yellow	Seriously Damaged	0
SJN9105E	Car	HONDA		Grey	Slightly Damaged	1

**Details of Person Involved**

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



## Sketch Plan Pg. 4



**SINGAPORE  
POLICE FORCE**



T/20200529/2061

2 of 3

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

Report No: T/20200529/2061

## CONTINUATION OF REPORT

Driver			
Name	NG LIANG SENG	ID No.	S1184727G
Related Vehicle	SHC7850G (Car)	Contact No.	96175184
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 29/05/2020 at about 2100hrs, I was driving my taxi vehicle (SHC7850G). At that point, of time, the weather is clear and road surface is dry. As I was exiting from the cluster of Blk 546A Serangoon North Ave 3, I proceeded to turn left. After turning left, I proceeded to go straight and a vehicle (SJN9105E) suddenly came out from my right side. As a result, the right front of my vehicle (SHC7850G) hit onto the left front of his vehicle (SJN9105E). I do not know where the vehicle (SJN9105E) come out from as he should have stop to make sure there is no vehicle from the main road before turning. I tried to ask for the driver's particular of vehicle (SJN9105E) after the accident and he refused to give me. He further informed he will ask his insurance to settle and drove off.

I have in-car camera in my vehicle (SHC7850G). However, I do not know that if the in-car camera capture the traffic accident. I did not suffer any injury from this accident. The right front of my vehicle(SHC7850G) suffered from damages.

As such, I am lodging this report for company and insurance purpose.

Sketch Plan Pg. 5



SINGAPORE  
POLICE FORCE



T/20200529/2061

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

3 of 3  
Report No: T/20200529/2061

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:  
F /  
Sgt 2 NEO CHANG WEI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
29/05/2020 23:06

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI SN 154  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP/68

Signature:

Singapore Police Force