

ASS. REQ. BY:

Steve

REF:

Tokio Marine

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:

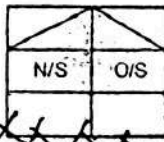
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



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

Cum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SH 88744

Yr Regn:

24/11/16

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

Truck / Trailer or

Make:

Hyundai H40

c.c 1685

Colour:

Blue

A/C:

Insured / Std / NI / N

Sp Reading

N/A

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KMH LB414MM 096517

Gen. Cond: Good ☒ Fair ☒ Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/60R16

R:

11

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

TOYO / YOKO or ☒

Front

Rear

R/Bal.

5 mm

R/Bal.

5 mm

L/Bal.

5 mm

L/Bal.

5 mm

D.O.A.

12/10/20

D.O.A.

14/10/20

Survey held at

Comfordale

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

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Rep. Forms:

Comp. Sum / L.B. /

ComfortDelGro Engineering Pte Ltd (Co. Reg No: 199508048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	10/10/2020
Vehicle Reg. No.:	SH8824U	Driveable?	NO
Party At Fault:	UNKNOWN		

Make/Model:	HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A)	Vehicle Reg. Date:	24/11/2016
Vehicle Colour:	BLUE	Gen Condition:	FAIR
Engine No:	D4FDGU690482	Chassis No:	KMHLB41UMHU096517
Odometer:	416362 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	10		

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS		Amount
Parts		13,078.70
Miscellaneous Items		11.00
Labour		2,720.00
Paintwork Labour		0.00
Towing		0.00
Gross Total (S\$)		15,809.70
+ GST 7.00% (S\$)		1,106.68
Nett Amount (S\$)		16,916.38

This claim is handled by: CHIANG LIAT CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 14 Oct 2020)

Parts: 143 HYUNDAI I40 1.7 L CRDI AT ABS AIRBAG 4DR (A) (Catalogue Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SH8824U/14/10/2020 09:25

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		*BOOT LID / DD	20.00	0.00	*2,174.90 FL
2	2		*BOOT LID HINGE LH/RH X	20.00	0.00	*284.60 FL
3	1		*BOOT LID LOCK UPPER X	20.00	0.00	*114.90 FL
4	1		*BOOT LID LOCK LOWER / BT	20.00	0.00	*31.90 FL
5	1		*BOOT LID I40 PLATE / MC	20.00	0.00	*27.90 FL
6	1		*BOOT LID CRDI PLATE / MC	20.00	0.00	*27.90 FL
7	1		*BOOT LID H EMBLEM PLATE / MC	20.00	0.00	*21.10 FL
8	2	1	*BOOT LID LAMP LH/RH (LH) / LUT (RH) ?	20.00	0.00	*287.80 FL
9	1		*BOOT LID TRIMBOARD / CRV	20.00	0.00	*28.30 FL
10	1		*BOOT LID LICENSE LAMP X	20.00	0.00	*1.70 FL
11	10		*BOOT LID TRIM CLIP / MC	20.00	0.00	*2,279.00 FL
12	1		*BOOT LID MOULDING / BR	20.00	0.00	*85.00 FL
13	1		*BOOT LID LOWER GARNISH / BR	20.00	0.00	*227.90 FL
14	1		*REAR BUMPER / BR	20.00	0.00	*1,106.00 FL
15	1		*REAR BUMPER REINFORCEMENT / BR	20.00	0.00	*428.40 FL
16	1		*REAR BUMPER SPONGE / BR	20.00	0.00	*119.50 FL
17	2		*REAR BUMPER REINFORCEMENT BRACKET LH/RH X	20.00	0.00	*160.60 FL
18	10		*REAR BUMPER CLIP / MC	20.00	0.00	*22.00 FL
19	2		*REAR BUMPER SIDE BRACKET LH/RH / BR	20.00	0.00	*71.20 FL
20	1		*REAR BUMPER UNDER COVER / CHT	20.00	0.00	*228.00 FL
21	1		*REAR PANEL / DD	20.00	0.00	*526.70 FL
22	1		*REAR PANEL GRANISH / CRV	20.00	0.00	*57.70 FL
23	1		*REAR PANEL LOWER PANEL / DD	20.00	0.00	*495.50 FL
24	1		*REAR PANEL TYRE HOLDER / ?	20.00	0.00	*248.00 FL
25	1		*SPARE WHEEL LOCK NUT / ?	20.00	0.00	*17.80 FL
26	1		*SPARE TYRE PANEL X R	20.00	0.00	*852.80 FL
27	1		*SPARE TYRE PANEL CUSHION / ?	20.00	0.00	*223.10 FL
28	1		*REAR FENDER LH / DD	20.00	0.00	*2,171.40 FL
29	1		*REAR FENDER LH INNER TRIM X	20.00	0.00	*188.75 FL
30	2	1	*TAIL LAMP LH/RH (LH) / CHT (RH) X	20.00	0.00	*1,395.60 FL
31	1		*REAR BUMPER MAT / MC	0	0.00	*50.00 FS
32	1		*REAR REVERSE SENSOR / SHAD	0	0.00	*135.70 FS
33	1		*BOOT LIC COMFORT DELGRO STICKER / MC	0	0.00	*30.00 FS
34	1		*BOOT LIC COMFORT TEL NO. STICKER / MC	0	0.00	*30.00 FS
35	2	1	*REAR FENDER ADVERTISEMENT STICKER LH/RH (LH) / MC (RH) ?	0	0.00	*200.00 FS
36	1		*REAR BOOTLID ADVERTISEMENT STICKER / MC	0	0.00	*100.00 FS
37	1		*REAR BUMPER ADVERTISEMENT STICKER / MC	0	0.00	*50.00 FS
38	1		*EXHAUST PIPE CENTRE X	20.00	0.00	*730.10 FL
39	1		*EXHAUST PIPE MUFFLER LH X	20.00	0.00	*967.70 FL

F=Franchise part. S=SpdNett. L=ListItemDisc.

Sub Total (\$\$) 16,199.45
 - List Item Discount on L Items (\$\$) 3,120.75

Total Parts (\$\$) 13,078.70

ComfortDelGro Engineering Pte Ltd/SH8824U/14/10/2020 09:25. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

2020

Repairer Estimates

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	PK 11.00
Sub Total (S\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New 1120	1,200.00
2	SPRAY PAINTING	New 800	900.00
3	REMOVE/REFIX UPHOLSTERY	New 30	120.00
4	REMOVE/REFIX EXHAUST PIPE	New X	90.00
5	TOWING FEE	New	60.00
6	REMOVE/REFIX REVERSE SENSOR	New 30	60.00
7	CHECK REAR LIGHTING	New 30	90.00
8	TUFF COATING	New 30	200.00
Gross Labour Cost (S\$)			2,720.00

ComfortDelGro Engineering Pte Ltd/SH8824U/14/10/2020 09:25. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

ster (LKK) WL PHL
14/10/20, 10.00 am
L/S
7 days
Ry AL SLJ

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:

AFORTIDELGRO ENGINEERING

Member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Luyang Drive Singapore 508069
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 509686
320 Bukit Timah Road Singapore 596449

24 Senoko Loop Singapore 758156
7 Sungai Kadat Way Singapore 728791
501 Yishun Industrial Park A Singapore 768

Date/Time: 10.10.2020 11:13

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305427686

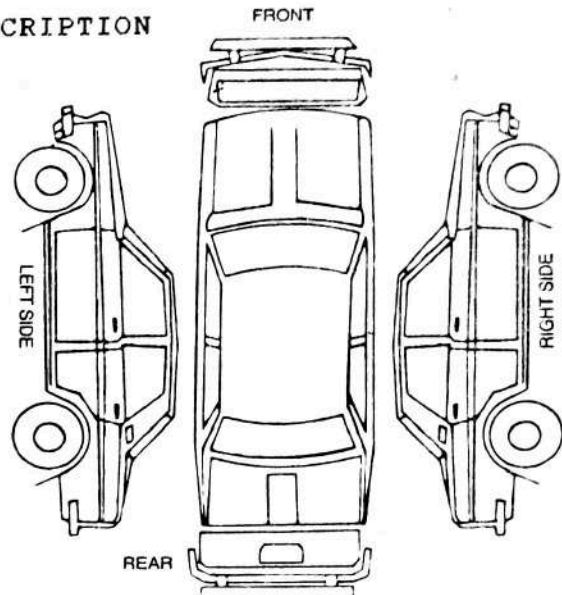
CUSTOMER R/M/S CUSTOMER NO. ADDRESS EL. (R) (P)	COMFORT TRANSPORTATION PTE LTD		REGN NO.	SH 8824U	MILEAGE
	7010045		MAKE:	HYUNDAI	FUEL
	383 SIN MING DRIVE		MODEL	I-40	E.....1/2.....F
	Singapore SINGAPORE 575717		YR OF MANU.	24.11.2016	DATE/TIME IN
	65508755		CHASSIS CODE	KMHLB41UMHU096517	10.10.2020 20:10
					TARGET DATE
ISCOUNT CARD NO.			COMPLETION DATE/TIME:		

Accident Date: 10.10.2020
NATURE: 3P 10.10.2020

JOB DESCRIPTION

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Vo.: SH 8824U
Cle No.: CHIANG

Vehicle No.: SH 8824U

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

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 12/10/2020 13:25
Date Of Accident 10/10/2020 20:10
Exact Location Of Accident CTE TWDS CITY BEFORE BRADDELL EXIT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH8824U
Insured/Policyholder
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Co Reg No 1XXXXX821R
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 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 SNG HEE HUAT
NRIC No SXXXX959C
Date Of Birth 19/11/1965
Occupation OUTDOOR
Date Of Driving Pass 02/12/1986
Driving Experience 33 YEARS AND 10 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91077521
Fax Number
Contact Number
Email Address SANNAN1990@HOTMAIL.COM

SINGAPORE ACCIDENT STATEMENT

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ACCIDENT STATEMENT

Date Of Report 12/10/2020 13:25
Date Of Accident 10/10/2020 20:10
Exact Location Of Accident CTE TWDS CITY BEFORE BRADDELL EXIT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH8824U
Insured/Policyholder
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Co Reg No 1XXXXX821R
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 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 SNG HEE HUAT
NRIC No SXXXX959C
Date Of Birth 19/11/1965
Occupation OUTDOOR
Date Of Driving Pass 02/12/1986
Driving Experience 33 YEARS AND 10 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91077521
Fax Number
Contact Number
Email Address SANNAN1990@HOTMAIL.COM

Address BLK 2C UPPER BOON KENG ROAD
Postcode #25-676
383002
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? 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. YES
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 PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20201011/2020

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 GBK2217Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver CHU BOON SIONG
NRIC/Passport Number
Contact Number 98001390
Address
Postcode

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

FRONT

DETAILS OF INJURED PERSON 1

Name	SNG HEE HUAT
Approximate Age	
Injuries Sustain	NECK AND BACK
Injured person in which vehicle?	SH8824U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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: 12.10.2020
@ 11:45 hrs

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

Sketch Plan Pg. 2

SKETCH PLAN

A - SH 8824U
B - GBK 2217Y

Along CTE TWDS City Before Braddell Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20201011/2020

Third Party lost control and collided into my taxi A - Rear Portion

DECLARATION

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: 12 10 2020

12.10.2020
@ 11:45 hrs

Reporting Centre Personnel's Signature

Name: Adina
NRIC/FIN No.: _____



**SINGAPORE
POLICE FORCE**



T/20201011/2020

Police Station Of Origin:
Pasir Ris N.P.C

1 of 4

1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457

Report No. T/20201011/2020

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2020 10:31		Vide Report No.:		Station Diary No.: 39	
Informant's Particulars					
Name of Informant: SNG HEE HUAT			Address: APT BLK 2C UPPER BOON KENG ROAD #25-676 SINGAPORE 383002		
ID Type / ID No.: NRIC NO / S1689959C			Contact No.: Home/Office: Mobile: 91077521		
Nationality: SINGAPORE CITIZEN			Email: sngheehuat1965@gmail.com		
Sex: Male	Age: 54	Date of Birth: 19/11/1965	Type of Informant: Taxi		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/10/2020 20:10	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	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
GBK2217Y	Van	CITROEN	BERLINGO L2 1.6 BLUEHDI S&S ETG6	Grey		0
SH8824U	Taxi	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		0



**SINGAPORE
POLICE FORCE**



T/20201011/2020

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 4

Report No: T/20201011/2020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved No			
No. of Pedestrians Injured NIL		Use of Pedestrian Crossing NA	
Driver			
Name	CHU BOON SIONG	ID No.	S1538821H
Related Vehicle	GBK2217Y (Van)	Contact No.	98001390
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
Driver			
Name	SNG HEE HUAT	ID No.	S1689959C
Related Vehicle	SH8824U (Taxi)	Contact No.	91077521
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	10/10/2020	Date Discharge	NIL
No. of Days granted Medical Leave	01	Degree of Injury	Slight

Brief Details.

On 10/10/2020 at about 8.10pm, I (SH8824U) was travelling on CTE near Braddell exit towards PIE Changi Airport with no passenger on board. I was driving on the 3rd lane from the left. The traffic volume was heavy, and all the vehicles were moving slowly as such I did the same. Suddenly, I felt a bang behind me. I stopped immediately and I went down to make a checked. I then noticed a van (GBK2217Y) hit my rear. I also noticed that the van's airbag was activated.

I observed that the van driver was not injured. We then exchanged our particulars. The van driver's details as follow:

CHU BOON SIONG
S1538821H
BLK 621A EDGEFIELD WALK #17-01
98001390

After exchanging, I then took some photos of the scene and the damages of the vehicles. Shortly after, there is an APO riding a motorcycle came and assisted us. The APO then requested us to move to the road shoulder. Both the van driver and I called for tow truck and subsequently, both vehicle was towed away.

My vehicle suffered damaged on my rear bumper which were dented and cracked. My car boot was also dented. I wish to state that I have in car camera pointing in front however, I do not have the access, but



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T/20201011/2020

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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CONTINUATION OF REPORT

my company comfort has the access to the footage. I was unsure if there is any CCTV around the vicinity.

After my taxi was towed away, I went to Tan Tock Seng Hospital to seek for medical treatment as I felt pain on my neck and back. My left forearm was swollen. I was then issued with 1-day MC from 10/10/2020 to 10/10/2020. I was also issued with 5 days light duty from 11/10/2020 to 15/10/2020.



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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:

G /

Sgt 2 JOHNNY TAN KOK JOO

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

11/10/2020 10:31

Classification Of Case: