

ASS. REC. BY: Taufik

REF: QBE

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.

N/S	O/S

Bal. or Market Value: _____
IDAC Accident Rport: _____ 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 WP
Date: _____ Person Contacted: Jumari Vehicle: IN / OUT

Veh No: SHB 6239J Yr Regn: 2017 Jan.
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Hyundai 140 c.c. 1685
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: - T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KMHLB41444H4098245
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: 205/60R16
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Westlake
Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 16/12/20
Survey held at Comfort Logam
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> battery work</u>
	<u>To check repair limit, request for Book value from Comfort.</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

Report Format: _____
 Lump Sum / I.B.H. (\$) _____

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

Survey Fee: _____
 Transportation: _____
 S + RS. SI _____
 Photos _____
 Others _____
 TOTAL _____

COMFORT DELGRO ENGINEERING PTE LTD

Updated 11 Feb 2020

REPAIR ESTIMATE

DATE: 16.12.20

INSURANCE: QBE

MODEL: Hyundai i40 (Front)

MVA: JUMANI

VEHICLE NO.: SHB6239

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
	Bonnet			\$2,265.90	bt
	Bonnet Rubber (LH)			\$12.40	bt
	Bonnet Rubber (RH)			\$12.40	bt
	Bonnet Hinge (LH/RH)		\$41.00	\$82.00	?
	Bonnet Moulding			\$105.20	?
	Bonnet Lock			\$42.40	?
	Bonnet Absorber (LH/RH)		\$61.60	\$123.20	?
	Bonnet Insulator			\$202.50	del
	Bonnet Seal			\$31.90	na
	Bonnet Insulator Clips			\$8.40	na
	Bonnet Cable			\$39.60	?
	Radiator Grille U Moulding			\$94.70	dis
	Radiator Grille H Emblem			\$39.50	mis
	Radiator Grille			\$1,480.00	na
	Front Bumper Cover			\$1,052.20	del
	Front Bumper Sponge			\$99.20	na
	Front Bumper Reinforcement			\$438.40	bt
	Front Bumper Grille (LH/RH)		\$93.60	\$187.20	?
	Front Number Plate			\$25.00	Nett mis
	Front No. Plate Trim Cover			\$30.00	Nett mis
	Emblem-Symbol Mark			\$28.70	Nett dis
	Front Bumper Centre Grille			\$114.00	na
	Front Bumper Lip			\$54.00	?
	Front Bumper Bracket Top (LH/RH)		\$22.40	\$44.80	na
	Front Bumper Centre Grille Top Garnish (I40)			\$80.00	del
	Front Bumper Protector (LH/RH)			\$25.40	?
	Front Bumper Bracket (LH/RH)		\$24.60	\$49.20	?
	Front Bumper Side Bracket		\$14.30	\$28.60	na
	Front Bumper Retainer Mounting		\$9.20	\$18.40	?
	Front Bumper Grille Air Duct (LH/RH)		\$26.20	\$52.40	?
	Headlamp Support Panel Assy			\$907.40	na
	Headlamp (LH/RH)		\$1,388.00	\$2,776.00	mis
	Headlamp Support Top Cover			\$222.60	del
	Headlamp Halogen Bulb (LH/RH)		\$14.40	\$28.80	mis
	Radiator			\$708.50	bt
	Radiator Fan Blade, Cowling, Motor Assy			\$792.95	na
	Radiator Bracket (LH/RH)		\$6.50	\$13.00	na
	Radiator Hose Upper			\$39.50	?
	Radiator Hose Lower			\$39.50	?
	Radiator Expansion Tank			\$40.00	X
	Radiator Guard		\$35.00	\$70.00	del
	Horn Unit (LH/RH)		\$73.80	\$147.60	?
	Horn Wire			\$156.60	?
	Air Cleaner Assy			\$118.60	na

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Turbo Charge			\$3,611.10 ?
	Air Bag Complete			\$2,948.50 air-
	Air Bag Control Module			\$1,894.00 air-
	Steering Angle Assy			\$1,150.60 air-
	Sensor Assy Impact - Front Impact			\$1,180.50 air-
	Air Bag Sensor (2 Pcs)		\$580.00	\$1,160.00 air-
	Electric Power Steering			\$4,880.50 ?
	SUB TOTAL			\$23,459.65
	LESS 20%			\$4,691.93
	DISCOUNTED TOTAL			\$18,767.72
	Labour Charge			
	Panel Beating			\$1,400.00 1120
	Spray Painting Charge			\$1,200.00 800
	Wiring Charge			\$50.00 30
	Tuff Kote			\$50.00 30
	Towing Charge			\$60.00 -
	Remove/Refix Radiator			\$120.00 ✓
	Remove/Refix Aircon & Refill Gas			\$150.00 100
	Remove/Refix Fuse Box			\$180.00 100.
	Remove/Refix Air Bag/Steering Wheel/Dashboard/Seat			\$240.00 200.
	TOTAL LABOUR			\$3,450.00
	ESTIMATE TOTAL			\$22,217.70
<p>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.</p>				

Tanpin 97495749
 WP 16/12/20 @ SP
 L/S Resurvey after repair
 Tanpin @ Wharfedale
 7-8 days

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:

COMFORT DELGRO ENGINEERING PTE LTD

Updated 11 Feb 2020

REPAIR ESTIMATE

DATE: _____

INSURANCE: QBE

MODEL: Hyundai i40 (Rear)

MVA: JUMANI

VEHICLE NO.: SHB6239J

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
	Bootlid			\$2,174.90	bb
	Bootlid Rubber			\$2,174.90	?
	Bootlid Hinge (LH/RH)		\$142.30	284.60	??
	Bootlid Lock Upper			\$114.90	?
	Bootlid Lock Lower			\$31.70	?
	Bootlid Key Lock			\$68.00	x
	Bootlid Sonata Plate			\$37.90	net
	Bootlid Hyundai Plate			\$21.10	net
	Bootlid 'H' Emblem			\$28.70	net
	Bootlid CRDI Plate			\$27.90	net
	Bootlid Comfort Logo & Tel No. Sticker			\$30.00	Net net
	Bootlid CityCab Logo & Tel No. Sticker			\$38.70	Net net
	Bootlid Comfort Logo Sticker			\$30.00	Net net
	Bootlid Advertisement Logo			\$100.00	Net net
	Rear No. Plate			\$25.00	Net net
	Bootlid Lamp (LH/RH)		\$565.60	\$1,131.20	?
	License Lamp (LH/RH)			\$28.30	?
	Bootlid Absorber			\$65.65	?
	Bootlid Trimboard			\$143.90	?
	Bootlid Trimboard Clips (11 Pcs)			\$11.00	?
	Bootlid Moulding (I40)			\$85.00	de
	Bootlid I40 Emblem (I40)			\$27.90	net
	Bootlid Lower Garnish (I40)			\$227.90	?
	Rear Bumper			\$1,106.00	ide
	Rear Bumper Reinforcement Bracket		\$80.30	\$160.60	?
	Rear Bumper Reinforcement			\$428.40	?
	Rear Bumper Clip (10 pcs)			\$22.00	net
	Rear Bumper Bracket		\$35.60	\$71.20	net
	Rear Bumper Sponge			\$119.50	?
	Rear Bumper Under Cover			\$228.00	?
	Rear Bumper Protector (LH/RH)			\$33.20	?
	Rear Bumper Advertisement Logo			\$50.00	Net net
	Rear Bumper Reverse Sensor			\$135.70	Net net
	Rear Bumper Rubber Mat / I40 Plate			\$50.00	Net x
	Rear Bumper Reflector Lamp (I40)			\$32.00	net
	Tail Lamp (LH/RH)		\$697.80	\$1,395.60	?
	Tail Lamp Quarter Panel (LH/RH)		\$226.50	\$453.00	Ry
	Rear Panel			\$526.70	?
	Rear Panel Garnish			\$57.70	?
	Rear Panel Lower Panel			\$495.50	?
	Spare Tyre Holder			\$248.00	?
	Tail Lamp Panel Top (LH/RH)		\$545.90	\$1,091.80	?
	Tail Lamp Lower Panel (LH/RH)		\$225.60	\$451.20	?
	Spare Wheel Lock Nut			\$11.80	?

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Spare Tyre Panel			\$852.80
	Spare Tyre Panel Cushion			\$223.10
	Rear Towing Hook			\$94.60
	Member-Assy-Rear Floor Centre			\$570.40
	Rear Panel Inner Panel (I40)			\$380.00
	Licence Lamp Garnish (LH/RH)			\$380.80
	Licence Lamp Cover			\$100.00
	Rear Fender Advertisement Logo (LH/RH)			\$200.00
	SUB TOTAL			\$16,778.75
	LESS 20%			\$3,355.75
	DISCOUNTED TOTAL			\$13,423.00
	Labour Charge			
	Panel Beating			\$1,000.00
	Spray Painting Charge			\$700.00
	Wiring Charge			\$50.00
	Tuff Kote			\$50.00
	Remove/Refix Reverse Sensor			\$120.00
	TOTAL LABOUR			\$1,920.00
	ESTIMATE TOTAL			\$15,343.00
<p>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.</p>				

Ry
?
?
?
?
X
X
Nett net -

840
600
300
300

Taylor 97495747
 up 16/12/20 @ 5pm
 4/5 hours after the repair
 05 days
 Taylor@lkh.com

LKK Auto Consultants hence notify the Repairer of the following:

- To survey or for later spray painting
- To show a range of parts during survey
- Parts prices are set out to confirmation
- Third party survey on a "Without Prejudice" basis
- No "No Fault" claims will be allowed
- Supplemental items must be surveyed and is subject to the approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

Workshops

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305439249

CUSTOMER COMFORT TRANSPORTATION PTE LTD VEHICLE NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO. SHB6239J	MILEAGE
	MAKE : HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 15.12.2020 17:01
	YR OF MANU. 11.01.2017	TARGET DATE
	CHASSIS CODE KMHLB41UMHU098245	COMPLETION DATE/TIME:

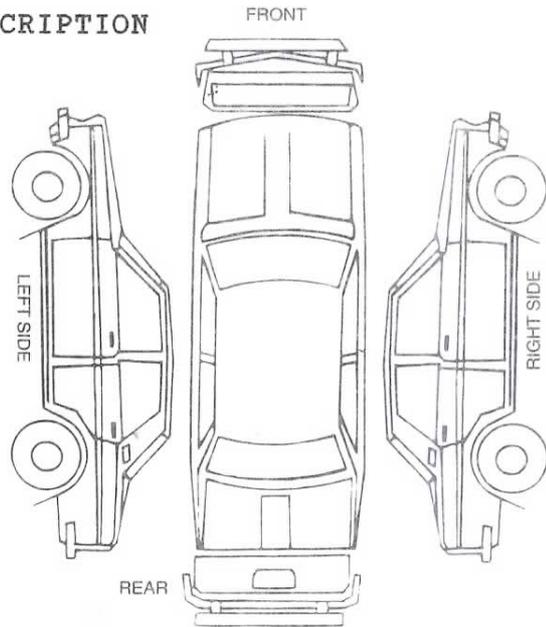
QUANTITY CARD NO.

JOB DESCRIPTION

Accident Date: 03.12.2020

NATURE: TP/3P 03.12.2020

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-in/Check-out Slip

Exit Pass

No.: **SHB6239J** **JU QBE**

Vehicle No.: **SHB6239J**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle to be 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 Submission	04/12/2020 14:29 (SGT)
Date of Accident	03/12/2020 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TWDS CTE BEFORE YISHUN EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6239J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
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-18088936MFSH
Cover Note Number	-

DRIVER

Name of Driver	LEW NAM CHER
NRIC No	SXXXX488J
Date Of Birth	18/08/1949
Occupation	Outdoor

Date Of Driving Pass	19/06/1970
Driving experience	50 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91293737
Alt. Phone Number	-
Email Address	STEVLEW5488@GMAIL.COM
Address	855 #12-64 WOODLANDS STREET 83
Address complement	-
Postcode	730855
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Raining
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC1515S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN SENG CHEN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MODERATE
Details of property damaged in accident	FRT & REAR
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKQ8125B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH E LONG ALLEN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MODERATE
Details of property damaged in accident	FRT & REAR
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHA452D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SJR7748S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JONATHAN ROY S/O YUYAN
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEW NAM CHER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,BACK
Injured person in which vehicle?	SHB6239J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	PAX
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NOT SURE
Injured person in which vehicle?	SKQ8125B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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: 04.12.2020
@ 13:15 hrs


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

Regina



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

Report No. T/20201204/2019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEW NAM CHER	ID No.	S2135488J
Related Vehicle	SHB6239J (Car)	Contact No.	91293737
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/12/2020	Date Discharge	03/12/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	JONATHAN ROY S/O YUAYAN	ID No.	S9311299G
Related Vehicle	SJR7748S (Car)	Contact No.	NIL
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	GOH E-LONG ALLEN (WU YILONG ALLEN)	ID No.	S7431786C
Related Vehicle	SKQ8125B (Car)	Contact No.	NIL
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



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

Report No. T/20201204/2019

CONTINUATION OF REPORT

Driver			
Name	TAN SENG CHEN		ID No. S7718995E
Related Vehicle	SLC1515S (Car)		Contact No. NIL
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 03/12/2020 at about 3pm, I was driving my Comfort Delgro taxi, a blue Hyundai i40 bearing the registration plate number SHB6239J, along SLE towards CTE. I was travelling on the first lane of the 4 lane road. It was raining heavily and the road surface was wet. There was one passenger in my taxi.

I was not driving fast, and left a safe distance between my taxi and the vehicle in front of me. While I was driving, I saw the brake light of the white Subaru car bearing the registration plate number SKQ8125B that was in front of my taxi. The Subaru car had applied his brakes as a CityCab taxi, a yellow Toyota Prius bearing the registration plate number SHA452D, had applied his brakes to avoid hitting the fallen tree that was in front of the taxi. As such, I applied my brakes in time to avoid colliding into the Subaru car. As my taxi was slowly coming to a stop, I felt an impact coming from the rear of my taxi. A white Toyota Harrier bearing the registration plate number SLC1515S, which was behind my taxi, had collided into the rear part of my taxi, thus causing my taxi to skid forward and collide into the rear part of the Subaru car. A silver Hyundai Avante bearing the registration plate number SJR7748S, which was behind the white Toyota Harrier, had collided into the rear part of the Toyota Harrier hence causing the Toyota Harrier to collide into the rear part of my taxi.

The accident caused my airbag to be activated. The front and rear part of my taxi was badly damaged and had to be towed away. Traffic Police and ambulance were at the accident location. I was conveyed to the hospital by the ambulance where I received outpatient treatment, and was given 4 days of medical leave.

I have an in-car camera installed in my taxi.

I believe the passenger of the Subaru car was also conveyed to the hospital. The accident happened along SLE (CTE) near Lentor Ave.

I do not have the particulars of the taxi driver that was in front of the white Subaru car. However, I have the particulars of the other drivers.

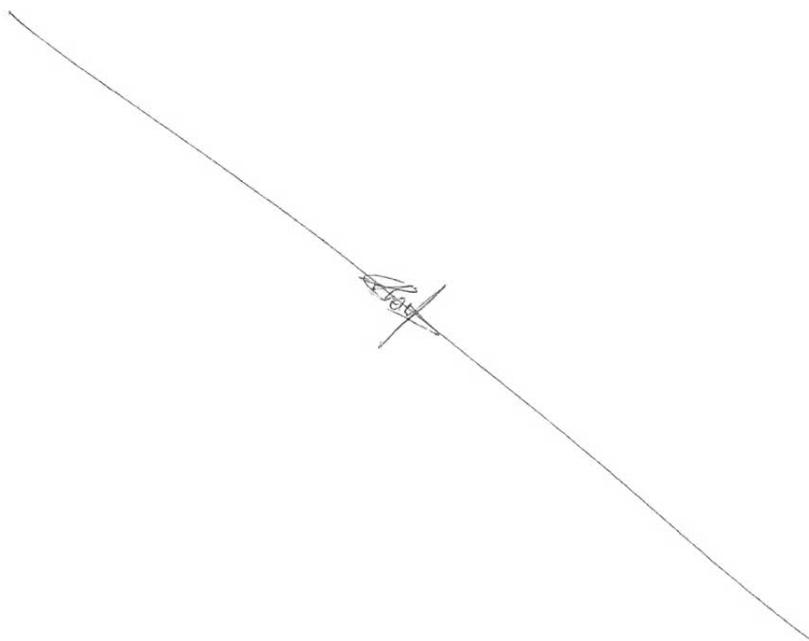


Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

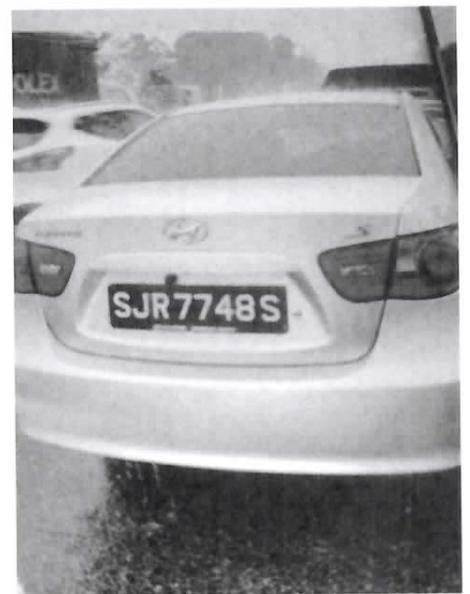
Sketch Plan

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 SHARIFAH AMIRA BINTE SYED SHEH 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/12/2020 11:47
Officer In Charge Of Case: TP / GIT / Sgt 3 ABDUL MUHAIMIN BIN HUSSAIN Contact No.: 65476090 	Classification Of Case:
Authentication Stamp NP168 	





4/12/2020



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>10/12/20</u> Time Received: <u>1325</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input checked="" type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>LEW</u> Contact No. : <u>91293737</u> Vehicle No. : <u>S4/R6239J</u> Make / Model / Colour : <u>H / 1740</u> Email : _____		5. Nature of Service: <input checked="" type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____

7. Location: <u>TP FOUND</u>	8. Vehicle Tow - In 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
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungai 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 : _____ Fuel Level : <table border="1"><tr><td>F</td><td>1/4</td><td>1/2</td><td>3/4</td><td>E</td></tr></table>	F	1/4	1/2	3/4	E	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	<p># : Cracked X : Dented / : Scatched O : Missing</p>
F	1/4	1/2	3/4	E			

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 TOWING	Signature of Customer _____
Name of Driver : <u>SZ</u>	
Vehicle No. : <u>Y9901</u>	
Time Dispatch : <u>1325 (10/12/20)</u>	
Time of Arrival : <u>1430 (15/12/20)</u>	
Time Completed : <u>1600 (15/12/20)</u>	

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____ * JUMP START RELEASE

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™.

10/12/20 Date 1430 Time _____ Signature of Customer

14. WORKSHOP

 Name of Attending Staff/Guard Date & Time of Arrival _____ Signature of Attending Staff/Guard