

ASSIGNMENT

COE Nov 2024

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MVTo Inspect Vehicle No: SHO 7113Xat Workshop m/s BIFROST

of _____

Insured: SLQ 2461 HPolicy No. 1001408792Claims No. 250003

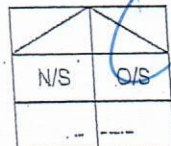
Sum Insured: _____ Excess: _____

(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: 76 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: 8HD7113X Yr Regn: Nov/ 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai I40 c.c. 1685Colour: Blue A/C: ☒ Insured / Std / NI / NASp. Reading: 393158 T/Radio: ☒ Insured / Std / NI / NAEng/No: D4FDGU674648C/No: KMHLB41U### MHU096230Gen. 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: 205/60R16R: 11

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

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 19/11/2021 D.O.A. 23/11/2021Survey held at Bifrost Sin Ming

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

O/S Front

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

Date / Time Action / Instruction

MSG SLQ 2461 H

20/05/2021 Invoice: 1/5 10,000/- with 7 days 2 rev
(RED \$15516.16; 61%)

24/5/2021 @ 2.44pm Revise to MSG via Merimen.

Date/Time, File Pass to?

☐ : Prel. Report1) 24/5 Typist☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 7Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Report Format: TPLump Sum / L.B. (\$ 10,000)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 21-Nov-20

INSURANCE: MSIG

MODEL: HYUNDAI I40

VEHICLE NO.: SHD 7113 X

DESCRIPTION	QTY	LIST PRICE	AMOUNT	
BONNET <i>Debris</i> <i>1st</i>	1	\$2,265.90	\$2,265.90	✓
BONNET RUBBER (LH) <i>HH</i>	1	\$35.70	\$35.70	X
BONNET RUBBER (RH) <i>HH</i>	1	\$35.70	\$35.70	X
BONNET HINGE (LH/RH) <i>HH</i>	2	\$126.70	\$253.40	X
BONNET INSULATOR <i>HH</i>	1	\$202.50	\$202.50	X
BONNET INSULATOR CLIP 10 PCS <i>HH</i>	1	\$36.80	\$36.80	X
BONNET SEAL <i>HH</i>	1	\$31.90	\$31.90	X
BONNET INSULATOR CLIPS <i>HH</i>	1	\$15.00	\$15.00	X
RADIATOR GRILLE <i>2 HH</i>	1	\$1,480.00	\$1,480.00	X X
FRONT BUMPER COVER <i>Debris</i>	1	\$1,052.20	\$1,052.20	✓
FRONT BUMPER REINFORCEMENT <i>2 HH</i>	1	\$588.40	\$588.40	X X
FRONT BUMPER GRILLE (RH) <i>2 HH</i>	1	\$149.20	\$149.20	X X
FRONT BUMPER BRACKET TOP (LH/RH) <i>HH</i>	2	\$44.80	\$89.60	X
FRONT BUMPER BRACKET (LH/RH) <i>01S broken HH/SH</i>	2	\$49.20	\$98.40	X X
FRONT BUMPER RETAINER MOUNTING <i>HH</i>	1	\$76.20	\$76.20	X
FRONT BUMPER GRILLE AIR DUCT (RH) <i>HH</i>	1	\$126.20	\$126.20	X
HEADLAMP SUPPORT PANEL ASSY <i>broken</i>	1	\$907.40	\$907.40	✓
HEADLAMP (LH/RH) <i>broken mounting</i>	2	<u>\$2,776.00</u>	\$5,552.00	✓
HEADLAMP SUPPORT TOP COVER <i>HH</i>	1	\$222.60	\$222.60	X
FRONT FENDER (RH) <i>Debris</i>	1	\$566.30	\$566.30	✓
FRONT FENDER SHIELD (RH) <i>2 deformed / torn</i>	1	\$174.90	\$174.90	X ✓
FRONT WHEEL RIM (RH) <i>1st / debris 325-30</i>	1	\$650.60	\$650.60	X ✓
KNUCKLE ARM (RH) <i>2 deformed</i>	1	\$595.90	\$595.90	X ✓
FRONT WHEEL BEARING HUB ASSY (RH) <i>2 Dam 540-50</i>	1	\$673.20	\$673.20	X ✓
FRONT SUSPENSION LOWER ARM (RH) <i>2 deformed 595-80</i>	1	\$1,104.00	\$1,104.00	X ✓
FRONT SHOCK ABSORBER ASSY (RH) <i>2 deformed 342-20</i>	1	\$684.40	\$684.40	X ✓
FRONT SHOCK ABSORBER MOUNTING (RH) <i>HH</i>	1	\$217.60	\$217.60	X
STG TIE ROD (RH) <i>2 deformed</i>	1	\$186.40	\$186.40	X ✓
STG TIE END (RH) <i>2 deformed</i>	1	\$125.20	\$125.20	X ✓
STABILIZER BAR ASSY <i>HH</i>	1	\$463.70	\$463.70	X
STABILIZER BAR LINK (RH) <i>HH</i>	1	\$68.10	\$68.10	X
ABS SENSOR <i>HH</i>	1	\$217.90	\$217.90	X
FRONT DRIVE SHAFT (RH) <i>HH</i>	1	\$2,061.60	\$2,061.60	X
RACK & PINION ASSY <i>1st Dam 969-60</i>	1	\$1,820.00	\$1,820.00	X ✓
SUB TOTAL <i>11423.60</i>				
LESS 20%				
DISCOUNTED TOTAL <i>9138.88</i>				
FRONT TYRE (RH) <i>SVC</i> SN 1				
SUB TOTAL				

Labour Charge			
Panel Beating	1	\$1,600.00	\$1,600.00 700/-
Spray Painting Charge	1	\$1,400.00	\$1,400.00 700/-
Wiring Charge	1	\$180.00	\$180.00 30/-
Tuff Kote	1	\$160.00	\$160.00 40/-
Towing Charge	1	\$80.00	\$80.00 40/-
Four Wheel Alignment	1	\$120.00	\$120.00 60/-
Remove/Refix Undercarriage (Frt)	1	\$400.00	\$400.00 1830.00
Re-set Frt ABS System	1	\$200.00	\$200.00
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$550.00 } 150/-
TOTAL LABOUR			\$4,690.00
ESTIMATE TOTAL			\$ 23,169.12
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.			

23/11/2022 e 1700hrs

Not Author

L/sure 7

6 days. L/s 9200/-

1 year

LKK Auto

8

10968.88

supp 634.36

1603.24

10968.88

supp 1585.96

12554.84

L/s 10,000/-

- 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

Supplementary ESTIMATE

DATE: 25-Nov-20

INSURANCE: MSIG

MODEL: HYUNDAI I40

VEHICLE NO.: SHD 7113X (S)

DESCRIPTION	QTY	LIST PRICE	AMOUNT
RADIATOR <i>CHAC</i> 792.95	1	\$1,637.20	\$1,637.20 ✓
SUB TOTAL			\$1,637.20
LESS 20%			\$327.44
DISCOUNTED TOTAL			\$1,309.76
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.			

you

Lkk Auto

8.

634.36

BIFROST AUTO PTE LTD

Supplementary ESTIMATE

DATE: 24-Nov-20

INSURANCE: MSIG

MODEL: HYUNDAI I40

VEHICLE NO.: SHD 7113X (S)

DESCRIPTION	QTY	LIST PRICE	AMOUNT
FRONT WHEEL CAP (RH) <i>cut</i> 107.10	1	\$214.20	\$214.20
WIPER CONTAINER ASSY <i>deformed</i>	1	\$281.60	\$281.60
RADIATOR EXPANSION TANK <i>crack</i>	1	\$163.80	\$163.80
FRONT FENDER APRON PANEL (RH) <i>Deformed</i>	1	\$637.00	\$637.00
SUB TOTAL			\$1,296.60
LESS 20%			\$259.32
DISCOUNTED TOTAL			\$1,037.28

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.

Ryan
Lkk Auto

1189.50
20% (951.60)

[Signature]

Customer: LIM TAN			Date: 11/24/2020 1:35 PM				
Company:			VIN				
License NO: SHD 7113X			Technician:				
Odometer:			Order NO:				
VEHICLE ALIGNMENT REPORT							
HYUNDAI, i40 G 1.6 GDI, 11-11 (Customized)							
Primary Angles				Initial	Specifications		Final
					Min.	Max.	
Front	Caster	Left	4°21'	4°12'	5°12'	5°06'	
		Right	4°25'	4°12'	5°12'	4°30'	
	Camber	Left	-0°54'	-1°00'	0°00'	-2°00'	
		Right	-1°24'	-1°00'	0°00'	-1°06'	
	Toe	Left	2°08'	0°00'	0°12'	4°27'	
		Right	2°33'	0°00'	0°12'	0°12'	
Total		4°39'	0°00'	0°24'	4°39'		
Rear	Camber	Left	-1°36'	-1°30'	-0°30'	-1°30'	
		Right	-1°54'	-1°30'	-0°30'	-1°48'	
	Toe	Left	0°15'	-0°03'	0°09'	0°18'	
		Right	0°06'	-0°03'	0°09'	0°03'	
		Total	0°21'	-0°06'	0°18'	0°21'	
	Thrust Angle		0°05'	99°59'		0°08'	
Secondary Angles			Initial	Specifications		Final	
				Min.	Max.		
SAI	Left	13°31'	13°18'	14°18'	13°31'		
	Right	13°56'	13°18'	14°18'	13°56'		
Included Angle	Left	12°37'	99°59'	99°59'	11°31'		
	Right	12°32'	99°59'	99°59'	12°50'		
Toe Out On Turns	Left	----	99°59'	99°59'	----		
	Right	----	99°59'	99°59'	----		
Max Turn Inside	Left	----	99°59'	99°59'	----		
	Right	----	99°59'	99°59'	----		
Toe Curve Change	Left	----	0°00'	199°59'	----		
	Right	----	0°00'	199°59'	----		
Setback	Front	-13mm	2540mm	2540mm	-13mm		
	Rear	-1mm	2540mm	2540mm	-1mm		
Track Width Diff.		-10mm			-10mm		
Wheel Base Diff.		-12mm			-12mm		
Front Ride Height	Left	----	2540mm	2540mm	----		
	Right	----	2540mm	2540mm	----		
Rear Ride Height	Left	----	2540mm	2540mm	----		
	Right	----	2540mm	2540mm	----		
Frame Angle					----		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	20/11/2020 11:56
Date Of Accident	19/11/2020 17:25
Exact Location Of Accident	TEMASEK BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7113X
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	ONG KAH TEK
NRIC No	SXXXX932C
Date Of Birth	12/04/1963
Occupation	OUTDOOR
Date Of Driving Pass	21/06/1983
Driving Experience	37 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96918498
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	230 13-418 COMPASSVALE WALK
Postcode	540230
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	SIDE SWIPE
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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : -
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGKAT NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	SLQ2461H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAU LAI MUI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

LEFT SIDE

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ONG KAH TEK
Approximate Age	57
Injuries Sustain	NECK,SHOULDER
Injured person in which vehicle?	SHD7113X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2020 20:25		Vide Report No.:		Station Diary No.: 25	
Informant's Particulars					
Name of Informant: ONG KAH TEK			Address: APT BLK 230 COMPASSVALE WALK #13-418 SINGAPORE 540230		
ID Type / ID No.: NRIC NO / S1579932C			Contact No.: Home/Office: Mobile: 96918498		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 12/04/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/11/2020 17:25	Type of Location: Roundabout
Location: TEMASEK BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD7113X	Car				Slightly Damaged	1
SLQ2461H	Car				Slightly Damaged	0

Details of Person Involved

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



SINGAPORE
POLICE FORCE



T/20201119/2103

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No. T/20201119/2103

CONTINUATION OF REPORT

Driver			
Name	ONG KAH TEK	ID No.	S1579932C
Related Vehicle	SHD7113X (Car)	Contact No.	96918498
Hospital/Clinic	STREET 11 CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	19/11/2020	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	CHAU LAI MUI	ID No.	S7329862H
Related Vehicle	SLQ2461H (Car)	Contact No.	96955354
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 19/11/2020 at about 1725hrs I was driving at the roundabout at Temasek Boulevard to drop a passenger.

While I was travelling on the left most lane, another vehicle (SLQ2461H) from the middle lane overtook me to turn left on one of the exit. As she thought that I was turning left also, she decided to make the turn, causing her to hit onto my vehicle.

My passenger also complaint of pain however none of us require medical assistance. After exchanging particulars we both drove off.

There is damage on my front right bumper and my headlight. The other vehicle suffered damages on the rear left side of the vehicle.

I went for a medical checkup as I felt pain on my neck, shoulder and back. I was given 4 days MC from 19/11/2020 to 22/11/2020.



Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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:
G /
Sgt 3 ILYAAS BIN KHAMIS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Signature Of Informant:

Date/Time:
19/11/2020 20:25

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

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:

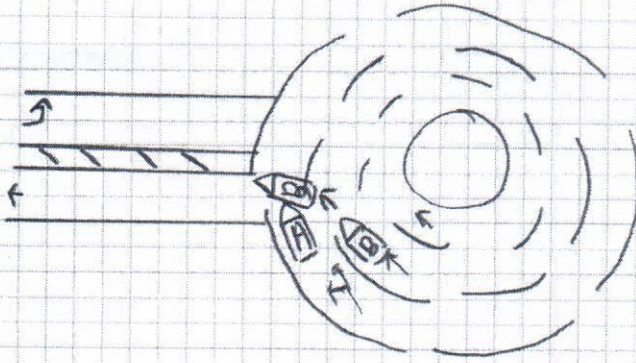
Driver's Signature
(If driver is not the policyholder)
Date & Time: 20.11.2020
@ 10:30 hrs

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

Regina

SKETCH PLAN

A - SHD 7113X
B - SLQ 2461H



Along Temasek Boulevard

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20201119/2103

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: 20.11.2020
@ 10:30 hrs

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

Regina