

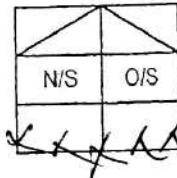
ASS. REC. BY: Tan Jiah REF: JM1

# 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. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Est. 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

Date: \_\_\_\_\_ Person Contacted: Olivia Vehicle: IN / OUT

Veh No: SHIA8519T Yr Regn: 2015, Nov.  
 Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) / Prime Mover /

Truck / Trailer or

Make: Hyundai i40 c.c. 1685  
 Colour: yellow A/C: Insured / Std / NI / NA  
 Sp. Reading: \_\_\_\_\_ T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_  
 C/No: KMHC84/4M64086687

Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 205/60R16  
 R: 205/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Haruharu

Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. 6 mm R/Bal. 6 mm  
 L/Bal. 6 mm L/Bal. 6 mm  
 D.O.A. \_\_\_\_\_ D.O.I. 12/5/20  
 Survey held at Confidentially  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	<u>By Heng wept.</u> <u>To check repair limit, waiting book value from Conf.</u>
20/8/20	Submit uneconomical T/L- BV:\$43,131.81 LTA:\$34,343 NV: 8788.81

Date/Time, File Pass to? ☐ : Preli. Report  
☐ : Final Report

1) \_\_\_\_\_ Date/Time, File Return to?

2) 20/8/20-Typist

Rep. Form: Merimen

Lump Sum / 10.1%

Days Of Repair: \_\_\_\_\_

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

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)  
☐ : Interview (\$ \_\_\_\_\_)  
☐ : Tech. Invs (\$ \_\_\_\_\_)  
☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\_\_\_\_\_ S + RS \_\_\_\_\_ SI

Photos

Others

**ComfortDelGro Engineering Pte Ltd** (Co. Reg. No: 199506048W)  
 59 Loyang Drive  
 Singapore 508969  
 Tel: 6214 8300

**TP INSURER:** Tokio Marine Insurance Singapore Ltd (HQ)  
**CCPL**

Singapore

**PARTICULARS OF CLAIM**

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	09/08/2020
Vehicle Reg. No.:	SHA8519T	Driveable?	NO
Party At Fault:	UNKNOWN		

Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	26/11/2015
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	D4FDEU479907	Chassis No:	KMHLB41UMGU080681
Odometer:	0 KM		

Paint Type:	
List Item Discount:	20.00 %
Total Loss?	NO
Est. Duration of Repair (day)	15

Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)
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**COST OF CLAIMS**

	<b>Amount</b>
Parts	26,683.78
Miscellaneous Items	11.00
Labour	6,432.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>33,126.78</b>
<b>+ GST 7.00% (S\$)</b>	<b>2,318.87</b>
<b>Nett Amount (S\$)</b>	<b>35,445.65</b>

This claim is handled by: LIM TIEN SIONG

## REPAIR DETAILS

## Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 12 Aug 2020)  
 Parts: 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)  
 Labour: Repairer's (Price-denominated Standard List)  
 Print Code: ComfortDelGro Engineering Pte Ltd/SHA8519T/12/08/2020 10:12  
 Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page  
 Further Info: Items/values not in reference catalogue are prefixed with an asterisk \*.

## Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER	20.00	0.00	*1,106.00 FL mis
2	2		*REAR BUMPER REINFORCEMENT BRACKET (LH/RH)	20.00	0.00	*160.60 FL bt
3	1		*REAR BUMPER REINFORCEMENT	20.00	0.00	*428.40 FL Cmn
4	10		*REAR BUMPER CLIP (10 PCS)	20.00	0.00	*22.00 FL ne
5	2		*REAR BUMPER BRACKET (LH/RH)	20.00	0.00	*71.20 FL de
6	1		*REAR BUMPER SPONGE	20.00	0.00	*119.50 FL Cmn
7	1		*REAR BUMPER UNDER COVER	20.00	0.00	*228.00 FL mis
8	2		*REAR BUMPER RELECTOR LAMP (I40)	20.00	0.00	*64.00 FL mis
9	2		*TAIL LAMP (LH/RH)	20.00	0.00	*1,395.60 FL Cmn
10	2		*TAIL LAMP QUARTER PANEL (LH/RH)	20.00	0.00	*453.00 FL LH-bt RHx
11	1		*REAR PANEL	20.00	0.00	*526.70 FL bt
12	1		*REAR PANEL GARNISH	20.00	0.00	*57.70 FL de
13	1		*REAR PANEL LOWER PANEL	20.00	0.00	*495.50 FL bt
14	1		*SPARE TYRE HOLDER	20.00	0.00	*248.00 FL ?
15	2		*TAIL LAMP PANEL TOP (LH/RH)	RHxR 20.00	0.00	*1,091.80 FL LH-bt
16	2		*TAIL LAMP LOWER PANEL (LH/RH)	RHxR 20.00	0.00	*451.20 FL LH-bt
17	1		*SPARE WHEEL LOCK NUT	20.00	0.00	*11.80 FL ?
18	1		*PARE TYRE PANELS	20.00	0.00	*852.80 FL bt
19	1		*PARE TYRE PANELS CUSHION	20.00	0.00	*223.10 FL ?
20	1		*REAR TOWING HOOK	20.00	0.00	*94.60 FL ?
21	1		*MEMBER ASSY REAR FLOOR CENTRE	20.00	0.00	*570.40 FL ?
22	1		*REAR PANEL INNER PANEL	20.00	0.00	*380.00 FL ?
23	2		*PANEL ASSY REAR FLOOR SIDE (LH/RH)	20.00	0.00	*180.20 FL ?
24	1		*EXTENSION ASSY REAR FLOOR	20.00	0.00	*175.10 FL ?
25	2		*REAR FLOOR CHASSIS MEMBER (LH/RH)	20.00	0.00	*8,465.00 FL Rx
26	2		*EXHAUST PIPE INSULATOR	20.00	0.00	*117.10 FL bt
27	2		*EXHAUST SILENCER	20.00	0.00	*1,935.40 FL bt
28	2		*EXHAUST PIPE HANGER	20.00	0.00	*117.10 FL bt
29	1		*EXHAUST PIPE CENTRE	20.00	0.00	*730.10 FL ?
30	1		*REAR WINDSCREEN MOULDING	20.00	0.00	*51.80 FL ne
31	1		*FUEL LID COVER	20.00	0.00	*82.10 FL bt
32	1		*BOOTLID	20.00	0.00	*2,174.90 FL bt
33	1		*BOOTLID RUBBER	20.00	0.00	*96.50 FL mis
34	2		*BOOTLID HINGE (LH/RH)	20.00	0.00	*284.60 FL bt
35	1		*BOOTLID LOCK UPPER	20.00	0.00	*114.90 FL bt
36	1		*BOOTLID LOCK LOWER	20.00	0.00	*31.70 FL bt
37	1		*BOOTLID KEY LOCK	20.00	0.00	*68.00 FL ?
38	1		*BOOTLID HYUNDAI PLATE	20.00	0.00	*21.10 FL ne
39	1		*BOOTLID H EMBLEM	20.00	0.00	*28.70 FL ne
40	1		*BOOTLID CRDI PLATE	20.00	0.00	*27.90 FL ne
41	1		*BOOTLID I40 EMBLEM	20.00	0.00	*27.90 FL ne

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No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
42	2		*BOOTLID LAMP (LH/RH)	20.00	0.00	*1,131.20 FL <i>rm</i> ✓
43	2		*LICENSE LAMP (LH/RH)	20.00	0.00	*56.60 FL <i>rm</i> ✓
44	1		*BOOTLID ABSORBER	20.00	0.00	*65.65 FL ?
45	1		*BOOTLID TRIMBOARD	20.00	0.00	*143.90 FL <i>de</i> ✓
46	11		*BOOTLID TRIMBOARD CLIPS	20.00	0.00	*11.00 FL <i>all</i> ✓
47	1		*BOOTLID MOULDING	20.00	0.00	*85.00 FL <i>rm</i> ✓
48	1		*BOOTLID LOWER GARNISH	20.00	0.00	*227.90 FL <i>rm</i> ✓
49	2		*REAR FENDER (LH/RH)	<i>RH x 2</i> 20.00	0.00	*4,342.80 FL <i>bu</i> ✓ <i>HL</i>
50	1		*REAR DOOR (LH)	20.00	0.00	*2,201.10 FL <i>RY</i>
51	1		*REAR BUMPER REVERSE SENSOR	0.00	0.00	*135.70 F <i>mis</i> ✓
52	1		*REAR BUMPER RUBBER MAT	0.00	0.00	*50.00 F <i>mis</i> ✓
53	2		*REAR TYRE WHEEL CAP (LH/RH)	20.00	0.00	*214.20 FL <i>RH-de</i> ✓
54	2		*REAR TYRE (LH/RH)	0.00	0.00	*432.00 F ?
55	1		*BOOTLID COMFORTDELRO STICKER	0.00	0.00	*30.00 F <i>ne</i> ✓
56	1		*REAR NO PLATE	0.00	0.00	*25.00 F <i>gry</i> ✓
57	1		*BOOTLID 65521111 STICKER	0.00	0.00	*30.00 F <i>ne</i> ✓
58	1		*REAR DOOR APPS	0.00	0.00	*80.00 F <i>ne</i> ✓
59	2		*REAR WINDSCREEN SEALANT	0.00	0.00	*92.00 F <i>ne</i> ✓

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	33,136.05
- List Item Discount on L Items (\$\$)	6,452.27
<b>Total Parts (\$\$)</b>	<b>26,683.78</b>

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# Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			11.00
1	1	OD/TP Case (Insurer)	
Sub Total (\$\$)			11.00

# Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	1960 3,000.00
2	SPRAY PAINTING	New	1600 2,000.00
3	W. RING CHARGE	New	40 200.00
4	TUFF KOTE	New	100 200.00
5	TOWING CHARGE FLAT BED TOWED	New	2.00
6	TRANSFER OF DOOR MECHANISM	New	X 120.00
7	REMOVE/REFIX REAR WINDSCREEN	New	120 150.00
8	REMOVE/REFIX UPHOLSTERY ETC	New	60 150.00
9	CHASSIS ALIGHMENT	New	? 200 250.00
10	WHEEL ALIGHMENT	New	80 120.00
11	REMOVE/REFIX EXHAUST SYSTEM	New	80 120.00
12	REMOVE/REFIX REVERSE SENSOR	New	30 120.00
Gross Labour Cost (\$\$)			6,432.00

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< END OF ESTIMATES >

Tanjit 97495749

umpson 12/8/20 @ 1pm

Resurvey after repair

\* To check repair limit

\* To provide book value of taxi  
10 days

Tanjit @ LK Auto Consultants

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:

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Blander Road Singapore 514101

Mainline : 65 6253 0231 Faxline : 65 6280 9799

Workshops

53 Leong Drive Singapore 102369

383 Sin Ming Drive Singapore 515117

45 Pandan Road Singapore 121138

225 Pong Road Singapore 121138

24 Serangoon Road Singapore 756135

75 Serangoon Road Singapore 756135

30 Kuchai Lakshmi Park Singapore 756135

Date/Time: 11.08.2020 17:20

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.: 305416052

CITYCAB PTE LTD  
7010070  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65551188

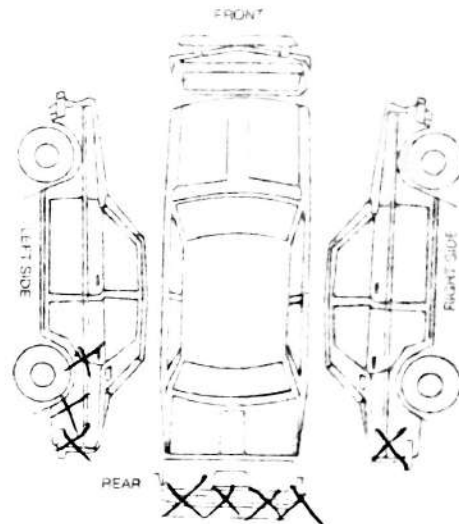
REGN NO: SHA8519T	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 09.08.2020 02:00
YR OF MANU. 26.11.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU080681	COMPLETION DATE/TIME

Accident Date: 09.08.2020  
NATURE: 3P 09.08.2020

JOB DESCRIPTION

3P TALL ✓

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

Vehicle No.,

SHA8519T

Name of Service Advisor

Date

To be kept by Customer

Signature/Date

urned to Service Reception upon collection

SHA8519T

OLIVIA





## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

### Job Requisition

1. Date: <u>11-8-2020</u> Time Received: <u>11 AM</u>		3. Vehicle Type:	4. Type of Towing:
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: _____ Contact No.: _____ Vehicle No.: <u>SH8519T</u> Make / Model / Colour: <u>ILO</u> Email: _____		<input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	<input type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input checked="" type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
		5. Nature of Service:	6. Parts Replaced/Remarks:
		<input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	_____ _____ _____

7. Location: <u>SIT TSBK POINT</u>		8. Vehicle Tow - In Workshop:	
9. Preferred 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	
<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: _____		11. Radio / CD Player	
Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		<input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	

### Job Attended

12. 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		Signature of Customer _____
Name of Driver: <u>E. MONTY</u>		
Vehicle No.: <u>4P90882</u>		
Time Dispatch: <u>11 AM</u>		
Time Completed: <u>1 PM</u>		

### Cash Invoice Details (if applicable)

13. Cash Invoice No.:	_____
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### Customer Acknowledgement

- a. 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.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

Date: <u>11-8-2020</u>	Time: <u>1 PM</u>	Signature of Customer: _____
------------------------	-------------------	------------------------------

### 14. WORKSHOP

## 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 11/08/2020 15:21  
Date Of Accident 09/08/2020 02:00  
Exact Location Of Accident SERANGOON ROAD OPEN CRAPACK  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA8519T  
**Insured/Policyholder**  
Name Of Registered Owner CITYCAB PTE LTD  
Co Reg No 1XXXXX839G  
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-18088937MFSH  
Cover Note Number

### Driver

Name of Driver MUHAMAD FAHMY BIN JAMARY  
NRIC No SXXXX868Z  
Date Of Birth 09/09/1977  
Occupation OUTDOOR  
Date Of Driving Pass 04/11/1997  
Driving Experience 22 YEARS AND 9 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-87555790  
Fax Number  
Contact Number  
Email Address MUHAMADFAHMY65@GMAIL.COM



Address	BLK 363A SEMBAWANG CRESECENT #05-709
Postcode	75131
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?	
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20200810/2047

#### 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

Vehicle Registration Number	SKK6011R
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)

Sketch Plan Pg. 1

**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 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.
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)
  - (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, investigation, 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.

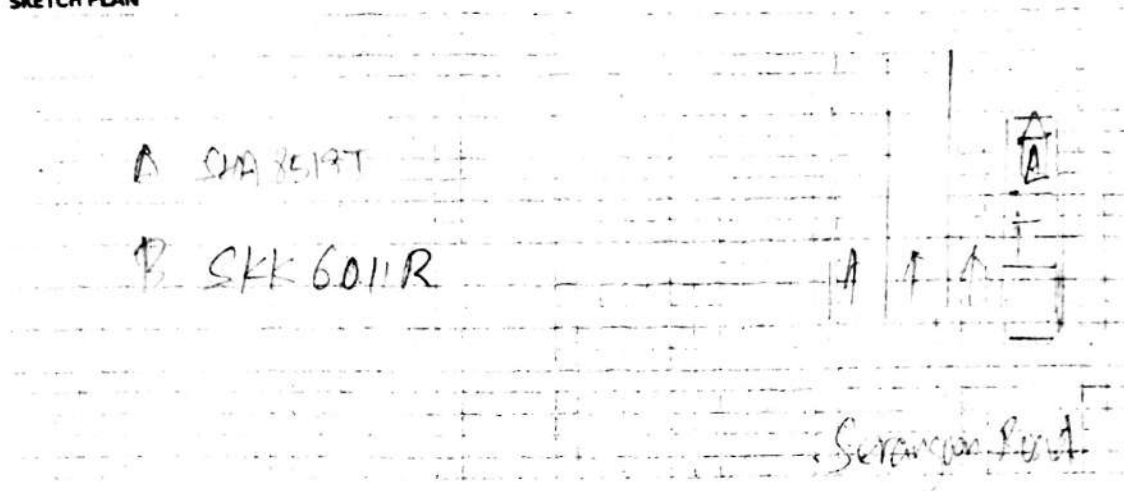
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Hong Leong Teo  
NRIC/Fin No: 11/1/2020

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached Police report: F/20200810/2047

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: Hong Lay Teoh.  
NRIC/FIN No.



**SINGAPORE  
POLICE FORCE**



T/20200810/2047

1 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No T/20200810/2047

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/08/2020 17:25	Vide Report No.: A/20200809/0029	Station Diary No.: 65
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**Informant's Particulars**

Name of Informant: MUHAMAD FAHMY BIN JAMARY			Address: APT BLK 363A SEMBAWANG CRESCENT #05-709 SINGAPORE 751363		
ID Type / ID No.: NRIC NO / S7725868Z			Contact No.: Home/Office: Mobile: 87555790		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 09/09/1977	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Drink & Drive	Drink Drive: No	Date/Time of Accident: 09/08/2020 02:00	Type of Location: Straight Road
Location: Along Road 1 SERANGOON ROAD  TOWARDS MACPHERSON ROAD BEFORE LAVENDER STREET				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA8519T	Car	HYUNDAI	I40	Yellow	Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20200810/2047

2 of 3

Report No. T/20200810/2047

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MUHAMAD FAHMY BIN JAMARY	ID No.	S7725868Z
Related Vehicle	SHA8519T (Car)	Contact No.	87555790
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3, 4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 09/08/2020 at about midnight, I had parked my Citycab taxi SHA8519T, at the parallel parking lot along Serangoon Road (towards Macpherson Road) before Lavender Street junction. I parked the taxi at the first front lot and I always park the taxi there every night as I stay at a nearby hostel.

At about 0320hrs, I received a message from Comfort, informing me that my taxi was involved in an accident. I called the Traffic Police IO in the morning. I was told that the other party was involved in a drink driving case and had collided into my taxi. The taxi was towed away to the TP Vehicle Pound. The TP IO explained that the other party driver had alleged that my taxi was parked along the double yellow line. I wish to state that this is not true. I have records that I had paid for the parking fees via Parking.sg app. My taxi also has a front camera, but it only records when the engine is running.





**SINGAPORE  
POLICE FORCE**



T/20200810/2047

Police Station Of Origin  
Yishun North N.P.C.  
31 Yishun Central SINGAPORE 768827  
Tel No. 1800 8529999

3 of 3

Report No. T/20200810/2047

**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: L / Sr Staff Sgt MUHAMMAD IMRAN BIN MESLAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/08/2020 17:25
Officer In Charge Of Case: TP / DDGVT / Sr Staff Sgt YUS MASTARI KHAZALI Contact No. 65476214	Classification Of Case:
Authentication Stamp NP168 	