

ASSIGNMENT

COB Dec 2025

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SMD 3015MPolicy No. MT104996Claims No. M2003728

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 9 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB6202P Yr Regn: Dec / 2017Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai I40 c.o 1685Colour Blue A/C: Insured / Std / NI / NASp. Reading 333234 T/Radio: Insured / Std / NI / NAEng/No: D4FDHU730242C/No: KMHLB41UMHU100017Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60 R16R: 11

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

TOYO / YOKO or HankookFront S mm Rear S mmR/Bal. S mm L/Bal. S mmD.O.A. 30/07/2020 D.O.I. 04/08/2020Survey held at Byrest Sin Ming

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

Rear 4 H/S Frnt

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

Date / Time Action / Instruction

Tokio SMD 3015M

05/8/20 @ 10.17am revised to Ong Chin Kat via Mainman.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S+RS, \$

Photos

Others

TOTAL

Report Format: _____

Lump Sum / I.B.I. (\$) _____

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 3-Aug-20

INSURANCE: Tokio Marine

MODEL: HYUNDAI I40

VEHICLE NO.: SHB6020P

DESCRIPTION	QTY	LIST PRICE	AMOUNT
BOOTLID <i>dent</i>	1	\$2,174.90	\$2,174.90
BOOTLID RUBBER <i>deformed</i>	1	\$96.50	\$96.50
BOOTLID HINGE (LH/RH) <i>svc</i>	2	\$284.60	\$569.20
BOOTLID LOCK UPPER <i>Down</i>	1	\$114.90	\$114.90
BOOTLID LOCK LOWER <i>1st</i>	1	\$23.20	\$23.20
BOOTLID I40 EMBLEM (I40) <i>Hec</i>	1	\$67.90	\$67.90
BOOTLID 'H' EMBLEM <i>Hec</i>	1	\$63.10	\$63.10
BOOTLID CRDI PLATE <i>Hec</i>	1	\$52.40	\$52.40
BOOTLID LAMP (LH/RH) <i>crack / broken</i>	2	\$1,131.20	\$2,262.40
LICENSE LAMP (LH/RH) <i>HH</i>	2	\$56.10	\$112.20
BOOTLID TRIMBOARD <i>turn</i>	1	\$343.90	\$343.90
BOOTLID TRIMBOARD CLIPS (11 PCS) <i>Hec</i>	1	\$11.00	\$11.00
BOOTLID MOULDING (I40) <i>regr</i>	1	\$385.30	\$385.30
BOOTLID LOWER GARNISH CHROME(I40) <i>svc</i>	1	\$227.90	\$227.90
REAR BUMPER <i>Dent / turn</i>	1	\$1,106.00	\$1,106.00
REAR BUMPER REINFORCEMENT BRACKET <i>Dent</i>	2	\$160.60	\$321.20
REAR BUMPER REINFORCEMENT <i>broken</i>	1	\$428.40	\$428.40
REAR BUMPER CLIP <i>Hec</i>	1	\$19.00	\$19.00
REAR BUMPER SPONGE <i>turn</i>	1	\$119.50	\$119.50
REAR BUMPER UNDER COVER <i>1st / deformed</i>	1	\$228.00	\$228.00
REAR BUMPER RUBBER MAT / I40 PLATE <i>deformed</i>	1 <i>SH</i>	\$50.00	\$50.00
REAR BUMPER REFLECTOR LAMP (I40) <i>o/s HH n/s broken</i>	2	\$32.00	\$64.00
TAIL LAMP (LH) <i>broken</i>	1	\$697.80	\$697.80
TAIL LAMP QUARTER PANEL (LH) <i>Dent</i>	1	\$453.00	\$453.00
REAR PANEL <i>Dent</i>	1	\$526.70	\$526.70
REAR PANEL LOWER <i>Dent</i>	1	\$367.20	\$367.20
REAR PANEL GARNISH <i>mounting deformed</i>	1	\$57.70	\$57.70
PANEL ASSY-REAR FLOOR SIDE (LH) <i>HH</i>	1	\$177.00	\$177.00
SPARE TYRE HOLDER <i>broken</i>	1	\$223.10	\$223.10
SPARE WHEEL LOCK NUT <i>broken</i>	1	\$41.80	\$41.80
SPARE TYRE PANEL <i>Dent photo</i>	1	\$852.80	\$852.80
SPARE TYRE PANEL CUSHION <i>HH</i>	1	\$223.10	\$223.10
MEMBER-ASSY-REAR FLOOR CENTRE <i>HH</i>	1	\$570.40	\$570.40
REAR TOWING HOOK <i>HH</i>	1	\$194.60	\$194.60
EXHAUST PIPE INSULATOR (LH) <i>HH</i>	1	\$117.10	\$117.10
EXHAUST SILENCER (LH) <i>3rd</i>	1	\$1,935.40	\$1,935.40
EXHAUST PIPE HANGER <i>HH</i>	1	\$117.10	\$117.10
REAR FENDER <i>n/s Dent</i>	1	\$2,171.40	\$2,171.40
REAR FENDER UNDER SHIELD(LH) <i>HH</i>	1	\$338.60	\$338.60
FUEL LID COVER LH <i>HH</i>	1	\$82.10	\$82.10
REAR FENDER AIR-DUCT (LH) <i>HH</i>	1	\$51.60	\$51.60
REAR FENDER TRIM BOARD (LH) <i>deformed / turn</i>	1	\$688.75	\$688.75
REAR WINDSCREEN MOULDING <i>Hec</i>	1	\$51.80	\$51.80

BONNET <i>Dented</i>		1	\$2,265.90	\$2,265.90	✓
BONNET RUBBER (LH) <i>HN</i>		1	\$35.70	\$35.70	X
BONNET RUBBER (RH) <i>HN</i>		1	\$35.70	\$35.70	X
BONNET HINGE (LH/RH) <i>st</i>		2	\$126.70	\$253.40	✓
BONNET LOCK <i>HN</i>		1	\$142.40	\$142.40	X
BONNET ABSORBER (LH ONLY) <i>HN</i>		1	\$61.60	\$61.60	X
BONNET INSULATOR <i>HN</i>		1	\$202.50	\$202.50	X
BONNET SEAL <i>HN</i>		1	\$31.90	\$31.90	X
BONNET INSULATOR CLIPS <i>HN</i>		1	\$15.00	\$15.00	X
BONNET CABLE <i>HN</i>		1	\$69.60	\$69.60	X
FRONT BUMPER COVER <i>Dented</i>		1	\$1,052.20	\$1,052.20	✓
FRONT BUMPER SPONGE <i>tom</i>		1	\$379.20	\$379.20	✓
FRONT BUMPER REINFORCEMENT <i>st</i>		1	\$588.40	\$588.40	✓
FRONT BUMPER GRILLE (LH) <i>distorted</i>		1	\$149.20	\$149.20	✓
FRONT BUMPER BRACKET TOP (LH/RH) <i>HN</i>		2	\$44.80	\$89.60	X
FRONT BUMPER BRACKET (LH/RH) <i>W/S broken d/s rsl</i>		2	\$49.20	\$98.40	✓
FRONT BUMPER RETAINER MOUNTING <i>HN</i>		1	\$76.20	\$76.20	X
FRONT BUMPER GRILLE AIR DUCT (LH) <i>HN</i>		1	\$126.20	\$126.20	X
HEADLAMP SUPPORT PANEL ASSY <i>broken photo</i>		1	\$907.40	\$907.40	✓
HEADLAMP (LH) <i>broken</i>		1	\$2,776.00	\$2,776.00	✓
HEADLAMP SUPPORT TOP COVER <i>HN</i>		1	\$222.60	\$222.60	X
RADIATOR <i>HN</i>		1	\$1,637.20	\$1,637.20	X
RADIATOR GUARD (LH/RH) <i>HN</i>		2	\$76.50	\$153.00	X
COOLANT <i>HN</i>		1	\$ 45.00	\$ 45.00	X
RADIATOR FAN BLADE, COWLING, MOTOR ASSY <i>HN</i>		1	\$1,194.20	\$1,194.20	X
RADIATOR EXPANSION TANK <i>HN</i>		1	\$163.80	\$163.80	X
FRONT FENDER (LH) <i>Brc</i>		1	\$566.30	\$566.30	✓
FRONT FENDER APRON PANEL (LH) <i>Brc photo</i>		1	\$637.00	\$637.00	✓
FRONT FENDER SHIELD (LH) <i>svc</i>		1	\$174.90	\$174.90	X
AIRCON CONDENSER <i>HN</i>		1	\$947.80	\$947.80	X
FRONT WINDSCREEN MOULDING <i>HN</i>		1	\$133.70	\$133.70	X
INTER COOLER <i>st</i>		1	\$1,032.50	\$1,032.50	✓
SUB TOTAL				\$35,044.45	
LESS 20%				\$7,008.89	
DISCOUNTED TOTAL				\$28,035.56	
BOOTLID COMFORT LOGO & TEL NO. STICKER <i>Hec</i> SN		1	\$16.60	\$16.60	✓
REAR NO. PLATE <i>HN</i> SN		1	\$25.00	\$25.00	X
REAR BUMPER RESERVE SENSOR <i>Don</i> SN		1	\$118.00	\$118.00	✓
REAR WINDSCREEN SEALANT <i>Hec</i> SN		1	\$46.00	\$46.00	✓
FRONT WINDSCREEN SEALANT <i>Hec</i> SN		1	\$45.00	\$45.00	✓
SUB TOTAL				\$250.60	
Labour Charge					
Panel Beating		1	\$1,600.00	\$1,600.00	1200/-
Spray Painting Charge		1	\$1,400.00	\$1,400.00	1000/-
Wiring Charge		1	\$160.00	\$160.00	30/-
Tuff Kote		1	\$160.00	\$160.00	40/-
Towing Charge		1	\$80.00	\$80.00	HN
Remove/Refix Cushion & Upholstery Rear		1	\$150.00	\$150.00	80/-
Remove/Refix Reverse Sensor		1	\$120.00	\$120.00	40/-
Remove/Refix Exhaust Pipe		1	\$80.00	\$80.00	60/-
Remove/Refix Fuse Box		1	\$120.00	\$120.00	HN

Remove/Refix Front Windscreen Glass	1	\$120.00	\$120.00
Remove/Refix Radiator	1	\$90.00	\$90.00
Remove/Refix Aircon & Refill Gas	1	\$130.00	\$130.00
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$550.00
TOTAL LABOUR			\$4,760.00
ESTIMATE TOTAL			\$ 33,046.16
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.			

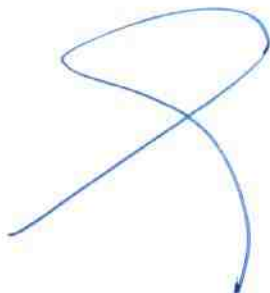
04/08/2020 @ 0915hrs

Not Authorised

L/Sure 9 days.

Ryan

LKK Auto



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:

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 4-Aug-20

INSURANCE: Tokio

MODEL: HYUNDAI I40

VEHICLE NO.: SHB 6202P (S)

DESCRIPTION	QTY	LIST PRICE	AMOUNT
TAIL LAMP (RH) <i>crack</i>	1	\$697.80	\$697.80
REAR FENDER <i>ofs repn</i>	1	\$2,171.40	\$2,171.40
HEADLAMP (RH) <i>mainly crack</i>	1	\$2,776.00	\$2,776.00
<i>RH</i>			
SUB TOTAL			\$5,645.20
LESS 20%			\$1,129.04
DISCOUNTED TOTAL			\$4,516.16

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Ting
04/08/2020
LKK Auto
S

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	01/08/2020 11:51
Date Of Accident	30/07/2020 17:35
Exact Location Of Accident	PIE TWDS BEDOK NEAR JALAN EUNOS EXIT
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6202P
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
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	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	CHOW CHEE MENG
NRIC No	SXXXX305I
Date Of Birth	29/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	21/07/1988
Driving Experience	32 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97668984
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 472 ANG MO KIO AVE 10 #13-872
Postcode	560472
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	3
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20200730/2125

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	SMD3015M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage FRT
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKL551H
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 RIGHT
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHOW CHEE MENG
Approximate Age 54
Injuries Sustain NECK AND BACK PAIN, ON 3 DAYS MC.
Injured person in which vehicle? SHB6202P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode



SINGAPORE POLICE FORCE



T/20200730/2125

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20200730/2125

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2020 19:43	Vide Report No.:	Station Diary No.: 101
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Informant's Particulars			
Name of Informant: CHOW CHEE MENG		Address: APT BLK 472 ANG MO KIO AVENUE 10 #13-872 SINGAPORE 560472	
ID Type / ID No.: NRIC NO / S17103051		Contact No.: Home/Office: Mobile: 97668984	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 29/08/1965	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:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/07/2020 17:35	Type of Location: Straight Road
Location: Along Road 1 PAN-ISLAND EXPRESSWAY towards Bedok near to Jalan Eunus exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB6202P	Car					1
SKL551H	Car					0
SMD3015M	Car					0



**SINGAPORE
POLICE FORCE**



T/20200730/2125

2 of 3

Report No. T/20200730/2125

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Brief Details.

On 30/07/2020 at about 1737hrs, my vehicle (SHB6202P) was stationary at PIE towards Bedok near to the exit of Jalan Eunos as there was a heavy jam. Suddenly I felt a collision at the rear of my vehicle. Due to the impact of the collision, my vehicle surged forward and collide to another stationary vehicle (SKL551H). All of us came down of our vehicle and was informed by the rear vehicle (SMD3015M) that he unable to stop in time hence he collided on to my vehicle. All of us exchange our particulars and left the scene. As I was informed by one of the traffic police and he informed us to move our vehicle aside and settle our matters as it was blocking the traffic.

Due to the impact of the accident, I felt pain on my shoulder, neck and back area. I then went see a doctor at Intemedical 24 Hr Clinic and was given 3 days MC.

I wish to state that my vehicle has a in car camera and is working.

I am lodging this report for my insurance & medical claim.



**SINGAPORE
POLICE FORCE**



T/20200730/2125

3 of 3

Report No. T/20200730/2125

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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 3 ELAINE ONG EE LING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/07/2020 19:43

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

SN 065

Authentication Stamp

NP168



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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 01.08.2020
@ 10:15 hrs

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

SKETCH PLAN

A - SHB 6202P
B - SMD 3015M
C - SKL 551H

Along PIE TWDS Bedok Near Jalan Eunus Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20200730/2125

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: 01.08.2020
@ 10:15 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: