

ASS. FED. BY: BRYAN

REF:

CS/ICS20014052/Dg13**ASSIGNMENT**

COE 2023 Aug

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: SHA 9366Kat Workshop m/s BIFROST

of \_\_\_\_\_

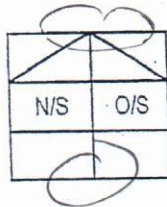
Insured: SFE 3311KPolicy No. MPC 20P00148400Claims No. DMPC 200024H

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No:

SHA 9366K

Yr Regn:

Aug, 2015

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

581151

T/Radio:

Insured / Std / NI / NA

Eng/No:

D4FD Fu538242

C/No:

KMHLB41UM 6U077066

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60 R16

R:

11

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

01/12/2020

D.O.I.

18/12/2020

Survey held at

Bifrost Sin Ming

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

Rear & Roof

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

Date / Time

Action / Instruction

ECICS SFE 3311K22/06/2021 John L/S 15000/- with 9 days 2<sup>nd</sup>25/6/2021 @ 11:48am Revised to ECICS via Merimen.(REQ \$19,567.90; 57%)

Date/Time, File Pass to?

☐

Preli. Report

1) 25/6 TYPIST☐

Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 9Resurvey No. of Trip: 2

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Rep. Format: TPLump Sum / L.B. (\$ \$15,000)



# BIFROST AUTO PTE LTD

## REPAIR ESTIMATE

DATE: 16-Dec-20

MODEL: HYUNDAI I40

VEHICLE NO.: SHA9366K

INSURANCE:

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display (damaged parts) 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

DESCRIPTION	QTY	LIST PRICE	AMOUNT
BOOTLID <i>one</i>	1	\$2,174.90	\$2,174.90
BOOTLID RUBBER <i>damaged</i>	1	\$96.50	\$96.50
BOOTLID HINGE (LH/RH) <i>one</i>	2	\$284.60	\$569.20
BOOTLID LOCK UPPER <i>one</i>	1	\$114.90	\$114.90
BOOTLID LOCK LOWER <i>one</i>	1	\$31.70	\$31.70
BOOTLID I40 EMBLEM (I40) <i>new</i>	1	\$67.90	\$67.90
BOOTLID 'H' EMBLEM <i>new</i>	1	\$63.10	\$63.10
BOOTLID CRDI PLATE <i>new</i>	1	\$52.40	\$52.40
BOOTLID LAMP (LH/RH) <i>crack 565.20 x 2</i>	2	\$1,131.20	\$2,262.40
LICENSE LAMP (LH/RH) <i>new</i>	2	\$56.10	\$112.20
LICENSE LAMP GARNISH (LH/RH) <i>new</i>	2	\$380.80	\$761.60
LICENSE LAMP COVER <i>new</i>	1	\$100.00	\$100.00
REAR BOOT PROTECTOR <i>new</i>	1	\$980.80	\$980.80
BOOTLID ADSORBER <i>new</i>	1	\$65.65	\$65.65
BOOTLID TRIMBOARD <i>new</i>	1	\$343.90	\$343.90
BOOTLID TRIMBOARD CLIPS (11 PCS) <i>new</i>	1	\$11.00	\$11.00
BOOTLID MOULDING (I40) <i>crack</i>	1	\$385.30	\$385.30
BOOTLID LOWER GARNISH CHROME(I40) <i>crack</i>	1	\$227.90	\$227.90
REAR BUMPER <i>Dented</i>	1	\$1,106.00	\$1,106.00
REAR BUMPER REINFORCEMENT BRACKET <i>Dented</i>	1	\$160.60	\$160.60
REAR BUMPER REINFORCEMENT <i>broken</i>	1	\$428.40	\$428.40
REAR BUMPER CLIP (10 pcs) <i>new</i>	1	\$22.00	\$22.00
REAR BUMPER BRACKET <i>o/s crack 1/3 new</i>	2	\$35.60	\$71.20
REAR BUMPER SPONGE <i>new</i>	1	\$119.50	\$119.50
REAR BUMPER UNDER COVER <i>crack / Dented</i>	1	\$228.00	\$228.00
REAR BUMPER PROTECTOR (LH/RH) <i>new</i>	2	\$33.20	\$66.40
REAR BUMPER REFLECTOR LAMP (I40) <i>new</i>	1	\$32.00	\$32.00
TAIL LAMP (LH/RH) <i>crack / broken</i>	2	\$697.80	\$1,395.60
TAIL LAMP QUARTER PANEL (LH/RH) <i>o/s Dented 1/3 new</i>	2	\$453.00	\$906.00
TAIL LAMP LOWER PANEL (LH/RH) <i>new</i>	2	\$225.60	\$451.20
REAR PANEL <i>Dented</i>	1	\$526.70	\$526.70
REAR PANEL INNER PANEL (I40) <i>new</i>	1	\$380.00	\$380.00
REAR PANEL LOWER <i>Dented</i>	1	\$495.50	\$495.50
REAR PANEL GARNISH <i>new / damaged</i>	1	\$57.70	\$57.70
SPARE TYRE HOLDER <i>new</i>	1	\$248.00	\$248.00
SPARE WHEEL LOCK NUT <i>new</i>	1	\$41.80	\$41.80
SPARE TYRE PANEL <i>new</i>	1	\$852.80	\$852.80
SPARE TYRE PANEL CUSHION <i>new</i>	1	\$223.10	\$223.10
REAR TOWING HOOK <i>new</i>	1	\$194.60	\$194.60
EXHAUST SILENCER (LH/RH) <i>o/s new 1/3 new</i>	2	\$1,935.40	\$3,870.80
REAR FENDER (RH) <i>Dented</i>	1	\$2,171.40	\$2,171.40
REAR FENDER UNDER SHIELD(RH) <i>new</i>	1	\$338.60	\$338.60
REAR TRAY LUGGS SIDE (RH) <i>new</i>	1	\$232.60	\$232.60
REAR FENDER AIR-DUCT (RH) <i>new</i>	1	\$51.60	\$51.60

553.00

967.70



REAR FENDER MUDFLAP (RH) <i>HW</i>	1	\$15.80	\$15.80
REAR FENDER TRIM BOARD (RH) <i>BS</i>	1	\$688.75	\$688.75
REAR WINDSCREEN MOULDING <i>WLC</i>	1	\$51.80	\$51.80
RADIATOR GRILLE H EMBLEM <i>Gr WLC</i>	1	\$129.50	\$129.50
RADIATOR GRILLE <i>Crack</i>	1	\$1,480.00	\$1,480.00
FRONT BUMPER COVER <i>on stretcher / Crack</i>	1	\$1,052.20	\$1,052.20
FRONT BUMPER SPONGE <i>from for</i>	1	\$379.20	\$379.20
FRONT BUMPER REINFORCEMENT <i>Dent</i>	1	\$588.40	\$588.40
FRONT BUMPER BRACKET TOP (LH/RH) <i>HW</i>	2	\$44.80	\$89.60
FRONT BUMPER CENTRE GRILLE TOP GARNISH (140) <i>HW</i>	1	\$80.00	\$80.00
FRONT BUMPER BRACKET (LH/RH) <i>HW</i>	2	\$49.20	\$98.40
FRONT BUMPER SIDE BRACKET (LH/RH) <i>HW</i>	2	\$28.60	\$57.20
FRONT BUMPER RETAINER MOUNTING <i>HW</i>	2	\$76.20	\$152.40
HEADLAMP SUPPORT PANEL ASSY <i>2 Cracks</i>	1	\$907.40	\$907.40
HEADLAMP (LH/RH) <i>o/s missing Crack 1/3 Crack</i>	2	\$2,776.00	\$5,552.00
HEADLAMP SUPPORT TOP COVER <i>HW</i>	1	\$222.60	\$222.60
AIRCON CONDENSER <i>HW</i>	1	\$947.80	\$947.80

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SUB TOTAL			\$35,586.50
LESS 20%			\$7,117.30
DISCOUNTED TOTAL			\$28,469.20

BOOTLID CITYCAB LOGO & TEL NO. STICKER <i>Heu</i>	SN	1	\$39.00	\$39.00
BOOTLID ADVERTISEMENT LOGO <i>Heu</i>	SN	1	\$100.00	\$100.00
REAR NO. PLATE <i>Heu</i>	SN	1	\$25.00	\$25.00
REAR BUMPER RESERVE SENSOR <i>Depu</i>	SN	1	\$118.00	\$118.00
REAR BUMPER REVERSE SENSOR <i>Depu</i>	SN	1	\$135.70	\$135.70
REAR BUMPER ADVERTISEMENT LOGO <i>Heu</i>	SN	1	\$50.00	\$50.00
REAR BUMPER RUBBER MAT / I40 PLATE <i>degnal</i>	SN	1	\$50.00	\$50.00
REAR WINDSCREEN SEALANT <i>Heu</i>	SN	1	\$46.00	\$46.00
FRONT NUMBER PLATE <i>Crack</i>	SN	1	\$25.00	\$25.00
FRONT NO. PLATE TRIM COVER <i>Crack</i>	SN	1	\$30.00	\$30.00

✓  
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✓  
x  
✓  
✓  
✓  
} 45/-  
448.00 //

SUB TOTAL			\$618.70
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**Labour Charge**

Panel Beating	1	\$1,800.00	<del>\$1,800.00</del>
Spray Painting Charge	1	\$1,800.00	<del>\$1,800.00</del>
Wiring Charge	1	\$100.00	<del>\$100.00</del>
Tuff Kote	1	\$120.00	<del>\$120.00</del>
Towing Charge	1	\$80.00	<del>\$80.00</del>
Remove/Refix Cushion & Upholstery Rear	1	\$150.00	<del>\$150.00</del>
Remove/Refix Rear Windscreen Glass	1	\$120.00	<del>\$120.00</del>
Remove/Refix Reverse Sensor	1	\$120.00	<del>\$120.00</del>
Remove/Refix Fuel Tank	1	\$150.00	<del>\$150.00</del>
Remove/Refix Exhaust Pipe	1	\$150.00	<del>\$150.00</del>
Four Wheel Alignment	1	\$120.00	<del>\$120.00</del>
Remove/Refix Radiator	1	\$90.00	<del>\$90.00</del>
Remove/Refix Aircon & Refill Gas	1	\$130.00	<del>\$130.00</del>
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	<del>\$550.00</del>

1200/-  
1000/-  
30/-  
40/-  
44  
80/-  
80/-  
40/- 2530.00  
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60/-  
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18977.32  
L/S 15000/-

TOTAL LABOUR			\$5,480.00
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ESTIMATE TOTAL	HA	Aut	\$ 34,567.90
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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



# 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 Submission	02/12/2020 16:19 (SGT)
Date of Accident	01/12/2020 13:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TWDS TOWN
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9366K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768

## VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

## INSURANCE COMPANY

Name of Insurance Company	First Capital
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	D-18088937MFSH
Cover Note Number	-

## DRIVER

Name of Driver	CHUA SOON HUAT
NRIC No	SXXXX478E
Date Of Birth	26/11/1949
Occupation	Outdoor

Date Of Driving Pass	12/06/1968
Driving experience	52 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97954378
Alt. Phone Number	-
Email Address	jameschuash@gmail.com
Address	BLK 615 HOUGANG AVENUE 8
Address complement	#10-390
Postcode	530615
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	-
Gender	Female

#### PASSENGER 2

Name	-
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO ATTACHED / POLICE REPORT : T/20201202/2021

#### 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 1



Vehicle Registration Number	SFE3311K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MODERATE
Details of property damaged in accident	REAR AND FRT
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFF1715L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MODERATE
Details of property damaged in accident	REAR AND FRT
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBA7C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MODERATE
Details of property damaged in accident	FRT
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMK8293G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Insurance Company Name	-
Nature Of Damage	MODERATE
Details of property damaged in accident	REAR
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	CHUA SOON HUAT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	71
Injuries Sustained	FELT PAIN ON THE BACK AREA, ON 3 DAYS MC.
Injured person in which vehicle?	GBA7C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes





**SINGAPORE  
POLICE FORCE**



T/20201202/2021

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3

Report No. T/20201202/2021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/12/2020 10:59	Vide Report No.: F/20201201/0116	Station Diary No.: 37
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**Informant's Particulars**

Name of Informant: CHUA SOON HUAT			Address: APT BLK 615 HOUGANG AVENUE 8 #10-390 SINGAPORE 530615	
ID Type / ID No.: NRIC NO / S0223478E			Contact No.: Home/Office: Mobile: 97954378	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 71	Date of Birth: 26/11/1949	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/12/2020 13:15	Type of Location:
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA7C	Van	HYUNDAI				0
SFE3311K	Car	MITSUBISHI				0
SFF1715L	Car	AUDI				0
SHA9366K	TAXI	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR		Seriously Damaged	2





**SINGAPORE  
POLICE FORCE**



T/20201202/2021

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20201202/2021

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SMK8293G	Car	TOYOTA				0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA SOON HUAT		ID No. S0223478E
Related Vehicle	SHA9366K (TAXI)		Contact No. 97954378
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	01/12/2020		Date Discharge 01/12/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On 01/12/2020 at about 1315hrs, I was driving my vehicle bearing SHA9366K along CTE towards town, there were 2 female passengers onboard my taxi. The traffic volume was heavy to enter the slip road to PIE as such I was driving at a rather slow speed. While I am before the slip road, the vehicle bearing SFF1715L that was driving in front of me stopped as such I stopped my vehicle. My vehicle had come into a stationary, suddenly I felt an impact on the rear, my car inched forward and collided onto the front vehicle. I came down to make a check and discovered that it was a chain collision involving 5 vehicles. The involving vehicles were SMK8293G (first), SFF1715L (second), SHA9366K (third), SFE3311K (fourth) and GBA7C (last).

Traffic police attended vide F/20201201/0116. Ambulance was called in and I was being conveyed to Tan Tock Seng Hospital as I felt pain on my back area. I was issued with 3 days MC from 01/12/2020 to 03/12/2020. MC number: TTSH20237902. I was also being referred to specialist at SKGH.

Due to the collision, the rear of vehicle was seriously dented in and the car boot was unable to be opened. There is a incar camera inside my vehicle and I have handed the SD card to the traffic police who attended to me. I do not have any of the drivers particulars. I wish to state that there is no obvious damages to the vehicle SFF1715L that was in front of me, I am unsure of the other vehicle damages.

I am lodging this report for insurance claim.





**SINGAPORE  
POLICE FORCE**



T/20201202/2021

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3

Report No. T/20201202/2021

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 LEE JIA YI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt ABDUL RAHIM BIN SALIM

Contact No.: 65476437

Signature Of Informant:

Date/Time:

02/12/2020 10:59

Classification Of Case:

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: 02.12.2020  
@ 12:15 hrs

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



• SKETCH PLAN

A - SHA 9366K  
B - SFE 3311K  
C - SFF 1715L  
D - GBA 7 C  
E - SMK 8293G

Along CTE TWDS Town

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20201202/2021

**DECLARATION**

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

TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 02.12.2020  
@ 12:15 hrs

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